

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

**Substantive Hearing
Monday, 8 June 2026 – Friday, 12 June 2026**

Virtual Hearing

Name of Registrant:	Sarah Belinda Pike
NMC PIN:	05F2443E
Part(s) of the register:	Registered Nurse – Adult RNA – 1 September 2005
Relevant Location:	Exeter
Type of case:	Misconduct
Panel members:	Alan Greenwood (Chair, Lay member) Gillian Tate (Registrant member) David Propert (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Priyam Jain (8 – 9 June 2026) Hamizah Sukiman (10 June 2026 onwards)
Nursing and Midwifery Council:	Represented by Samprada Mukhia, Case Presenter
Miss Pike:	Not present and unrepresented
Offer no evidence:	Charge 3b
Facts proved:	Charge 1a, 1b(i), 1b(ii), 2a and 3a
Facts not proved:	Charge 1c, 2b and 4
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 Mukhia, on behalf of the Nursing and Midwifery Council ('NMC'), made a request that this case be held partly in private on the basis that [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended ('the Rules').

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

Having heard that there may be references to [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.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Pike was not in attendance and that the Notice of Hearing letter had been sent to Miss Pike's registered email address by secure email on 5 May 2026.

Ms Mukhia submitted that it had complied with the requirements of Rules 11 and 34 of the Rules.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Pike's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

The panel also noted that the hearing was changed from a physical hearing to a virtual hearing on 1 June 2026 due to operational reasons at the Hearings Centre, and that confirmation of this change had been sent to Miss Pike by email.

In the light of all of the information available, the panel was satisfied that Miss Pike has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Miss Pike

The panel next considered whether it should proceed in the absence of Miss Pike. It had regard to Rule 21 of the Rules, and heard the submissions of Ms Mukhia who invited the panel to continue in the absence of Miss Pike. She submitted that Miss Pike had voluntarily absented herself.

Ms Mukhia submitted that there had been no application for an adjournment from Miss Pike since the Notice of Hearing had been served. She submitted that the panel may consider that a previous hearing, listed for 19 May 2025 to 27 May 2025, had been postponed following a request from Miss Pike's then representative, the Royal College of Nursing ('RCN'). The panel was informed that concerns had been raised at that time regarding Miss Pike's health and that the RCN had indicated that relisting the hearing from August 2025 onwards was likely to be suitable.

Ms Mukhia submitted that several attempts were made to contact Miss Pike and the RCN, however, the RCN confirmed on 21 November 2025, that they are no longer instructed by Miss Pike. She submitted further, on 1 June 2026, that the hearing was changed to a virtual hearing and, following inquiries, it had been confirmed that the schedule was sent to Miss Pike. The panel was informed that the change was also relayed to Miss Pike on the morning of the hearing by telephone and by email. Ms Mukhia submitted that no response had been received from Miss Pike.

Ms Mukhia submitted that the NMC had been sending correspondence to Miss Pike's registered email address, and that the hearing had been scheduled in line with the previous confirmation from the RCN that Miss Pike would be available between May and September 2026. She submitted that Miss Pike had not indicated whether she wished for the hearing to proceed or be postponed.

Ms Mukhia submitted that the panel may wish to note that the concerns were raised to the NMC over five years ago and that there had already been delay of approximately one year in rescheduling the hearing. She submitted that Miss Pike had previously raised concerns about the amount of time it had taken to progress the case. Ms Mukhia submitted that it may therefore be in Miss Pike's interest for the hearing to progress, particularly in circumstances where she had not provided any information indicating that she wished to participate in the hearing or that she sought an adjournment.

Ms Mukhia submitted that there was a strong public interest in dealing with cases as expeditiously as possible in order to protect the public and maintain confidence in the profession and the NMC as a regulator. She referred the panel to the case of *General Medical Council v Adeogba* [2016] EWCA Civ 162 and submitted that where there is good reason not to proceed, the case should be adjourned, but where there is not, it is only right that it should proceed.

Ms Mukhia submitted that the panel may consider that Miss Pike had previously been keen to engage and that her health concerns may provide a potential explanation for her lack of response. However, she submitted that it was not feasible to refrain from listing the hearing indefinitely in the hope that Miss Pike may engage at some future date. She submitted that Miss Pike had not provided any information to indicate that there was a good reason not to proceed and had not provided any current information about her health.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel decided to proceed in the absence of Miss Pike. In reaching this decision, the panel considered the submissions of Ms Mukhia and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *Jones and Adeogba* and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Pike;
- Miss Pike had previously engaged with the NMC through the RCN, and the previous hearing listed in May 2025 had been postponed following a request made on her behalf;
- The panel was aware that health concerns had previously been raised in relation to Miss Pike, but it had no current information about her wellbeing or health;
- The RCN had previously confirmed Miss Pike's availability for the period in which this hearing was listed, but subsequently confirmed that it was no longer instructed by Miss Pike;
- The NMC had sent the Notice of Hearing to Miss Pike's registered email address and had made further attempts to contact her by email and telephone;
- Witnesses were due to attend the hearing to give live evidence, and further delays may inconvenience those witnesses and may adversely affect their ability to recall events accurately;
- There is no reason to suppose that adjourning would secure her attendance at some future date;

- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The allegations relate to events which occurred in 2020, and the referral was made to the NMC in 2021; and
- There is a strong public interest in the expeditious disposal of the case.

The panel considered the potential disadvantage to Miss Pike in proceeding in her absence. It recognised that Miss Pike would not be able to challenge the NMC's evidence in person, ask questions of witnesses, give evidence on her own behalf, or make submissions. The panel also recognised that there was limited current information before it about Miss Pike's wellbeing and considered this matter with care.

However, the panel determined that the disadvantage to Miss Pike could be mitigated. The panel noted that Miss Pike had provided responses to some of the allegations within the papers. It determined that those matters should, where possible, be put to relevant witnesses by Ms Mukhia in a neutral way, and that the panel would ensure that due consideration was given to the points Miss Pike had raised in her written responses. The panel also determined that, if any opportunity arose to seek further information about Miss Pike's wellbeing, that opportunity should be taken.

The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Miss Pike's decision to absent herself from the hearing, waive her rights to attend, and/or be represented, and not to provide evidence or make submissions on her own behalf. Balancing the interests of Miss Pike, the NMC, the witnesses and the wider public interest, the panel concluded that it was fair and appropriate to proceed in Miss Pike's absence. The panel determined that there was no good reason to adjourn the hearing and no basis to conclude that an adjournment would secure Miss Pike's attendance at a later date.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Pike. The panel will draw no adverse inference from Miss Pike's absence in its findings of fact.

Details of charge (as amended)

That you, a registered nurse while working at Barton Place Nursing Home (the Home):

1. Failed to maintain professional boundaries with Resident A, in that:
 - a) On an unknown date between 23 November 2020 and 17 December 2020 gave your personal mobile telephone number to Resident A.
 - b) On 26 December 2020:
 - i. Attended Resident A's home address outside of work hours.
 - ii. Shared alcohol with Resident A.
 - c) On 28 December 2020 attended Resident A's home address outside of work hours.

2. Communicated unprofessionally in that you:
 - a) On 3 December 2020 referred to Colleague A as a bitch or words to that effect in earshot of Resident A.
 - b) Were abrupt to colleagues.

3. On unknown dates in November 2020 failed to follow the Home's policies and/or risk assessment guidance in relation to Covid 19 in that you:
 - a) Did not wear a face covering at all times whilst working shifts.
 - b) Shared food with a resident in a communal area of the Home.

4. On 3 December 2020 incorrectly administered a second Furosemide tablet to Resident A.

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

Background

The NMC received a referral from Mr Christopher Deverenne, Director at Barton Place Ltd ('the Home'), on 1 February 2021. At the time of the alleged incident, Miss Pike was employed at the Home as a registered nurse.

Concerns were raised regarding Miss Pike's conduct whilst employed at the Home.

It was alleged that on unknown dates in November 2020, Miss Pike failed to follow the Home's policies in relation to COVID-19 in that she did not wear a face covering at all times whilst working shifts and shared food with a resident in a communal area of the Home.

It was further alleged that on 3 December 2020, Resident A was asking for an additional Furosemide tablet. Miss Pike asked a senior carer to administer the medication to Resident A. It was alleged that the senior carer refused as only one tablet was prescribed per day in the morning. It was alleged that Miss Pike then administered a second Furosemide tablet to Resident A herself.

Concerns were also raised regarding Miss Pike's communication with colleagues. It was alleged that on 3 December 2020, Miss Pike referred to a colleague as '*a bitch*' or words to that effect in earshot of Resident A and that she was abrupt towards colleagues.

Further concerns were raised regarding Miss Pike's professional boundaries with Resident A. Resident A stayed at the Home between approximately 24 November 2020 and 17 December 2020. It was alleged that during this period Miss Pike gave Resident A her personal mobile telephone number.

It was further alleged that on 26 December 2020, Miss Pike attended Resident A's home address outside work hours and shared alcohol with him. It was also alleged that on 28 December 2020, Miss Pike attended Resident A's home address outside work hours.

During the disciplinary process, Miss Pike provided responses to some of the allegations.

In those responses, Miss Pike stated that she attended Resident A's home after he contacted her in [PRIVATE].. Miss Pike stated that she attended his home to calm him down and later returned to his address to look for her mobile telephone.

Miss Pike also stated that she regretted any rudeness or abruptness she may have caused at work, although she stated that she had not intended to upset or distress anyone.

In relation to the medication concerns, Miss Pike stated that Resident A had previously informed her that he had been advised he could take an additional Furosemide tablet when required. Miss Pike stated that Resident A became agitated and requested his medication and that, after a senior carer refused to administer it, she administered the medication herself. Miss Pike stated that she later checked with a doctor who advised that the administration of the medication was acceptable.

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Mukhia to amend the wording of charges 3 and 3a.

The proposed amendments were as follows:

'That you, a registered nurse while working at Barton Place Nursing Home (the Home):

3. *On unknown dates in November 2020 failed to follow the Home's **policies and/or risk assessment guidance in relation to Covid 19** ~~infection control Covid 19 policy~~ in that you:*

a) *Did not wear a face covering at all times **whilst working shifts**.*

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

Ms Mukhia submitted that the panel had heard evidence from the NMC witnesses and had regard to the bundle. She submitted that during her oral evidence, Ms Angie Roberts referred the panel to various Home policies and guidance documents relevant to charge 3, including policies relating to infection control, managing outbreaks of infection within the Home and Coronavirus risk assessment guidance for care providers. Ms Mukhia submitted that the proposed amendment to charge 3 was necessary to accurately reflect the various policies and guidance documents relied upon by the NMC and to ensure that the charge did not fail on a technicality because the documents had different titles.

In relation to charge 3a, Ms Mukhia submitted that the amendment clarified the nature of the concern being raised. She submitted that Ms Roberts clarified during her evidence that Miss Pike was working at the time of the alleged incident and that staff on breaks would ordinarily eat in the staff room or outside. Ms Mukhia submitted that the amendment simply clarified that the allegation related to Miss Pike not wearing a face covering whilst working shifts.

Ms Mukhia submitted that the amendments did not change the substance of the charges and would not be unfair or prejudicial to Miss Pike.

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

The panel considered that the proposed amendments did not introduce any fresh allegations and did not materially alter the substance of the charges.

In relation to charge 3, the panel determined that the amendment more accurately reflected the evidence and documentation before the panel, including the various Home policies and risk assessment guidance referred to during the hearing.

In relation to charge 3a, the panel determined that the amendment narrowed and clarified the allegation by specifying that the concern related to Miss Pike whilst working shifts.

The panel was satisfied that the amendments would provide clarity and better reflect the evidence before it. The panel further determined that the amendments would not cause injustice or prejudice to Miss Pike, notwithstanding her absence from the hearing.

Accordingly, the panel determined that it was fair and in the interests of justice to allow the amendments to charges 3 and 3a.

Decision and reasons on application to admit written statement and exhibits of Mr Christopher Deverenne as hearsay evidence

The panel heard an application made by Ms Mukhia, under Rule 31 of the Rules, to admit the witness statement and exhibits of Mr Deverenne as hearsay evidence.

Ms Mukhia submitted that Mr Deverenne was the Director of the Home at the relevant time and had been involved in the disciplinary process concerning Miss Pike. She submitted that Mr Deverenne's witness statement exhibited documents generated during the disciplinary process, including responses provided by Miss Pike in relation to the allegations against her.

Ms Mukhia submitted that the evidence sought to be admitted was relevant to charges 1a, 1b(i), 1b(ii), 1c, 2a, 2b and 4.

Ms Mukhia submitted that the exhibits consisted primarily of Miss Pike's own responses provided during the disciplinary process and included contextual material relevant to the allegations before the panel.

Ms Mukhia referred the panel to Exhibit CD/03, in which Miss Pike stated that she attended Resident A's home address after he contacted her [PRIVATE]. Miss Pike stated that she attended his home in order to calm him down and sat with him while he was drinking heavily. Miss Pike also referred to being assaulted by a neighbour and later returning to Resident A's address to locate her mobile telephone.

Ms Mukhia also referred the panel to Exhibit CD/04, an email dated 18 January 2021, in which Miss Pike again referred to attending Resident A's home address after he contacted her [PRIVATE]. Miss Pike stated that she attempted to calm Resident A over the telephone before attending his address. Miss Pike stated that Resident A had been drinking alcohol and that she had a couple of drinks with him, [PRIVATE]. Miss Pike further referred to an altercation involving one of Resident A's neighbours and stated that she later returned to Resident A's address to look for her phone.

Ms Mukhia submitted that, within the same exhibit, Miss Pike also accepted that she regretted any rudeness or abruptness she may have caused at work.

In relation to charge 4, Ms Mukhia submitted that Miss Pike stated that Resident A had informed her that he could take an additional Furosemide tablet when his feet became swollen. Ms Mukhia submitted that Miss Pike stated that Resident A became agitated and requested his medication and that, after a senior carer refused to administer it, she administered the medication herself. Miss Pike also stated that she later checked with a doctor who advised that the additional dose was acceptable.

Ms Mukhia submitted that the exhibits were documentary evidence and that it would be fair and relevant to admit the evidence. She submitted that the evidence provided

important context regarding the allegations and, in some respects, may potentially support Miss Pike's case. Ms Mukhia submitted that the evidence was capable of being tested against the other evidence before the panel and was not sole or decisive evidence in support of the charges.

Ms Mukhia referred the panel to Rule 31 of the Rules and to *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). She submitted that the panel was required to consider the admissibility of the evidence separately from the weight to be attached to it.

Ms Mukhia submitted that there was no suggestion that the evidence had been fabricated. She submitted that Mr Deverenne had merely produced documents generated during the disciplinary process and had exhibited Miss Pike's own responses to the allegations.

Regarding Mr Deverenne's non-attendance, Ms Mukhia submitted that the NMC had taken reasonable steps to secure his attendance. She said that, [PRIVATE], Mr Deverenne had indicated he was unwilling to attend the hearing. Ms Mukhia referred the panel to correspondence in the hearsay bundle showing that the NMC had made repeated attempts to encourage his attendance. She also submitted that Miss Pike had been notified of the NMC's intention to make a hearsay application but had neither objected nor responded.

The panel accepted the advice of the legal assessor. The legal assessor referred the panel to Rule 31 of the Rules and to the guidance arising from *Thorneycroft*. The legal assessor reminded the panel that it was required to consider admissibility separately from the weight to be attached to the evidence and that the key considerations were relevance and fairness.

The panel carefully considered the NMC's application to admit the hearsay evidence, together with the submissions made by Ms Mukhia.

In reaching its decision, the panel considered the following factors identified in *Thorneycroft*:

1. *'Whether the statements were the sole and decisive evidence in support of the charges;*
2. *The nature and extent of the challenge to the contents of the statements;*
3. *Whether there was any suggestion that the witnesses had reasons to fabricate their allegations;*
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 witnesses;*
6. *Whether the NMC had taken reasonable steps to secure the attendance of the witness;*
7. *Whether the registrant had prior notice that the witness statements were to be read.'*

The panel considered that the evidence was relevant to the allegations before it and that it would be fair to admit the evidence. The panel considered that the material was contemporaneous in nature, consisted largely of Miss Pike's own responses and provided context to the other evidence before the panel.

The panel considered that there was no evidence before it to suggest fabrication or improper motive on the part of Mr Deverenne. The panel noted that the documents exhibited included Miss Pike's own responses to the allegations and that the evidence appeared reliable.

The panel was satisfied that the NMC had taken reasonable steps to secure Mr Deverenne's attendance at the hearing. The panel noted the repeated attempts made by the NMC to contact Mr Deverenne and accepted that his non-attendance arose from his unwillingness to attend [PRIVATE], rather than any failure on the part of the NMC.

The panel also noted that Miss Pike had been given notice of the hearsay application but had not provided any response or objection.

The panel carefully considered whether the hearsay evidence was sole or decisive evidence in support of any charge, particularly charge 4. The panel noted its discussions regarding the Medication Administration Record ('MAR') chart and the evidence concerning the administration of Furosemide to Resident A.

The panel considered the evidence relating to whether a first Furosemide tablet had been administered earlier in the day and the differing evidence regarding the MAR chart and the entries contained within it. The panel noted that there was discussion as to whether the hearsay evidence could become decisive in relation to charge 4.

However, following careful consideration, the panel determined that the hearsay evidence was not sole or decisive evidence. The panel determined that the issue regarding whether a first Furosemide tablet had been administered would ultimately depend upon the panel's assessment of the wider evidence, including the MAR chart and the oral evidence before it, rather than the hearsay evidence itself.

The panel further determined that the hearsay evidence did not itself determine the issue in dispute. Rather, the panel considered that the decisive issue would be the interpretation and assessment of the wider documentary and oral evidence.

The panel also considered that the evidence was capable of being tested against the other evidence before it and that any concerns arising from the absence of cross-examination could properly be addressed when considering the weight to be attached to the hearsay evidence.

The panel bore in mind the seriousness of the allegations and the potential impact upon Miss Pike, particularly in circumstances where the NMC was seeking a striking-off order.

The panel also bore in mind its overarching duty to ensure fairness and to protect the public.

Having regard to all of the circumstances, the panel concluded that the hearsay evidence was reliable, relevant and that it would not be unfair to Miss Pike for the evidence to be admitted.

Accordingly, the panel determined to admit the witness statement and exhibits of Mr Deverenne as hearsay evidence.

Decision and reasons on facts

Prior to the closure of the NMC case, the panel, of its own volition, invited Ms Mukhia to confirm the NMC's position in respect of charge 3b, particularly in light of Ms Roberts' oral evidence.

Ms Mukhia submitted that, based on all the evidence heard, the NMC is offering no further evidence in respect of this charge. She referred the panel to the NMC Guidance, '*Offering no evidence*' (DMA-3), which states:

'We'll only apply to offer no evidence against a nurse, midwife or nursing associate in the following circumstances:

- ...
- *When there is no longer a realistic prospect of some or all of the factual allegation being proved.*
- ...'

Ms Mukhia submitted that the Case Examiners referred this concern to the Fitness to Practise Committee largely based on Ms Roberts' witness statement, which stated that she witnessed Miss Pike sharing crisps with a resident. However, in her oral evidence, Ms

Roberts stated that Miss Pike did not share her crisps with residents. In light of this evidence, Ms Mukhia submitted that there is no longer a realistic prospect of charge 3b – which alleges that Miss Pike shared food with a resident in a communal area of the Home – being proved.

The panel accepted the advice of the legal assessor.

The panel therefore found charge 3b not proved by way of the NMC offering no further evidence.

In reaching its decisions on the remaining disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Mukhia. The panel has drawn no adverse inference from the non-attendance of Miss Pike.

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

- Tina Pollington: Senior Carer at the Home at the time of the incident.
- Angie Roberts: Home Manager at the Home currently and Deputy Manager at the Home at the time of the incident.
- Andrew Proffitt: Social Worker for Resident A at the time of the incident.

Before making any findings on the facts, the panel accepted the advice of the legal assessor. He advised the panel 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. He advised the panel that words in the charges bear their normal and natural meaning.

He further advised the panel that it can consider any evidence placed before it and attach the appropriate weight to it, including any hearsay evidence, per *El Karout v NMC* [2019] EWHC 28 (Admin). He advised that, as a general rule, documentary evidence is likely to carry more weight than any other types of evidence. He referred the panel to the decision in, and principles derived from, *Dutta v General Medical Council* [2020] EWHC 1974 (Admin), and advised the panel to consider the reliability of the evidence before it globally and not in isolation. Further, objective evidence (such as contemporaneous documents) should be considered first, and witness evidence is just one part of the evidence before this panel. He reminded the panel not to speculate, but that it was entitled to draw reasonable inferences based on the evidence before it.

He further drew the panel's attention to the decision in, and principles derived from, *Wisson v Health Professions Council* (2013) EWHC 1036 in relation to Miss Pike's good character.

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

Charge 1a

'That you, a registered nurse while working at Barton Place Nursing Home (the Home):

1. *Failed to maintain professional boundaries with Resident A, in that:*
 - a) *On an unknown date between 23 November 2020 and 17 December 2020 gave your personal mobile telephone number to Resident A.'*

This charge is found proved.

In reaching this decision, the panel took into account that this charge alleges a failure. The panel reminded itself that, in order to find this charge proved, it must first be satisfied that Miss Pike was under a duty to do what was alleged, and subsequently, that she did not do so.

The panel first considered whether Miss Pike was under a duty to maintain professional boundaries with Resident A.

In determining this, the panel considered that paragraph 20.6 of The Code: Professional standards of practice and behaviour for nurses and midwives 2015 ('the Code') states:

'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 was therefore satisfied that a registered nurse is under obligation, pursuant to the Code, to maintain professional boundaries with both their current and former patients. The panel noted that, at the material time of this charge, Resident A was a resident within Miss Pike's care. Accordingly, the panel was satisfied that Miss Pike had a duty as alleged.

The panel next considered whether Miss Pike failed to maintain professional boundaries, in that she gave her personal mobile telephone number to Resident A.

In reaching this decision, the panel considered Ms Pollington's witness statement, which stated:

'I was in Resident A's room along with the Registrant as he had called for assistance. I cannot recall what exactly it was for. It was around evening time. The Registrant was speaking with Resident A; she then picked up his phone and put her

number into it. I immediately thought that was wrong, we do not give our personal numbers out to any of the residents.'

The panel also heard oral evidence from Ms Pollington. She told the panel that she directly witnessed Miss Pike picking up Resident A's telephone and inputting her telephone number into it.

Further, the panel also had sight of Miss Pike's email to Mr Deverenne, dated 18 January 2021, in response to the allegations made against her by the Home. She stated:

'That is the first time that I have visited his house and I only went because he had rung me [...]

Then in the afternoon I started receiving phone calls from one of his daughters [PRIVATE] [...]

The panel also considered the letter sent by Miss Pike, dated 13 February 2021, in which she stated:

'Whilst [Resident A] was home, on one occasion he rang me very late at night saying [PRIVATE] I tried to pacify him over the phone ...

[...]

On Boxing Day I received another call [...]

[...] The following day I received my new phone and in the afternoon I started receiving calls from one of daughters and threatening calls from his ex wife [PRIVATE] ...'

The panel also heard an audio recording of Miss Pike telephoning Resident A's next of kin.

Based on the evidence before it, the panel determined that Miss Pike did give her telephone number to Resident A. The panel considered that Ms Pollington's witness statement and oral evidence was clear and consistent in this regard, and was corroborated by Miss Pike's own account of Resident A telephoning her on various occasions. The panel determined that, in order for Resident A to have rung Miss Pike, he must have had her number. Consequently, it determined that it was more likely than not that Miss Pike provided him with her telephone number.

Having satisfied itself that Miss Pike did give her personal mobile number to Resident A, the panel then considered whether this amounted to a breach of professional boundaries, per the wording of the charge.

The panel considered Miss Pike's account that she only had one telephone whilst she was employed at the Home, and she was not furnished with a work telephone. The panel also noted that Resident A would [PRIVATE], and Miss Pike's rapport with him [PRIVATE].

However, bearing all the evidence before it in mind, the panel was of the view that Miss Pike's actions amounted to a breach of professional boundaries. The panel considered that Miss Pike's relationship with Resident A was a professional one. Whilst it noted that some registered nurses may have a better working relationship with some residents, Miss Pike's actions of bringing her otherwise-professional relationship outside the workplace (by giving her personal telephone number) amounted to a breach of professional boundaries. The panel considered that, irrespective of whether Resident A may wish to contact Miss Pike out of her working environment, the obligation was upon Miss Pike to maintain professional boundaries and keep her relationship with Resident A professional, and within the confines of the Home and her role as a registered nurse. The panel determined that the expectation and opportunity for Resident A to contact Miss Pike, made

available through the provision of her telephone number, was inappropriate and unprofessional.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charges 1b(i) and 1b(ii)

‘That you, a registered nurse while working at Barton Place Nursing Home (the Home):

1. *Failed to maintain professional boundaries with Resident A, in that:*
 - b) *On 26 December 2020:*
 - i. *Attended Resident A’s home address outside of work hours.*
 - ii. *Shared alcohol with Resident A.’*

These charges are found proved.

Whilst the panel considered charges 1b(i) and 1b(ii) separately, its reasoning is the same in respect of both.

In reaching this decision, the panel took into account that these charges allege a failure. The panel reminded itself that, in order to find these charges proved, it must first be satisfied that Miss Pike was under a duty to do what was alleged, and subsequently, that she did not do so.

The panel first considered whether Miss Pike was under a duty to maintain professional boundaries with Resident A. It noted its reasoning in charge 1a, and it was satisfied that there was a duty upon Miss Pike to maintain professional boundaries.

The panel next considered whether Miss Pike failed to maintain professional boundaries, in that she attended Resident A’s home address outside of work hours and shared alcohol with Resident A.

In reaching this decision, the panel considered the email correspondence between Mr Proffitt and an officer at Devon and Cornwall Police, dated 29 December 2020, outlining a chronology of Miss Pike's reported interaction with Resident A between 23 and 28 December 2020. In respect of 26 December 2020, the email stated:

'26/12/2020 Resident A reporting that he was with his niece (Sarah) and neighbour was attacking them. Both Resident A and Sarah were heavily in drink and the neighbour was sober ...'

Further, the panel also had sight of Miss Pike's email to Mr Deverenne, dated 18 January 2021, in response to the allegations made against her by the Home. She stated:

'Regarding the visit to Resident A's home on Boxing day. That is the first time that I have visited his house and I only went because he had rung me and [PRIVATE], I went to visit him instead.

[...] When I arrived it was obvious that Resident A had been drinking but after a while I managed to calm him down [PRIVATE]. Then we sat down and continued chatting.

Later on we both had a couple of drinks [PRIVATE].'

The panel also considered the letter sent by Miss Pike, dated 13 February 2021, in which she stated:

'On Boxing Day I received another call saying [PRIVATE]. Even though I was feeling quite poorly I got a taxi, as I don't drive to take me to his house .On arrival he was drunk [PRIVATE]. I eventually managed to calm him down [PRIVATE]. [REDACTED] I stayed with him during the day and he seemed to be fine.'

Based on the evidence before it, the panel determined that Miss Pike did attend Resident A's home address outside of her working hours, and did share alcohol with him. The panel considered that the email correspondence between Mr Proffitt and the police is clear that Miss Pike was at Resident A's home address on 26 December 2020, and that she was *'heavily in drink'*. The panel bore in mind that this is hearsay evidence, as the police officer who sent the email did not attend this hearing. However, the panel also considered that the evidence originates from an objective and credible source, namely the police, and the reliance upon the information is limited to demonstrating that Miss Pike was present at Resident A's home address (as opposed to any of the alleged altercation with Resident A's neighbour, which does not form part of these charges and was the subject of the email).

Further, the panel also considered that this hearsay evidence is corroborated by Miss Pike's account, in which she accepted that she attended Resident A's home address after he called her. The panel also considered that Miss Pike accepted that they *'both had a couple of drinks'*. Consequently, it determined that it was more likely than not that Miss Pike attended Resident A's home address and shared alcohol with him.

Having satisfied itself that Miss Pike did attend Resident A's home address outside of working hours and shared alcohol with him, the panel then considered whether this amounted to a breach of professional boundaries, per the wording of the charge.

The panel was of the view that both visiting Resident A's home address as well as sharing alcohol with him amounted to a breach of professional boundaries. The panel noted that, at the material time, Miss Pike remained employed at the Home, albeit she was suspended. Although Resident A was no longer a patient of Miss Pike's, he had been in the recent past. The panel considered that there was no clinical or professional reason for Miss Pike's presence in Resident A's home, nor can there be a professional justification for sharing alcohol with Resident A. The panel determined that this was inappropriate and unprofessional.

Accordingly, the panel found charges 1b(i) and 1b(ii) proved on the balance of probabilities.

Charge 1c

‘That you, a registered nurse while working at Barton Place Nursing Home (the Home):

1. Failed to maintain professional boundaries with Resident A, in that:

c) On 28 December 2020 attended Resident A’s home address outside of work hours.’

This charge is found NOT proved.

In reaching this decision, the panel took into account that this charge alleges a failure. The panel reminded itself that, in order to find this charge proved, it must first be satisfied that Miss Pike was under a duty to do what was alleged, and subsequently, that she did not do so.

The panel first considered whether Miss Pike was under a duty to maintain professional boundaries with Resident A. It noted its reasoning in charge 1a, and it was satisfied that there was a duty upon Miss Pike to maintain professional boundaries.

The panel next considered whether Miss Pike failed to maintain professional boundaries, in that she attended Resident A’s home address outside of work hours on 28 December 2020.

In reaching this decision, the panel considered Miss Pike’s email to Mr Deverenne, dated 18 January 2021, in response to the allegations made against her by the Home. She stated:

'I had no contact with Resident A between Boxing day (Sat) and the following Monday when I went back to his house because [sic] I couldn't phone him to see if I could find my phone or if Resident A had come across it. He hadn't seen my phone and couldn't find his either but I found his phone by his door. A friend had taken me there and waited for half an hour whilst I tried to find my phone, then she took me home again.'

The panel considered that Miss Pike accepted that she attended Resident A's home on *'the following Monday'* after 26 December 2020 (Boxing Day). The panel was therefore satisfied that Miss Pike did attend the home on 28 December 2020.

Having satisfied itself that Miss Pike did attend Resident A's home address outside of working hours on 28 December 2020, the panel then considered whether this amounted to a breach of professional boundaries, per the wording of the charge.

The panel considered that Miss Pike's account suggested that she was looking for her telephone, which she had lost when she visited Resident A's home on 26 December 2020. The panel bore in mind that this was the only reason for her visit, and she left Resident A's home after failing to locate her telephone. In these circumstances, the panel was not satisfied that this visit, in itself, amounted to a breach of professional boundaries. The panel was of the view that it was reasonable for Miss Pike to search for her lost telephone, and it determined that the NMC has not discharged its burden of proof in demonstrating how this visit amounted to a breach of professional boundaries in this context.

Accordingly, the panel found this charge not proved on the balance of probabilities.

Charge 2a

'That you, a registered nurse while working at Barton Place Nursing Home (the Home):

- 2. Communicated unprofessionally in that you:*

- a) *On 3 December 2020 referred to Colleague A as a bitch or words to that effect in earshot of Resident A.'*

This charge is found proved.

The panel noted that Colleague A is Ms Roberts.

In reaching this decision, the panel took into account Ms Roberts' witness statement, which stated:

'On 3 December 2020, I overheard the Registrant saying to Resident A in his room 'yes she's a bitch, she's going to report me". This happened as I walked past his room to go to the loo. I discussed what happened with the owner. I found this was a derogatory attitude on the part of the Registrant as she had sworn about me in front of a resident [...]'

The panel also heard oral evidence from Ms Roberts. She told the panel that she heard this comment first-hand as she passed by Resident A's room, and she recalled that the door was ajar and she heard Resident A in his room. This suggested that Resident A was in his room, and within earshot. She further told the panel that she recalled the word '*bitch*' being used, and that she reported this incident contemporaneously to the owner of the Home, which demonstrates consistency. The panel considered that Ms Roberts' oral evidence is clear and consistent with her witness statement. The panel noted that she conceded when there are gaps in her memory, and it was satisfied that this suggested she did not seek to embellish her evidence.

Based on the evidence before it, the panel was satisfied that it is more likely than not that Miss Pike referred to Ms Roberts as a '*bitch*' in earshot of Resident A. The panel was satisfied that this was an unprofessional and inappropriate way to refer to colleagues, particularly in the presence of residents.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 2b

'That you, a registered nurse while working at Barton Place Nursing Home (the Home):

2. *Communicated unprofessionally in that you:*

b) *Were abrupt to colleagues.'*

This charge is found NOT proved.

In reaching this decision, the panel considered Ms Roberts' witness statement, which stated:

'By this I mean the Registrant had an attitude problem that could rub people up the wrong way at times, for example during handovers she would huff and puff and not listen. The Registrant could also be abrupt and brusque with her communication toward [REDACTED] staff ...'

The panel also heard oral evidence from Ms Pollington. When asked on how her working relationship was with Miss Pike, Ms Pollington told the panel that she did not have much contact with Miss Pike, but that she was under the impression that Miss Pike was unfriendly.

The panel further considered Miss Pike's email to Mr Deverenne, dated 18 January 2021, in response to the allegations made against her by the Home. She stated:

'In regard to your other allegations, I sincerely regret any form of rudeness or abruptness that I may have caused at work. I know that I was grumpy for a few weeks but I didnt [sic] actually intend to be rude or cause any distress ...'

The panel reminded itself of the legal advice it received, and that words should be given their ordinary meaning in determining this charge. The panel bore in mind that '*abrupt*' is defined as '*rudely brief*'.

The panel determined that there is insufficient information before it suggesting that Miss Pike was rude, or that her communication was otherwise unprofessional, per the wording of the charge. The panel was of the view that being brief, in itself, is not necessarily rude or unprofessional, but was rather a communication style attributable to each professional. The panel determined that it is unrealistic to expect registered nurses to never be brief, particularly in the context of the difficult workplace during the COVID-19 pandemic. The panel was therefore not satisfied that the NMC has discharged its burden of proof in demonstrating that Miss Pike's communication style to her colleagues was rude, or otherwise unprofessional.

Accordingly, the panel found this charge not proved on the balance of probabilities.

Charge 3a

'That you, a registered nurse while working at Barton Place Nursing Home (the Home):

3. *On unknown dates in November 2020 failed to follow the Home's policies and/or risk assessment guidance in relation to Covid 19 in that you:*
 - a) *Did not wear a face covering at all times whilst working shifts.'*

This charge is found proved.

In reaching this decision, the panel took into account that this charge alleges a failure. The panel reminded itself that, in order to find this charge proved, it must first be satisfied that Miss Pike was under a duty to do what was alleged, and subsequently, that she did not do so.

The panel first considered whether Miss Pike was under a duty to wear a face covering at all times whilst working shifts.

The panel had sight of the Home's Coronavirus Risk Assessment document, assessed on 1 April 2020. Within the header, '*Controls in place*', in respect of exposure to COVID-19, the risk assessment stated:

'When working in communal areas with residents where there is no direct contact with resident(s) though potentially within two metres of resident(s) (e.g. working in dining rooms, lounges, corridors), surgical masks to be used'

The panel was therefore satisfied that Miss Pike was under a duty to wear a surgical mask when she was on shift, including when she was in public areas where there is no direct contact with residents.

The panel next considered whether Miss Pike failed to do so.

In reaching this decision, the panel took into account Ms Roberts' witness statement. She stated:

'I can remember a time during the height of Covid, I went downstairs and saw the Registrant had a mask under her nose. At the time we had to be wearing masks at all times and over the nose.

[...] I witnessed the Registrant not following the guidance of wearing a facemask covering nose and mouth many times: during handover, daily meetings at 11.15am, the crisp incident described above. The Registrant would tell me [PRIVATE] she struggled to wear it. I advised her [PRIVATE] we had to wear them.'

The panel also heard oral evidence from Ms Roberts. She told the panel that she directly witnessed Miss Pike not adhering to the Home's surgical mask policies. Specifically, she

described an incident where Miss Pike was eating a packet of crisps whilst sitting in the patient lounge. The panel heard that Miss Pike was not on a break at the relevant time, and that the Home's policy on masks was that they must be worn correctly at all times when working, save for when staff are alone in the office or outside. The panel considered that Ms Roberts' oral evidence is clear and consistent with her witness statement.

Based on the evidence before it, the panel was satisfied that it is more likely than not that Miss Pike did not adhere to the Home's masks policy when in public spaces, namely the patient lounge. The panel considered that, as she was working a shift at the time she consumed the crisps and, by virtue of eating them, she would not have had her mask on at all times, per the risk assessment.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 4

'That you, a registered nurse while working at Barton Place Nursing Home (the Home):

4. *On 3 December 2020 incorrectly administered a second Furosemide tablet to Resident A.'*

This charge is found NOT proved.

In reaching this decision, the panel had sight of Resident A's MAR Chart for Furosemide. Under the column '03', denoting 3 December 2020, there are two entries. The first is within the row marked '7AM', and the entry itself is not entirely legible. The panel noted it may say 'nb' or 'nf'. The second entry is within the row 'Teatime', and the entry reads '1800 SP'. The panel was satisfied that 'SP' is Miss Pike's initials, and this entry therefore indicates that Miss Pike administered a dose of Furosemide at 18:00 on 3 December 2020. This is corroborated by Miss Pike's own account, as detailed in her email to Mr Deverenne, dated 18 January 2021, where she stated:

'With regard to giving unauthorised medication to Resident A, we had previously had a discussion on this medication when he was in a good state of mind and he had made it clear that his Doctor had told him that he should have one pill in the morning as prescribed and one extra pill could be taken when his feet became swollen as needed .On the day of the event Resident A had become very agitated and was shouting for his medication so I asked the Senior Carer to give him his pill to calm him down but did I not try to persuade her to give it to him, when she refused to do it I just said I would do it. But I diid [sic] check with the Doctor afterwards that it was all right for him and they agreed it was correct.'

The panel was therefore satisfied that both the entry and Miss Pike's account indicated that a dose of Furosemide was administered by Miss Pike to Resident A at 18:00.

The panel considered the wording of the charge, and it bore in mind that, in order for Miss Pike to have incorrectly administered a second Furosemide tablet to Resident A, a first, correct dose of Furosemide must have been administered to him prior to the administration at 18:00. In determining this, the panel bore in mind the MAR chart and the first, illegible entry at 07:00, and it also considered evidence from both Ms Roberts and Ms Pollington.

The panel had sight of Ms Roberts' witness statement, which stated:

'On 3 December 2020, the Registrant administered Furosemide 40mg tablet to Resident A. I became aware of this incident when Senior HCA Amy Boyes came to my office and informed me that the Registrant had advised Carer Tina Pollington, to administer Furosemide 40mg when Tina had informed the Registrant that resident A was asking for it. On receipt of the Registrant's advice, Tina had become concerned, so went to speak with Amy who came and told me. I said no he cannot have it as he was not prescribed this. Amy relayed this to Tina who went back to the nurse's office to say 'sorry I can't give it.' At which point the Registrant got up, slammed her hands on

her desk and said 'I'll do it bloody myself then.'. Tina told Amy who told me this. I went straight to the Registrant upon hearing this and asked her if she had given it. She said yes. I asked why. She said Resident A had two at home. I asked her had she checked with the Out of Hours GP and she said no. Later on she said she did contact them and they said the second dose of Furosemide was fine.'

The panel also heard oral evidence from Ms Roberts. She told the panel that Ms Pollington informed her at the time that Resident A had already received a dose of Furosemide, as Ms Pollington herself administered the first tablet.

Ms Roberts further told the panel, when she was shown the MAR chart, that the 07:00 entry was Ms Pollington's initials ('TP'). Whilst the panel noted that the 07:00 entry is not entirely legible, it was not satisfied that the entry is of Ms Pollington's initials, as the broad shape of the letters within the entry do not correspond to the letters T or P. The panel did not accept Ms Roberts' evidence in this regard

The panel also considered Ms Pollington's handwritten local statement, written contemporaneously. The statement stated:

'I went to see what 306 wanted he asked me if I could give him his Furosemide (water tablet) has hes [sic] legs were swollen this was between 1815ish/1845ish I said I can't give it to you I try to explain why I couldn't he then started to shout at me I try to explain again that he already been offered it in the morning but refused to take it [...] I went downstairs to the nurses station to let Sarah know she told me to go and give it to him I said I can't has [sic] its not on a PRN and he already refused it this morning ...'

The panel was satisfied that '306', in the statement, referred to Resident A.

The panel heard oral evidence from Ms Pollington. She told the panel that Resident A was offered Furosemide in the morning, but had refused it. She stated that she disposed of this unadministered dose, and Ms Pike was working with her and there when she did so. The

panel considered that Ms Pollington's evidence is contradictory to that of Ms Roberts, who indicated that Ms Pollington had administered the first dose to Resident A. The panel noted that, on Ms Pollington's evidence, the dose administered by Miss Pike at 18:00 would be his first dose, and would not be '*incorrect*', as this would be consistent with his prescription (albeit later in the day).

Further, on Ms Pollington's evidence, Miss Pike would have been aware that Resident A had not yet received a dose, as she saw Ms Pollington dispose of the first, declined dose and was later told by Ms Pollington that he declined his dose that morning, per the contemporaneous statement. Consequently, on this evidence, the administration of the 18:00 dose would have been correct, and Miss Pike would have been aware that this would have been Resident A's first dose.

The panel further considered the MAR Chart. It heard that if a dose was offered and declined, an '*E*' entry would be made to indicate this. Given the 07:00 entry is not fully legible, the panel was unable to ascertain whether the entry indicated a refusal or an administration of Furosemide at 07:00. Whilst the panel noted that, at face value, the 07:00 entry may indicate that a dose was administered, the panel considered that Ms Pollington was the member of staff involved in the morning rounds of medication for Resident A. Her evidence was consistent in that Resident A was offered a dose and refused. However, the 07:00 entry does not appear to be an '*E*', or a clear indication of a refusal of medication. In these circumstances, the panel was of the view that it could not establish, based on the contradictory evidence including the MAR charts, whether a dose had been administered or refused at 07:00.

Taking into account all the information before it, the panel was not satisfied that the NMC has discharged their burden of proof in respect of this charge. The panel determined that the 07:00 MAR entry was unclear, and did not indicate that a first, correct dose was administered. The panel further determined that Ms Roberts and Ms Pollington's evidence are directly contradictory to each other as to whether the first dose was administered, and consequently, as to whether Miss Pike's 18:00 administration was a second, incorrect

dose. The panel considered that the inconsistencies between the witnesses could not otherwise be resolved by documentary evidence, as the MAR chart is also unclear. The panel therefore determined that the evidence before it is unclear and inconsistent, and it therefore could not be satisfied that it was more likely than not that the 18:00 dose administered by Miss Pike was a second, incorrect one (as opposed to a first one administered later in the day, following an earlier refusal), as charged.

The panel considered Ms Mukhia's submissions that there may have been a third, unknown member of staff who administered the first dose of Furosemide and made the entry at 07:00, which would account for the illegible entry and would still render Miss Pike's administration incorrect. The panel reminded itself that it must not speculate in its decision-making, and it determined that there was insufficient evidence before it to prove that this was the case.

The panel also considered Ms Mukhia's submissions that Miss Pike telephoned the General Practitioner ('GP') to seek advice, and that she would not have done so had the 18:00 dose been the correct and proper dose. However, the panel considered Ms Roberts' evidence that she told Miss Pike to telephone the GP after learning of the 18:00 administration. The panel was therefore not satisfied that telephoning a GP, in the context of being told to do so by a more senior member of staff, indicated that the 18:00 dose was incorrect or that Miss Pike was aware of it being incorrect.

Accordingly, the panel found this charge not proved on the balance of probabilities.

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

Submissions on misconduct and impairment

Ms Mukhia invited the panel to take the view that the facts found proved amount to misconduct. She 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', as well as to the principles derived from the decision in *Meadow v General Medical Council* [2006] EWCA Civ 1390.

Ms Mukhia submitted that Miss Pike's actions fell significantly short of the standards expected of a registered nurse. She further submitted that paragraphs 1.1, 17.1, 17.2, 19.3, 19.4, 20.1, 20.3 and 20.6 of the Code are engaged in this case.

Ms Mukhia addressed the panel on the charges found proved, in turn. In respect of Miss Pike's failure to maintain professional boundaries, she submitted that Resident A was volatile and a risk to others. Miss Pike was in a position of power and expected to act professionally. She further submitted that Miss Pike did not understand why sharing her personal telephone number with Resident A was wrong, which demonstrates her resistance to change. Ms Mukhia submitted that there were repeated failures in

maintaining professional boundaries, indicating a lack of insight and understanding on Miss Pike's part as to how she should conduct herself.

Ms Mukhia drew the panel's attention to Ms Roberts' evidence, where she told the panel that, in the event [PRIVATE], Miss Pike would have been expected to contact other agencies [PRIVATE]. She submitted that Miss Pike has done so on 28 December 2020, by contacting the police to attend Resident A's home. She further submitted that, by attending Resident A's home instead of contacting other agencies, Miss Pike was in breach of paragraphs 17.1 and 17.2 of the Code. Further, through her altercation with Resident A's neighbour (where it was suggested she was the antagonist), Ms Mukhia submitted that she placed both herself and Resident A at risk of harm. She submitted that a failure to maintain professional boundaries is a serious breach of trust and abuse of her position as a registered nurse, was a breach of paragraph 20.6 of the Code and consequently, amounts to serious misconduct.

In respect of charge 2a, Ms Mukhia submitted that paragraphs 1.1 and 20.3 are engaged, as Miss Pike failed to treat Ms Roberts with respect or compassion. She submitted that Miss Pike did not consider how her actions could have impacted Ms Roberts, who found it unprofessional and was upset and shocked by her actions. Ms Mukhia submitted that Miss Pike's actions demonstrate an attitudinal concern.

On charge 3a, Ms Mukhia submitted that paragraphs 19.3 and 19.4 are engaged, as Miss Pike did not comply with the Home's COVID-19 policies, placing residents at risk of contracting the virus. She submitted that residents at the Home did not wear masks, and contraction levels were high at the time. Ms Mukhia submitted that, whilst Miss Pike raised [PRIVATE] it more difficult for her to wear a mask, this was not the case in respect of this incident, as she was not wearing a mask so that she could eat a packet of crisps. She further submitted that Miss Pike therefore deliberately breached the Home's COVID-19 policies.

In respect of impairment, Ms Mukhia submitted that the first three limbs as outlined in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council and (2) Grant* [2011] EWHC 927 (Admin) are engaged.

Ms Mukhia submitted that Miss Pike placed Resident A at an unwarranted risk of harm by attending his home instead of seeking the necessary help [PRIVATE]. Further, by failing to wear a mask in compliance with COVID-19 guidelines, Ms Mukhia submitted that Miss Pike placed residents at an unwarranted risk of contracting COVID-19, albeit she acknowledged that no actual harm is alleged to have been caused. She further submitted that, whilst charge 2a does not directly relate to residents, Miss Pike's actions nonetheless caused emotional harm to Ms Roberts, who is a member of the public. Ms Mukhia reminded the panel that an assessment of a registrant's fitness to practise includes the risk they may pose to patients as well as members of the public.

Ms Mukhia further submitted that Miss Pike's conduct involved a wide range of concerns, which includes a failure to maintain professional boundaries, act professionally and follow infection control guidelines, and these are demonstrative of an attitudinal concern. She submitted that Miss Pike's conduct fell far below the standards expected of a registered nurse, and has brought the nursing profession into disrepute. She further submitted that Miss Pike has breached fundamental tenets of the profession, given the numerous breaches of the Code.

Ms Mukhia drew the panel's attention to the principles derived from the case of *Cohen v General Medical Council* (2008) EWHC 581 (Admin), in determining whether Miss Pike's fitness to practise is currently impaired. She submitted that the concerns are difficult to remedy, as it demonstrates underlying concerns with Miss Pike's attitude. She submitted that Miss Pike repeatedly breached professional boundaries, and lacked insight as to why professional boundaries should be maintained. Further, she submitted that Miss Pike's attitude towards both Ms Roberts and the Home's COVID-19 policies also raises concerns.

Ms Mukhia submitted that Miss Pike has not demonstrated sufficient insight into her actions. She acknowledged that Miss Pike provided context to some of the incidents, but she submitted that there is no evidence before this panel to demonstrate that Miss Pike now understands what professional boundaries are. Ms Mukhia submitted that, whilst Miss Pike indicated that she wished she never went to Resident A's home, she did not elaborate on what she should have done differently. Further, Ms Mukhia submitted that Miss Pike has no insight into the impact of her behaviour on others (such as colleagues) or the wider nursing profession. She further submitted that there is no evidence of Miss Pike undertaking training in any of the areas of concern.

Ms Mukhia submitted that, consequently, Miss Pike is likely to repeat her conduct. She submitted that Miss Pike has not demonstrated sufficient insight into her behaviour, which is attitudinal in nature.

In respect of the public interest, Ms Mukhia submitted that these are wide-ranging concerns of an attitudinal nature, which places those who are receiving care at a risk of harm. She submitted that a finding of impairment is necessary to uphold public confidence in the nursing profession and the NMC as its regulator, as well as to maintain and uphold proper standards of conduct and behaviour. She submitted that a well-informed member of the public would be shocked and appalled if a registered nurse, against whom wide-ranging, attitudinal concerns have been proved, was not found to be impaired. She submitted that a finding of impairment is necessary to mark the seriousness of Miss Pike's conduct.

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

He further advised the panel to consider the decisions in, and principles derived from, the cases of *Roylance* as well as *Grant* in determining whether an act or omission amount to misconduct. He reminded the panel that, should it find that Miss Pike's actions do not amount to misconduct, it does not move on to consider whether her fitness to practise is currently impaired.

He advised the panel that the assessment of impairment is a forward-thinking process and is not intended to be punitive in respect of past misconduct. He referred to the principles as outlined in *Grant* and *Cohen*, and reminded the panel of the overarching objective, namely the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession.

Decision and reasons on misconduct

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

The panel was of the view that Miss Pike's actions did fall significantly short of the standards expected of a registered nurse, in that her actions amounted to several breaches of the Code. Specifically:

'1 *Treat people as individuals and uphold their dignity*

To achieve this, you must:

1.1 treat people with kindness, respect and compassion.

17 *Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection*

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse.

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.3 keep to and promote recommended practice in relation to controlling and preventing infection.

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.

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 [...] integrity at all times, treating people fairly [...]

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

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. The panel therefore considered whether the charges found proved were sufficiently serious to amount to misconduct.

The panel considered that the charges found proved related to Miss Pike's failure to maintain professional boundaries with Resident A. The panel acknowledged that Miss Pike had a rapport with Resident A, who was challenging, and that he responded well to her. Notwithstanding this, the panel determined that it was imperative that Miss Pike maintained professional boundaries with him throughout the time period and after she was responsible for his care. The panel determined that her failure to do so was sufficiently serious to amount to misconduct.

The panel further considered that Miss Pike has also been found to use derogatory language to describe a senior colleague within earshot of Resident A as well as not adhering to the Home's COVID-19 infection control policies at the relevant time. The panel considered that the residents within the Home were vulnerable and not wearing masks at the relevant time, rendering them more at risk of transmission. Whilst the panel noted that Miss Pike was some distance away from the nearest resident, the panel was of the view that her non-adherence to the Home's stated policy on mask-wearing whilst working shifts was indicative of her poor attitude. The panel noted that she [PRIVATE] found mask-wearing difficult, but it considered that Miss Pike was eating crisps during this incident. The panel was therefore of the view that this was a deliberate non-compliance with the Home's policy, as opposed to any health difficulties. Further, the panel was satisfied that the attitudinal concerns are also demonstrated in her using derogatory language to describe a senior colleague, which was within earshot of Resident A. The panel determined that these actions, which exemplify Miss Pike's attitudinal concerns, were sufficiently serious to amount to misconduct.

Therefore, the panel found that Miss Pike's actions did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct in respect of all the charges found proved.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. Nurses must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard, the panel considered the judgment of Mrs Justice Cox in *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 considered each of the above limbs in turn.

In relation to limb (a), on whether residents were put at unwarranted risk of harm, in the past, as a result of Miss Pike' misconduct, the panel considered that Resident A was known to be a danger to himself and others. By failing to maintain professional boundaries with him, the panel determined that Miss Pike placed both him and others at risk of harm.

Further, in respect of referring to a senior colleague in a derogatory manner, the panel considered that Miss Pike's actions disrupted her professional relationship with her colleague, which in turn impacted the chain of care that residents would receive. This would place residents at an unwarranted risk of harm, as nursing is a collaborative environment, and a disruption to that environment would have a "knock-on" effect on care.

The panel was also satisfied that a failure to comply with the Home's COVID-19 policies at the height of the pandemic also placed residents at an unwarranted risk of harm. Whilst the panel noted that Miss Pike was at a distance away from the nearest resident, it considered that the residents were not wearing masks at the time, which made transmission more likely. The panel determined that, by failing to wear a mask, Miss Pike placed the residents at an unwarranted risk of contracting COVID-19.

In relation to limbs (b) and (c), in respect of the past, the panel considered that keeping professional boundaries with a resident, treating colleagues with respect and safe infection control policies are fundamental elements of nursing practice, and Miss Pike' misconduct in these areas did bring the nursing profession into disrepute. The panel bore in mind the evidence adduced through Mr Proffitt relating to Miss Pike's unprofessionalism in her

relationship with Resident A, and it was of the view that this demonstrated the disrepute Miss Pike's misconduct has brought upon the nursing profession, in the eyes of other professionals.

The panel was satisfied that limb (d), concerning dishonesty, did not apply in this case.

The panel took into account that impairment is a forward-looking exercise, and it should consider whether Miss Pike's fitness to practise is currently impaired.

The panel next considered whether Miss Pike is liable, in the future, to place patients at unwarranted risk of harm, to bring the nursing profession into disrepute or breach one of the fundamental tenets of the nursing profession, pursuant to *Grant*. In reaching its decision, the panel also considered the principles derived from *Cohen* and as outlined in the NMC Guidance, '*Impairment*' (DMA-1), namely:

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

On whether the concerns are easily remediable, the panel considered that Miss Pike's misconduct relates exclusively to issues surrounding her attitude and behaviour, as opposed to her clinical competence. The panel considered that the facts found proved relate to her breaching professional boundaries with a resident, speaking about a senior colleague in a derogatory way within earshot of a resident as well as the non-compliance with infection control practices at the height of the COVID-19 pandemic, when especially-vulnerable residents within the Home were not wearing masks and there was a high risk of transmission. The panel determined that attitudinal concerns are more difficult to remedy, and it was of the view that Miss Pike would have to demonstrate a significant level of insight and remediation for a panel to be satisfied that her fitness to practise is not impaired.

The panel next considered whether the concerns have, in fact, been remedied. The panel took into account that, save for her email to Mr Deverenne dated 18 January 2021 and the letter sent by her on 13 February 2021, Miss Pike has not responded to the concerns raised regarding her practice, or engaged with this regulatory process more generally. The panel noted that, according to the email to Mr Deverenne and Ms Roberts' statement, Miss Pike denied that her relationship with Resident A was an issue. The panel has seen no further evidence to demonstrate that Miss Pike has reflected upon her breach of professional boundaries, and the impact that her actions may have had on Resident A, his family and the wider nursing profession. Further, whilst Miss Pike made some apology for her '*rudeness and abruptness*' in the email to Mr Deverenne, she has not reflected on the impact of this on colleagues such as Ms Roberts. The panel therefore determined that Miss Pike has not demonstrated any significant insight at this stage.

The panel also considered that there is no evidence of her strengthening her practice, such as the completion of any training courses or self-research which would demonstrate that she has addressed these areas of concern within her practice. Based on the evidence before it, the panel therefore determined that Miss Pike has not remedied the concerns.

The panel next considered whether the conduct is likely to be repeated. The panel bore in mind that the facts found proved are of an attitudinal nature, which carries an inherent risk of repetition. The panel noted that Miss Pike has had no previous regulatory findings made against her, and there is no information before this panel suggesting that she has repeated her conduct. However, given the attitudinal nature of the concerns and due to her aforementioned non-engagement, there is no evidence before this panel of Miss Pike's meaningful and in-depth understanding of her actions, and their impact on vulnerable residents, colleagues and the reputation of the nursing profession. Accordingly, the panel determined that Miss Pike is liable to repeat her misconduct, as the underlying attitudinal concerns underpinning these charges remain unremediated.

In these circumstances, the panel found that Miss Pike's fitness to practise is currently impaired on public protection grounds.

The panel next considered whether a finding of impairment is also necessary on public interest grounds. The panel bore in mind that the overarching objectives of the NMC, namely to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a well-informed member of the public, apprised with the information before this panel, would be shocked and concerned if a nurse, with a wide range of attitudinal concerns found against her (including breaching professional boundaries with a resident) and with insufficient meaningful insight demonstrated, was not found to be impaired. The panel determined that a finding of impairment on public interest grounds is also necessary, to maintain public confidence in the nursing profession and uphold the proper professional standards for members of those professions.

Having regard to all of the above, the panel was satisfied that Miss Pike' 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 Miss Pike off the register. The effect of this order is that the NMC register will show that Miss Pike has been struck-off the register.

Submissions on sanction

Ms Mukhia submitted that, in light of the seriousness of the facts found proved and given Miss Pike's non-engagement with the process, a striking-off order is the necessary and appropriate sanction.

Ms Mukhia submitted that the following aggravating features are present in this case:

- Abuse of a position of trust, in respect of Miss Pike's failure to maintain professional boundaries with Resident A;
- Conduct which deliberately puts people receiving care at risk of suffering harm, particularly in respect of Miss Pike not abiding by the Home's COVID-19 policies;
- Deliberate breaches of the Code;
- A pattern of misconduct over a period of time, particularly in respect of Miss Pike's repeated failure to maintain professional boundaries with Resident A;
- Failure to attend the hearing or to engage with the Fitness to Practise process without good reason;
- Limited insight shown.

Further, she submitted that the following mitigation features are present:

- Personal mitigation, including Miss Pike's poor health at the time of the incident, [PRIVATE]

Ms Mukhia addressed the panel on all the sanctions available before it, in ascending order of seriousness. She submitted that it would not be appropriate for the panel to either take no further action or impose a caution order, in light of the nature and seriousness of Miss Pike's conduct. She reminded the panel that the facts found proved relate to wide-ranging attitudinal concerns, and to take either of these options would not address the public protection concerns or meet the public interest.

In respect of a conditions of practice order, Ms Mukhia submitted that this would not be appropriate in light of the attitudinal concerns identified. She further submitted that, whilst there may be identifiable areas of Miss Pike's practice in need of assessment and retraining, there is no evidence before this panel of her potential or willingness to engage in any retraining, in light of her non-engagement thus far. She submitted that, in any event,

a conditions of practice order would not sufficiently meet the public interest, given the seriousness of Miss Pike's misconduct.

Ms Mukhia referred the panel to the NMC Guidance, '*Suspension order*' (SAN-2d). Taking the points outlined in the guidance in turn, she submitted that the risk posed to the public or to people receiving care can only be managed by a permanent, not temporary, removal from the nursing register. She submitted that the inherent risk of repetition and lack of insight demonstrated by Miss Pike would render a temporary removal insufficient in these circumstances.

Further, in considering whether a suspension would be sufficient to protect people using services and public confidence in the profession, Ms Mukhia submitted that a temporary period of suspension would not protect the public given the attitudinal concerns underlying Miss Pike's misconduct. She further submitted that it would not be realistic for Miss Pike to return to unrestricted practice in the future, as the panel has already found that she would need to demonstrate a significant level of insight in order for a future Fitness to Practise Committee panel to be satisfied that she is no longer impaired. Ms Mukhia submitted that Miss Pike has not engaged with the regulatory process and has not given a good reason for her non-attendance at this hearing. Consequently, the panel could not be satisfied that she would engage with any recommendations or directions made by this panel to demonstrate her insight at a future hearing. Ms Mukhia submitted that, in these circumstances, it would not be realistic for Miss Pike to be able to demonstrate the in-depth and significant level of insight required of her in order for a panel to find that she is fit to practise.

Ms Mukhia submitted that Miss Pike's misconduct is so serious that it calls into question her suitability to remain on the nursing register. She submitted that the facts found proved are on the most serious end of the spectrum, raising issues surrounding her attitude, and the public interest could not be maintained if Miss Pike was allowed to continue practising. She further submitted that Miss Pike has not demonstrated any significant insight to evidence that there is a realistic prospect that she will be safe to return to nursing in the

future. In these circumstances, Ms Mukhia submitted that the only appropriate sanction is a striking-off order.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Miss Pike'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. In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and to the NMC Guidance, *'The sanctions available'* (SAN-2).

The panel took into account the following aggravating features:

- deliberate breaches of the Code;
- a pattern of misconduct over a period of time, particularly in respect of Miss Pike's breach of professional boundaries with Resident A;
- failure to attend hearings, or to engage in the Fitness to Practise (FtP) process, without good reason;
- limited insight into her misconduct;
- vulnerability of the person receiving care, particularly Resident A; and
- failure to work collaboratively with colleagues.

The panel also took into account the following mitigating features:

- Miss Pike's reported poor health at the time, including [PRIVATE];
- a challenging working environment at the time, namely at the height of the COVID-19 pandemic; and

- an apology made by Miss Pike in her email correspondence to Mr Deverenne.

Bearing the above in mind, the panel went on to consider what, if any, sanction is appropriate in these circumstances. The panel considered each of the sanctions available to it in ascending order of seriousness.

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*’ (SAN-2b) 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 Miss Pike’s actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Miss Pike’s practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order, particularly given the attitudinal nature of her misconduct.

The panel next considered whether to place a conditions of practice order on Miss Pike’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘*Conditions of practice order*’ (SAN-2c).

The panel bore in mind that Miss Pike's misconduct does not concern her clinical competence, and are attitudinal in nature. The panel was therefore not satisfied that relevant, proportionate, workable or measurable conditions could be formulated to protect patients and to uphold professional standards, which would address these concerns. Further, given Miss Pike's non-engagement, the panel was not satisfied that, even if conditions were placed upon her practice, she would engage and comply with them.

The panel next went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on '*Suspension order*' (SAN-2d) 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*
- ...
- *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 each of the above in turn.

The panel was satisfied that the charges found proved are at the most serious end of the spectrum. The panel bore in mind its decisions in respect of impairment above, and considered that the charges involved a breach of professional boundaries with a resident, as well as using derogatory language about a colleague within earshot of a resident and non-compliance with COVID-19 policies. The panel determined that these relate to Miss Pike's attitude and professionalism, and consequently, call into question her suitability to continue practising.

The panel further considered that whilst these concerns are, in theory, remediable, it found that Miss Pike would need to demonstrate a significant level of insight before she can be fit to practise in future. Notwithstanding this, the panel determined that the seriousness of Miss Pike's misconduct is such that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for at least a set period of time. The panel reminded itself of its findings in respect of the public interest above, and it determined that the seriousness and unacceptability of Miss Pike's conduct need to be marked by the regulator in order to maintain public confidence in the nursing profession and to uphold proper standards of conduct.

The panel also considered that Miss Pike has not engaged with the regulatory process, and has not provided a good reason for her non-engagement. It determined that she has not demonstrated a significant level of insight, and the panel was of the view that her non-engagement renders it unlikely that there is a realistic possibility for her to remediate these concerns.

The panel further considered the NMC Guidance, '*Deciding between suspension and strike off*' (SAN-3). The guidance states:

'Determining the proportionate sanction is often difficult when the Committee is deciding between a suspension or a striking-off order. In such cases, the Committee should:

- *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.*
- *Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.'*

In considering the guidance above, the panel considered that Miss Pike's non-engagement with the NMC demonstrates that she is unlikely to cooperate with the regulator in future and, consequently, it would not be realistic for her insight to sufficiently develop with a temporary removal from the register. The panel considered that she has shown minimal meaningful insight thus far, and given the seriousness of the misconduct, Miss Pike would need to demonstrate a significant level of insight before she is fit to return to practise. The panel also considered that it has been five years since the incident, and

Miss Pike's insight remains limited. As such, it is unlikely that she will sufficiently develop her insight in future.

Finally, in considering a striking-off order, the panel had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (SAN-2e):

- *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 considered the above in turn.

The panel was satisfied that the charges found proved – involving a breach of professional boundaries with a resident, using derogatory language about a colleague within earshot of a resident as well as non-compliance with COVID-19 policies – do raise fundamental questions about Miss Pike's professionalism. The panel bore in mind that these concern Miss Pike's attitude and behaviour towards her relationships with patients, colleagues and policies in place designed to protect vulnerable people in her care.

Given the seriousness of the misconduct, the panel was not satisfied that public confidence in the nursing profession could be maintained if Miss Pike was not removed from the register. The panel considered that Miss Pike has not engaged in the regulatory process, and the public would be shocked if a nurse, with these findings and with limited

meaningful insight and who is unlikely to sufficiently develop her insight to remediate the concerns, remained on the nursing register.

The panel determined that Miss Pike's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Miss Pike's actions were serious and to allow her to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

Further, given Miss Pike's non-engagement and the time which has passed since the incidents, the panel was not satisfied that there is a realistic prospect that, after suspension, Miss Pike will have gained insight and fully remediated the concerns.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Miss Pike's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case. The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Miss Pike in writing.

Interim order

As the striking-off cannot take effect until the end of the 28-day appeal period, the panel considered whether an interim order is required in 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 Miss Pike's own interests until the striking-off sanction takes effect.

Submissions on interim order

Ms Mukhia invited the panel to impose an 18-month interim suspension order to cover any relevant appeal period before the substantive striking-off order takes place. She submitted that, based on the panel's findings on impairment and sanction, this interim order would be necessary on both public protection and public interest grounds. She reminded the panel of the seriousness of Miss Pike's misconduct.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel determined that not to impose an interim suspension order would be inconsistent with its earlier findings.

The panel considered the NMC guidance on interim orders (SAN-6). 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 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 suspension order is consistent with its findings on impairment and sanction.

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, to cover any relevant appeal period and allow any appeal, if made, to conclude.

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

That concludes this determination.