

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

**Substantive Hearing
Tuesday, 04 November 2025 – Friday, 07 November 2025
Monday 10 November 2025 – Thursday 14 November 2025
Resuming: Monday 09 March 2026 – Wednesday 11 March 2026**

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

Name of Registrant: Andrew Paul Henson

NMC PIN: 94I1069E

Part(s) of the register: Nurses part of the register Sub part 1
RNA, Registered Nurse – Adult (22 September 1997)

Relevant Location: Blackpool

Type of case: Misconduct

Panel members: Vanessa Rolfe (Chair, Lay member)
Vickie Glass (Registrant member)
Kiran Bali (Lay member)

Legal Assessor: Alice Robertson Rickard

Hearings Coordinator: Yousrra Hassan

Nursing and Midwifery Council: Represented by Rebecca Paterson, Case Presenter.

Resuming: Represented by Samprada Mukhia Case Presenter.

Mr Henson: Present and represented by Tasmin Malcolm, from the Royal Collage of Nursing (RCN)

Facts proved: 1a, 1b, 2a, 2b, 4, 5a, 5b, 5c (I), 5c(II), 6a, 6b, 6c, 6d(I), 6d(II), 6d(IV), 6d(V), 6d(VI), 7a, 7b, 8, 9, 10a, 10b, 10c(I) and 10c(II)

Facts not proved: 3, 6d(III)

Fitness to practise:

Impaired

Sanction:

Suspension Order (6 months)

Interim order:

No Order

Details of charge (as amended)

That you a registered nurse:

1. In relation to Colleague D made one or more of the following comments:
 - a. On an unknown date in or around the year 2018, said “your tits look good in that” or words to that effect.
 - b. On an unknown date in or around the year 2020 said “I’ve got big piping like that” or words to that effect.
2. That your conduct in relation to charge 1 was:
 - a. Unprofessional
 - b. A breach of professional boundaries
3. Your conduct in relation to charge 1 was sexually motivated in that you intended to pursue a sexual relationship with Colleague D and or seek sexual gratification.
4. Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour in relation to Colleague D and/or:
 - a. It was unwanted
 - b. It related to Colleague D’s sex and/or it was of a sexual nature
 - c. It had the purpose or effect of:
 - I. Violating Colleague D’s dignity; or
 - II. Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague D.
5. In relation to Colleague A said/did one or more of the following:
 - a. On an unknown date prior to 26 March 2021 “what is your favourite sex position” or words to that effect.

- b. On an unknown date prior to 26 March 2021 informed them that you were not getting any sex at home.
 - c. On a date on or prior to 26 March 2021, - removed your wedding ring and said to Colleague A that you “were no longer married” (or words to that effect)
 - d. On 26 March 2021:
 - I. Suggested that they meet you to discuss mandatory training when this was not the primary motive for inviting them to meet you.
 - II. Locked the office door when you and Colleague A were alone in the office.
 - III. Whilst touching Colleague A in the office said, ‘this is how you will get on to the critical care course’ or words to that effect
 - IV. Whilst in the office with Colleague A massaged their shoulders.
 - V. Whilst in the office with Colleague A placed your hand on their leg.
 - VI. Whilst in the office with Colleague A tried to kiss them.
6. That your conduct in relation to charge 5 was:
- a. Unprofessional
 - b. A breach of professional boundaries.
7. Your conduct in relation to charge 6 was sexually motivated in that you intended to pursue a sexual relationship with Colleague A and or seek sexual gratification.
8. Your conduct in relation to charge 5 amounted to intimidating or harassing behaviour of Colleague A and/or:
- a. It was unwanted
 - b. It related to Colleague A’s sex and/or it was of a sexual nature
 - c. It had the purpose or effect of:

- I. Violating Colleague A's dignity; or
- II. Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Paterson, on behalf of the NMC, to amend the charges.

Ms Paterson submitted that the proposed amendments were mainly graphical and grammatical, intended to make the charges clearer and more precise. She further submitted that these amendments would provide clarity and more accurately reflect the evidence.

In relation to Charges 4 and 5 and Charges 9 and 10, she submitted that the proposed amendments involved separating the charges to allow the panel to make findings of harassing behaviour in two distinct ways. The first way was in accordance with the wording of section 26 of the Equality Act 2010. The second way was in accordance with the ordinary meaning of the word (an approach endorsed in the case of *Professional Standards Authority for Health and Social Care v Health and Care Professions Council and Yong* [2021] EWHC 52 (Admin)). Ms Paterson submitted that these amendments did not change the nature of the case you had to meet.

In relation to Charge 6(d)(I), the amended wording was proposed to make the charge clearer and more reflective of the evidence.

Ms Malcolm indicated that she had no objection to the application.

The proposed amendments are set out in bold.

That you a registered nurse:

1. In relation to colleague D made one or more of the following comments:
 - a. On an unknown date in **or around** the year 2018, said “your tits look good in that” or words to that effect.
 - b. On an unknown date in **or around** the year 2020 said “I’ve got big piping like that” or words to that effect.
2. That your conduct in relation to charge 1 was:
 - c. Unprofessional
 - d. **A B**breach of professional boundaries
3. Your conduct in relation to charge 1 was sexually motivated in that you intended to pursue a sexual relationship with colleague D and/or seek sexual gratification.
4. Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour **in relation to** of Colleague D **and/or** in that.
 - a. It was unwanted
 - b. It related to colleague D’s sex **and/or it was of a sexual nature**
 - c. It had the purpose or effect orf
 - i. Violating colleague D’s dignity; or
 - ii. Creating an intimidating, hostile, degrading, humiliating or offensive e environment for colleague D.
5. In relation to colleague A ~~made~~ **said/did** one or more of the following ~~comments and or actions:~~
 - a. On an unknown date prior to 26 March 2021 “what is your favourite sex position” or words to that effect.

- b. On an unknown date prior to 26 March 2021 informed them that you were not getting any sex at home.
- c. On an ~~unknown~~ date **on or** prior to 26 March 2021, - removed your wedding ring and said to colleague A that you “were no longer married” or words to that effect.
- d. On 26 March 2021:
 - I. Suggested that they meet you to complete training competencies when this was not ~~the case~~ **the primary motive for inviting them to meet you.**
 - II. Locked the office door when you and colleague A were alone in the office.
 - III. Whilst touching colleague A in the ~~private~~ office said, ‘this is how you will get on to the critical care course’ (or words to that effect)
 - IV. Whilst in a ~~private~~ **the** office with colleague A massaged their shoulders.
 - V. Whilst in a ~~private~~ **the** office with colleague A placed your hand on their leg.
 - VI. Whilst in a ~~private office~~ **the** with colleague A tried to kiss them.

6. That your conduct in relation to charge 5 was:

- a. Unprofessional
- b. **A B**breach of professional boundaries

7. Your conduct in relation to charge 65 was sexually motivated in that you intended to pursue a sexual relationship with colleague A and or seek sexual gratification.

8. Your conduct in relation to charge 65 amounted to intimidating or harassing behaviour of colleague A.
 - a. It was unwanted
 - b. It related to colleague A's sex **and/or it was of a sexual nature**
 - c. It had the purpose or effect **of**:
 - I. Violating colleague A's dignity; or
 - II. Creating an intimidating, hostile, degrading, humiliating or offensive environment for colleague A

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

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

The panel determined that the proposed amendments were in the interests of justice. The panel was satisfied that there would be no prejudice to Mr Henson and no injustice would be caused to either party by the proposed amendments being allowed. It was therefore appropriate to allow the amendments, to ensure clarity and accuracy, and to assist the panel in its decision-making.

Background

The incidents which gave rise to the charges occurred whilst you were employed as a Band 7 registered nurse [PRIVATE].

It is alleged that you made inappropriate and unprofessional comments of a sexual nature to Colleagues A and D, and in the case of Colleague A, engaged in inappropriate physical contact.

Following an internal investigation by the Trust, the matter was referred to the NMC on 11 January 2022.

Decision and reasons on facts

At the outset of the hearing, Ms Malcolm informed the panel that you admitted charges 6a, 6b, 6c, 6d(ii) 6d(iv), 6d(vi) 7a, 7b, 8,10a and 10b.

The panel therefore found charges 6a, 6b, 6c, 6d(ii) 6d(iv),6d(vi) 7a, 7b, 8,10a and 10b proved, by way of your admissions.

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

The panel heard oral evidence from the following witnesses called on behalf of the NMC, who gave evidence remotely:

- Witness 1: Clinical Matron
- Colleague A: Staff Nurse
- Colleague D: Staff Nurse

The panel heard live evidence from you under oath.

Decision and reasons to further amend the charges

After the witnesses had given evidence, Ms Paterson made a further application to amend the wording of the charge 6d(l). She submitted that after hearing the evidence of the NMC witnesses, the following amendments should be made:

6. In relation to Colleague A said/did one or more of the following:

d. On 26 March 2021:

- I. Suggested that they meet you to **discuss mandatory training** ~~complete training competencies~~ when this was not the primary motive for inviting them to meet you.

Ms Paterson submitted that this amendment would not cause any injustice or prejudice to you, as it did not change the substance of the charge. However, such an amendment was necessary to reflect the mischief alleged, and to ensure that the charge did not fail on a technicality. Ms Paterson submitted that this amendment was fair because the witnesses who had already given evidence had been appropriately cross examined, and you were yet to give evidence.

Ms Malcolm did not object to the amendment.

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

The panel decided to allow the application to amend charge 6d(l). It was satisfied that the amendment could be made without injustice and was fair to both parties for the reasons set out by Ms Paterson. It was also mindful of its overarching objective of public protection.

Charge (as amended)

6. In relation to Colleague A said/did one or more of the following:

a. On 26 March 2021:

- II. Suggested that they meet you to discuss mandatory training when this was not the primary motive for inviting them to meet you.

Decision and reasons on application to hear part of the case in private

During the course of your evidence an application was made by Ms Malcolm to hear parts of your evidence in private, when you were discussing matters pertaining to the private life of Colleague A.

Ms Paterson did not object to the application.

The panel accepted the advice of the legal assessor, who reminded the panel that the general rule, in accordance with Rule 19 (1) Nursing and Midwifery Council (Fitness to Practise) Rules 2004, was that hearings should be conducted in public. However, in accordance with Rule 19(3), the panel had a discretion to hear a case partly or wholly in private if it was satisfied that this was justified (and outweighed any prejudice) by the interests of a complainant or witness.

The panel determined that it was justified and appropriate to go into private as and when matters were discussed pertaining to the private life of Colleague A

Submissions

At the conclusion of the evidence, both parties provided detailed written submissions that were read into the record.

Decision and reasons on facts

Before making any findings of fact, the panel heard and accepted the advice of the legal assessor. She referred the panel to the following caselaw in the course of her

advice: *Soni v General Medical Council* [2015] EWHC 364 (Admin), *R (Kuzmin) v GMC* [2019] EWHC 2129 (Admin), *Enemuwe v NMC* [2016] EWHC 1881 (Admin), *R (on the application of Dutta) v GMC* [2020] EWHC 1974 (Admin), *Joseph v GMC* [2022] EWHC 3345 (Admin), *Byrne v GMC* [2021] EWHC 2237 (Admin), *Hindle v NMC* [2025] EWHC 373, *Pemberton v Inwood* [2018] ICR 724 (EAT)3, *Reed v Stedman* [1999] IRLR 2999, *Professional Standards Authority for Health and Social Care v Health and Care Professions Council and Yong* [2021] EWHC 52 (Admin), *General Medical Council v Haris* [2020] EWHC 2518 (Admin), *Arunkalaivanan v General Medical Council* [2014] EWHC 873, *Basson v GMC* [2018] EWHC 505 (Admin), *Chief Constable of the British Transport Police v Police Misconduct Panel* [2023] EWHC 589 (Admin), *Professional Standards Authority for Health and Social Care v The General Medical Council (Garrard)* [2025] EWHC 318 (Admin), *Wisson v HPC* (2013) EWHC 1036.

The panel considered the witness and documentary evidence provided by both the NMC and you.

The panel also considered the submissions of both parties. This included the submission of Ms Paterson that the panel could cross admit the evidence in relation to one set of allegations as evidence in respect of the other, as it was evidence of a propensity to commit the type of conduct alleged. However, the panel declined to do so on the grounds that there was not a sufficient connection and similarity between the facts of the two sets of allegations. This was because of the very different contexts of the relationships between you and Colleague A (with whom you had a friendly relationship), versus you and Colleague D (with whom you did not).

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

Charge 1(a)

1. *In relation to Colleague D made one or more of the following comments:*

- a. *On an unknown date in or around the year 2018, said “your tits look good in that” or words to that effect.*

This charge is found proved.

The panel noted that it was not in dispute between you and Colleague D, that you commented on her appearance at work, in or around 2018. It was also common knowledge that Colleague D had a breast augmentation. However, there were conflicting accounts between you and Colleague D in relation to what was said.

Colleague D gave evidence that you stated: “*Your tits look good in that*”. You gave evidence that you did not say this but said “*you look good in that dress*”. You explained that you said this because staff had just moved from scrub uniforms to normal uniforms and you were complimenting how she looked in the new work dress.

Colleague D gave evidence that at the time you made the comment, she was wearing a tight top. She therefore did not think that she was wearing her work uniform as this had never been tight on her. She explained that there were some study days when staff came to work in their own clothes.

It is agreed between you and Colleague D that following the comment, Colleague D reported the incident to the ward manager. You accept that this led to the ward manager speaking to you in relation to professional boundaries.

The panel considered that it was implausible that Colleague D would have reported a comment such “*you look good in that dress.*” It found that it was far more likely that she reported your comment because it was “*your tits look good in that*”. You acknowledged that you were aware of Colleague D’s breast augmentation.

The panel considered that Colleague D’s evidence in relation to this comment had been consistent throughout, and it found her to be a credible witness. Whilst it noted your account that she did not like you it considered, that her response to your comment was measured: whilst she felt she needed to report it to ensure that such

comments were not made again, she did not want any further intervention as she did not want to get you into trouble. She therefore asked the Ward Manager to speak to you informally regarding your behaviour, which he did.

In light of all of the above, the panel accepted the evidence of Colleague D and rejected your account of this incident.

In reaching this decision the panel was mindful of your previous good character, and of the positive testimonials provided on your behalf. Nonetheless, when weighed against the matters set out above, it preferred the evidence of Colleague D.

Charge 1(b)

1. *In relation to Colleague D made one or more of the following comments:*
 - b. *On an unknown date in or around the year 2020 said “I’ve got big piping like that” or words to that effect.*

This charge is found proved.

In oral evidence, Colleague D stated that she was in the process of setting up a ventilator (which she described as a machine with pipes coming out) when you walked past and said, “I’ve got big piping like that”. She explained that she interpreted this as you referring to your ‘parts’. She said that she did not report this incident initially, as she felt uncomfortable and she wanted to forget about it. Colleague D first reported this incident in an interview on 14 January 2022.

Your account in relation to this is that you deny it and have no recollection of any such incident. However, you accept that staff on the unit, including you, engaged in “dark humour”, “banter” and “sexual innuendo”. You accepted that you were ‘part of the culture’. Given that this was the sort of humour that you said was commonplace at the time on the unit, the panel was satisfied that it was more likely than not that you said what is alleged.

Whilst she did not report it immediately, Colleague D’s account was consistent throughout her local interview, her written statement and her oral evidence. The

panel considered it was improbable that Colleague D had made this up or misremembered it.

On the balance of probabilities, the panel was therefore satisfied that you did make the comment as alleged.

Charge 2(a)

2. That your conduct in relation to charge 1 was:

a. Unprofessional

This charge is found proved.

The panel noted Colleague D's evidence that she found your comments towards her to be inappropriate and unprofessional in a workplace environment. She said that she did not have that sort of relationship with you and it made her feel uncomfortable. The panel concurred that both passing comment on a colleague's private body parts and referring to the size of your own, in a work environment, was inappropriate and unprofessional. This was particularly so coming from a nurse in a senior position towards a junior nurse.

Charge 2(b)

That your conduct in relation to charge 1 was:

b. A breach of professional boundaries

This charge is found proved.

Although the panel considered each sub-charge separately, it found this charge proved for the same reasons set out at charge 2 (a) above. The comments made by you to Colleague D demonstrated a clear failure to maintain appropriate professional boundaries.

Charge 3

- 3. Your conduct in relation to charge 1 was sexually motivated in that you intended to pursue a sexual relationship with Colleague D and/or seek sexual gratification.*

This charge is found NOT proved.

Colleague D gave evidence that she did not think that you were 'trying to start a romantic relationship' with her. In relation to the comment at Charge 2 a, she said she "just thought it was a bit of a creepy comment".

You gave evidence that you were not attracted to Colleague D and she was not attracted to you.

In all the circumstances, the panel was unable to infer an intention on your part to pursue a sexual relationship or seek sexual gratification. It determined that there was an alternative and more likely explanation, namely, that the comments reflected inappropriate and misguided workplace banter, which was commonplace at the time. The panel accepted this as the context for your comments towards Colleague D. It therefore concluded that the comments, whilst wholly inappropriate, were not sexually motivated.

Charge 4

- 4. Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour in relation to Colleague D.*

This charge is found proved.

The panel took into account Colleague D's evidence that your behaviour made her feel awkward and uncomfortable, and made her not want to go to training sessions.

The panel also took into account the imbalance of power between you in your band 7 position, and Colleague D, who was your junior.

It noted that following your comments at Charge 1(a), Colleague D had felt the need to report you to the ward manager. You had subsequently made the further inappropriate comments at Charge 1(b). Your inappropriate conduct towards Colleague D was unwelcome and repeated.

The panel was satisfied that in light of the above, your conduct amounted to intimidating and harassing behaviour in relation to Colleague D.

Charge 4(a)

4. *Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour in relation to Colleague D and/or:*
 - a. *It was unwanted*

This charge is found proved.

The panel noted that Colleague D reported the incident at Charge 1(a) shortly after it occurred and made clear that she did not wish for such behaviour to be repeated. She said that your conduct made her feel uncomfortable and she described you as giving her “*the creeps*”.

In all the circumstances it was satisfied that the conduct was unwanted.

Charge 4(b)

4. *Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour in relation to Colleague D and/or:*
 - b. *related to Colleague D’s sex and/or was of a sexual nature*

This charge is found proved.

The panel noted that the comments made by you to Colleague D referred either expressly (in relation to Charge 1(a)) or implicitly (in relation to Charge 1(b)) to

sexual organs. It therefore considered them to be inherently sexual in nature. The panel also considered that the comments were directed at Colleague D because she was female and would have been unlikely to have been made to a male Colleague. Despite your assertion to the contrary.

On this basis, the panel concluded that notwithstanding its findings above that your conduct was not sexually motivated (in the sense that you did not intend to pursue a sexual relationship or seek sexual gratification) the comments were nonetheless related to Colleague D's sex and of a sexual nature.

Charge 4(c)

4. *Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour in relation to Colleague D and/or:*
 - a. *It had the purpose or effect of:*
 - i. *Violating colleague D's dignity; or*
 - ii. *Creating an intimidating, hostile, degrading, humiliating or offensive environment for colleague D.*

This charge is found proved.

Whilst the panel accepted your evidence that you did not intend to violate Colleague D's dignity or to create an adverse environment for her, it was satisfied that your conduct nonetheless had this effect.

Colleague D described your comments as "creepy" and she was sufficiently unhappy following your first comment to report it immediately to the ward manager. She gave evidence that she felt awkward and that afterwards you avoided looking at her when you passed her in the corridor, pretending that you did not know her. She said that she felt uncomfortable when you attended the [PRIVATE], and that she felt uncomfortable being around you on her own.

Taking into account all of the circumstances, the panel considered that the effects of your comments on Colleague D were neither trivial nor transitory, and it was satisfied

that your conduct both subjectively and objectively violated her dignity. It was further satisfied that your conduct created a subjectively and objectively intimidating and hostile environment.

Charge 5(d)(i)

5. In relation to Colleague A said/did one or more of the following:

d, On 26 March 2021:

- i. Suggested that they meet you to discuss mandatory training when this was not the primary motive for inviting them to meet you.

This charge is found proved.

The panel noted your evidence that the primary motive for you inviting Colleague A to meet you was to discuss mandatory training. The panel accepted that in your message to Colleague A you had expressly given this as the reason. However, the panel did not find that this was your primary motive.

Rather, the panel found that this was an excuse to invite Colleague A into a private space at a time and place where you knew the two of you would be alone. It noted that the meeting was arranged outside of your normal working hours, at a time when the other staff who usually used the office were absent.

The panel carefully considered why the invitation was sent with a winking face emoji and acknowledged your explanation that this was simply playful. However, the panel was satisfied that it was flirtatious and indicative of the fact that mandatory training was a pretext for inviting Colleague A to the office.

The panel inferred from all the surrounding circumstances that your primary motive for inviting Colleague A to the office was to spend time alone with her.

It noted that earlier in the week, you had messaged Colleague A, saying “*Oh, get to see you this week,*” after asking which days she would be working.

It noted that Colleague A was fully up to date with her mandatory training, meaning there was no legitimate need for an urgent meeting.

Further, you accepted that you were attracted to Colleague A and that, at least at the point of attempting to kiss her, [PRIVATE].

It found that the fact that you locked the door as soon as you entered the room was indicative of your intentions towards Colleague A from the outset. It noted your evidence that ordinarily when you undertook training, the door would not be locked and would be kept on the latch. However, on this occasion you locked the door.

Taking all these factors together, the panel was satisfied that your primary motive for arranging the meeting not to discuss mandatory training and was personal rather than professional.

Charge 5(d)

1. Whilst touching Colleague A in the office said, 'this is how you will get on to the critical care course' or words to that effect

This charge is found NOT proved.

The panel noted that you deny this allegation.

The panel carefully reviewed Colleague A's local account, written statement, oral evidence, and responses to panel questioning. At no stage did Colleague A state that you made this comment whilst touching her. Her evidence did not support the allegation that there was a discussion about the critical care course occurring simultaneously with the physical contact.

The panel therefore found that the NMC had failed to discharge the burden of proof in relation to this charge.

Charge 5(d)(v)

5, In relation to Colleague A said/did one or more of the following:

d, On 26 March 2021:

v, Whilst in the office with colleague A, placed your hand on their leg.

This charge is found proved.

The panel noted that you accept that you made contact with Colleague A's leg, but contend that this was accidental, whilst you were turning her chair around.

The panel did not accept this explanation and noted that your first reference to this accidental touching of her leg appeared only during your evidence to the panel, and not in your earlier accounts either during the local investigation or to the NMC.

The panel preferred the evidence of Colleague A, who maintained that you deliberately placed your hand on her leg. Her account was consistent throughout and was credible.

The panel found no reason to doubt Colleague A's account and considered her to be a measured and fair witness, who had no animosity towards you. It was therefore satisfied that your placing of your hand on her leg was intentional rather than inadvertent.

In reaching this decision, the panel was mindful of your previous good character, and of the positive testimonials provided on your behalf. Nonetheless, when weighed against the matters set out above, it preferred the evidence of Colleague A.

Charge 8

8, Your conduct in relation to charge 6 amounted to intimidating or harassing behaviour of colleague A and/or:

c. had the purpose or effect of:

- i. *Violating colleague A's dignity; or*
- ii. *Creating an intimidating, hostile, degrading, humiliating or offensive environment for colleague A.*

These charges are found proved.

The panel accepted your evidence that you did not intend your behavior towards Colleague A to be intimidating or harassing. It accepted that the relationship between you and Colleague A was friendly and that Colleague A acknowledged that she could be described a 'flirty'.

However, from her perspective, the relationship between you was purely professional and your behavior towards her was uninvited and unwelcome.

Colleague A stated that she had laughed awkwardly and found your comments inappropriate and unprofessional. She described some of your behavior as strange, saying "*this isn't right,*" and recalled feeling shocked, freezing up, and feeling very uncomfortable. She explained that she "*didn't enjoy it at all,*" and "*just froze,*" not knowing what to say. When asked about your comments, she described them as "*uncomfortable, intrusive, a bit far, a bit much,*" saying they "*overstepped the mark*" and "*crossed the line.*" She found other remarks "*a little bit inappropriate*" and "*not something I wanted to engage further in.*"

When speaking about the incident in the office on 26 March 2021, Colleague A said she felt annoyed and angry, and that you had "*taken advantage of the situation.*" She described feeling naive for being alone in a locked room with you and recognized that, as a senior member of staff, you held a position of authority over her. She further said she found the situation highly distressing, wanted to block the incident from her memory, and did not consider you to be harmless.

In all of the circumstances, regardless of your intentions, the panel found that your conduct towards Colleague A did amount to intimidating and harassing behavior.

This charge is found proved.

Charge 8(c)

8, Your conduct in relation to charge 6 amounted to intimidating or harassing behaviour of colleague A and/or:

c. had the purpose or effect of:

- i. Violating colleague A's dignity; or*
- ii. Creating an intimidating, hostile, degrading, humiliating or offensive environment for colleague A.*

These charges are found proved.

The panel accepted your evidence that you did not intend to violate Colleague A's dignity or to create an adverse environment for her. It acknowledged that you apologized to her following the incident, that she accepted the apology, and that she felt you had learned from the incident and subsequently treated her differently, maintaining a friendly but professional approach thereafter.

However, it found that at the relevant time, your conduct had the effect of creating an intimidating and degrading environment for Colleague A.

The panel bore in mind the evidence of how Colleague A felt. She stated that she had laughed awkwardly and found your comments inappropriate and unprofessional. She described some of your behavior as strange, saying "*this isn't right,*" and recalled feeling shocked, freezing up, and feeling very uncomfortable. She explained that she "*didn't enjoy it at all,*" and "*just froze,*" not knowing what to say. When asked about your comments, she described them as "*uncomfortable, intrusive, a bit far, a bit much,*" saying they "*overstepped the mark*" and "*crossed the line.*" She found

other remarks “*a little bit inappropriate*” and “*not something I wanted to engage further in.*”

When speaking about the incident in the office on 26 March 2021, Colleague A said she felt annoyed and angry, and that you had “*taken advantage of the situation.*” She described feeling naive for being alone in a locked room with you and recognized that, as a senior member of staff, you held a position of authority over her. She further said she found the situation highly distressing, wanted to block the incident from her memory, and did not consider you to be harmless.

Taking into account all of the circumstances, the panel considered that the effects of your conduct towards Colleague A both subjectively and objectively violated her dignity. It was further satisfied that your conduct created a subjectively and objectively intimidating and degrading environment for her.

Accordingly, the panel found that, while there was no deliberate intention to cause her harm, the effect of your conduct was to violate Colleague A’s dignity and create an intimidating and degrading environment for her.

Submissions and decision on time management on Day 6 of the hearing

At the conclusion of Day 6 of the hearing, Ms Paterson, submitted that the panel should proceed to the impairment stage.

Ms Paterson, on behalf of the Nursing and Midwifery Council, submitted that the panel should proceed to the impairment stage of the hearing. She indicated that it would be appropriate for the panel to hear submissions from both herself and Ms Malcolm in relation to this stage. Ms Paterson further submitted that, in the interests of the efficient management of the case and the effective use of the remaining hearing time, it would be desirable for the panel to utilise the final day available to continue the proceedings.

Ms Malcolm confirmed her agreement with Ms Paterson's position and indicated that she was content for the panel to proceed to the next stages of the hearing. However, Ms Malcolm needed sufficient time to review and consider the details of the facts found proved before moving to the next stage.

The panel heard advise from the legal assessor.

In deliberating how best to utilise the remaining time in the current time, the panel considered whether to make full use of day 7 of the hearing to progress the case or to adjourn before commencing the impairment stage. The panel acknowledged that it was unlikely to conclude the impairment stage within the available time tomorrow, particularly as it is anticipated that you may be required to give evidence again. The panel also took into account the reasonable adjustments previously afforded to you, including the need for regular breaks due to his mental health.

Having regard to these factors, the panel determined that it would not be conducive to a fair or effective decision-making process to begin the impairment stage knowing that it could not be concluded. While the panel recognised the public interest in ensuring that the case proceeds expeditiously, it concluded that fairness to you must take precedence. Given that the matter will, in any event, go part-heard, the panel considered that the balance of fairness lies in adjourning at this stage.

Interim order

The panel took into account that since the hearing is being adjourned and would not resume until March 2026, the panel considered whether it would be appropriate to impose an interim order in the meantime.

Submissions on interim order

The panel took account of the submissions made by Ms Paterson. She submitted that, whilst there may be some ongoing risk of repetition arising from the panel's factual findings, it may be that conditions of practice could be an appropriate and proportionate means of managing any such risk at the present time. However, Ms

Paterson emphasised that the Nursing and Midwifery Council (NMC) does not take the position that the high threshold of necessity for the imposition of an interim order has yet been met. She reminded the panel that the decision whether to impose an interim order lies entirely within its discretion.

Ms Paterson further submitted that the panel does not yet know what action, if any, your current employer may take in light of the factual findings. She submitted that once that information is known, it may then become apparent that the statutory test of necessity is satisfied. In the meantime, the panel should carefully consider whether, on the information currently available, the necessity bar has been met before exercising its discretion to impose any interim order.

The panel also took into account the submissions of Ms Malcolm she submitted that you have continued to work safely and effectively without restriction since the allegations first arose. Since January 2024 you have been employed in your current role as a Band 6 nurse, a position you have now held for two years. During this period, you have practised without an interim order in place and without incident.

Ms Malcolm submitted that there is therefore no necessity for an interim order to enable you to continue in practice. The panel was reminded that this case involves two distinct complaints concerning separate colleagues, and that the internal investigation undertaken by the employer primarily related to "Colleague A." The employer has since implemented specific measures to manage any potential risk identified. These include a requirement that, when Mr Henson is training female members of staff, the office door must remain open. Correspondence before the panel, including an email from Mr Henson's direct line manager, confirms that these measures are formalised within a written policy. This demonstrates that risk has been appropriately assessed and managed by the employer, who is fully aware of these NMC proceedings and remains supportive of Mr Henson, describing him as a cooperative and reliable member of staff.

It was further submitted that Mr Henson has shown meaningful insight and remediation. The panel's attention was drawn to several testimonials and his completion of a professional boundaries course. This reflects his understanding that

maintaining clear professional boundaries is essential to his role. Ms Malcolm submitted that these steps directly address the concerns arising from the facts found proved and demonstrate that you have taken active steps to minimise any risk of repetition.

Ms Malcolm submitted that your current working environment, team culture, and personal circumstances differ significantly from those at the time of the allegations. You are now employed within a different team and in a supportive workplace environment, which you describe as contributing to a greater sense of personal stability. Your marriage remains strong, and your wife continues to provide support, which you identify as a significant stabilising influence. In light of these factors, Ms Malcolm submitted that adequate safeguards and evidence of learning are already in place, and that the imposition of an interim order would therefore be neither necessary nor proportionate in the circumstances of this case.

The panel heard advise from the legal assessor.

Decision and reasons on interim order

The panel in reaching its decision on whether to impose an interim order, carefully considered the submissions made by both parties, together with all the evidence before it.

The panel noted that you have continued to work in a clinical setting for approximately four years since the allegations, without any further reported incidents or concerns. The panel also considered your positive testimonials provided by your current line manager and colleagues, which attest to your professionalism, insight, and reliability in the workplace.

The panel was satisfied that you have demonstrated genuine reflection and learning from the matters found proved, and that you have engaged fully and cooperatively throughout these proceedings. The panel further noted that you have been practising without restriction or conditions, and that your employer has implemented

appropriate local measures to manage any potential risk. There is no evidence before the panel to suggest that those arrangements have been ineffective or that any issues have arisen in his practice since their introduction.

Having weighed all the evidence, the panel concluded that the risk of repetition is low and that there is no ongoing risk to patient safety or to the wider public interest. Accordingly, the Panel determined that the statutory test of necessity for imposing an interim order had not been met. The Panel therefore concluded that no interim order was necessary or proportionate in this case.

The hearing resumed on the 9 March 2026.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

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

Submissions on misconduct

Ms Mukhia, the newly appointed case presenter on behalf of the NMC, made submissions on misconduct and impairment.

Ms Mukhia invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2004)' (the Code) in making its decision.

Ms Mukhia referred the panel to the case of *Roylance v General Medical Council (No. 2) [2000] 1 AC 311*, which provides guidance on what may amount to misconduct in professional regulatory proceedings. She also directed the panel to the relevant guidance within the Nursing and Midwifery Council Fitness to Practise resources, noting that regulatory action should generally be taken where there is serious professional misconduct. Reference was also made to *GMC v Meadow [2006] EWCA Civ.*

Ms Mukhia submitted that the panel should consider the circumstances of the conduct in the context of professional practice. She noted that regulatory action may arise not only from clinical concerns but also from behaviour that undermines professional standards. The NMC guidance indicates that action is particularly appropriate where there are deep-seated attitudinal issues, where people receiving care may be placed at risk of harm, or where an incident is so serious that regulatory intervention is required to maintain professional standards and public confidence in the profession.

Ms Mukhia submitted that there are deep-seated attitudinal concerns. The NMC guidance states that such issues may arise where there is resistance to change or a failure to recognise the importance of safety and the protection of those receiving care. While attitudinal concerns may in some cases be remediable, Ms Mukhia submitted that the panel must consider whether the conduct indicates a fundamental issue with professional boundaries.

Ms Mukhia submitted that the conduct proved in this case relates to sexual misconduct and should be regarded as inherently serious. She referred the panel to

the NMC guidance on sexual misconduct, which describes it as unwelcome behaviour of a sexual nature, or behaviour that could reasonably be interpreted as sexual, that may degrade, humiliate, or violate another person's dignity. Such conduct may be physical or verbal and may occur as a single incident or as part of a pattern of behaviour.

Ms Mukhia submitted that sexual misconduct occurring within the workplace is treated with particular seriousness by professional regulators. The NMC guidance identifies behaviour that breaches professional boundaries, including sexualised conduct towards patients or the abuse of a position of power over junior colleagues. Ms Mukhia submitted that the conduct in this case falls within that definition and reflects an abuse of professional position by you.

Ms Mukhia submitted that the conduct amounted to breaches of the professional standards set out in the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (the code). In particular, she referred the panel to provisions requiring a registered nurse to treat people with kindness, respect and compassion (including section 1 and 1.5), to work cooperatively and communicate effectively with colleagues (section 8), and to always uphold the reputation of the profession (section 20). She submitted that the conduct was inconsistent with the requirements to act fairly and without harassment and with the wider obligations set out in sections 20.2, 20.3, 20.5, 20.8 and 20.10 of the Code.

Ms Mukhia submitted that the charges found proved, Charges 1, 2, 4 and 5, amounted to serious sexual misconduct. She submitted that the proven conduct breached several provisions of the Code: 1.1, 1.5, 8.2, 20.1, 20.2, 20.3, 20.5 and 20.8. These provisions require registrants to treat colleagues with kindness, respect and compassion, to communicate effectively and work cooperatively with colleagues, and to always uphold the reputation of the profession.

In relation to Charge 1, Ms Mukhia submitted that you were employed as a Band 7 nurse responsible for practice development and therefore held a senior position relative to Colleague D. Colleague D had only recently begun working on the [PRIVATE] when the comment alleged at Charge 1a was made. Ms Mukhia

submitted that you engaged in uninvited and unwanted conduct by making comments of a sexual nature in a professional working environment. Such behaviour could not be said to demonstrate kindness, respect or compassion. Rather, it involved treating a junior Colleague who can be considered as vulnerable in nature due to the imbalance of power between them, in a manner that caused distress and discomfort, breached professional boundaries, violated her dignity and contributed to a hostile working environment. Ms Mukhia referred the panel to Colleague D's account within the evidence bundle, where she described you as "*giving [her] the creeps,*" and noted that she reported the matter to the Ward Manager because she felt uncomfortable being alone with you.

Ms Mukhia acknowledged that other staff members may have also sometimes engaged in dark humour or sexual innuendos. However, she submitted that workplace culture could never justify conduct which made a Colleague feel uncomfortable or distressed. She submitted that you failed to recognise that your behaviour was unwelcome and inappropriate, and that the conduct continued despite the Ward Manager speaking to you about it. She further submitted that Charge 1b occurred within approximately two years of the earlier incident and together with the conduct in relation to Colleague A, spanned a period of three to four years, indicating an ingrained mindset and deep-seated attitudinal concerns. Ms Mukhia submitted, the conduct fell seriously short of the standards expected of a registered nurse.

Ms Mukhia submitted that charges 6a and 6b, breached paragraphs 1.1, 1.5, 8.2, 20.1, 20.2, 20.5, 20.8 and 20.18 of the Code. Although you stated that the patient present at the time was sedated, Ms Mukhia submitted that this did not render the conduct appropriate. The comments of a sexual nature were uninvited and unwelcome, and Colleague A's reaction of awkward laughter demonstrated that she found the remarks inappropriate and intrusive. Ms Mukhia submitted that these comments overstepped professional boundaries. In relation to Charge 6c, which you admitted, Ms Mukhia submitted that your comment regarding your relationship with your wife and the fact that Colleague A was single suggested that you may have been testing whether she might engage in a relationship with you. Ms Mukhia's submitted, that this conduct amounted to serious misconduct.

Ms Mukhia further submitted that Charges 7, 8, 9 and 10, which the panel has also found proved, amounted to serious sexual misconduct. She submitted that your conduct towards Colleague A, including attempting to kiss her [PRIVATE], was sexually motivated and unwelcome. Colleague A was a young and relatively junior nurse, and you took advantage of this imbalance of power. Ms Mukhia submitted that the incident occurred in a locked room and was described as highly distressing for Colleague A. In Ms Mukhia's submission, your behaviour was neither kind, respectful nor compassionate and demonstrated a failure to communicate appropriately with a colleague. Instead, it amounted to sexualised conduct which breached professional boundaries, constituted harassment and created a degrading working environment.

Ms Mukhia also referred to the Facebook communications between you and Colleague A. While the platform had been used by staff for professional communication, she submitted that you did not use it in a professional manner. She submitted that the flirtatious nature of the exchanges was driven by you and that Colleague A attempted to shut down the conversation.

Ms Mukhia submitted that your behaviour demonstrated deep-seated attitudinal concerns. She noted the similarity between the conduct involving Colleague A and the earlier incidents involving Colleague D, which occurred several years apart, suggesting a pattern of inappropriate comments and behaviour towards junior colleagues. She submitted that your actions on 26 March 2021 were premeditated as the panel found that in relation to Charge 6d(1), you invited Colleague A to spend time alone under the pretext of mandatory training illustrated further boundary violations.

Ms Mukhia submitted that your conduct represented a serious departure from the standards expected of a registered nurse and therefore amounted to serious misconduct.

Ms Malcolm submitted that you fully accept the findings of fact made by the panel and accept that the conduct found proved amounts to misconduct. You acknowledged that the conduct towards the colleagues involved was inappropriate, particularly in relation to Colleague A, where she accepted that your behaviour was

wholly inappropriate. Ms Malcolm submitted that the conduct arose from a misconceived attempt by you to engage in personal interactions which were misplaced and unprofessional. She submitted that your behaviour was not intended to intimidate or harass the Colleague A and D.

Ms Malcolm submitted that the incidents date back many years and despite remaining in practice there have been no subsequent concerns regarding your conduct since then. Ms Malcolm submitted that during that time you have had the opportunity to reflect on your behaviour and demonstrate learning.

Ms Malcolm further submitted that the incidents occurred during the period of the COVID-19 pandemic, which was a particularly challenging time within the workplace. She stated that the evidence suggested there had been a culture in which banter and innuendos sometimes occurred, although she acknowledged that such behaviour was inappropriate. Ms Malcolm submitted that you now recognises that the comments you made towards Colleague D, as set out in Charge 3, were inappropriate.

Ms Malcolm submitted, in relation to Colleague A, that you recognise the seriousness of the conduct, including the behaviour described in Charge 9. She stated that you have expressed remorse and apologised to Colleague A and have since demonstrated your ability to work alongside her appropriately while maintaining clear professional boundaries. Ms Malcolm submitted that this demonstrates your capacity to change your behaviour and reflect on your actions.

Ms Malcolm acknowledged that your behaviour had an adverse impact on the dignity of Colleagues A and D. However, she submitted that there was no deliberate intention on your part to cause harm or distress. She further submitted that, whilst intention does not negate the impact of the behaviour, it is a relevant factor when considering whether the conduct is capable of remediation. In her submission, your acceptance of the panel's findings, your apology, the absence of any further incidents, and the personal and professional development you have undertaken, including the completion of further academic qualifications, demonstrate that you have reflected meaningfully on the events. Ms Malcolm submitted that your current

personal and professional circumstances are now significantly different from those at the time the allegations arose. Nonetheless, Ms Malcolm accepted that the conduct amounts to misconduct.

Submissions on impairment

Ms Mukhia moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) case Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Mukhia submitted that the question of impairment is a matter for the panel's professional judgement. Ms Mukhia invited the panel to consider if you can practise safely and effectively, having regard to the nature and seriousness of the concerns. Ms Mukhia referred to the relevant guidance of the Nursing and Midwifery Council on impairment, which explains that a registrant's fitness to practise will be impaired where there remains a risk to public safety or where public confidence in the profession would be undermined if the registrant were permitted to practise without restriction.

Ms Mukhia submitted that several of the considerations identified in *Grant* are engaged in this case. In particular, she submitted that you had acted in a way that placed colleagues at an unwarranted risk of harm and were liable to do so in the future. She also submitted that your conduct was liable to bring the profession into disrepute and involved breaches of the fundamental tenets of the profession. Accordingly, she submitted that limbs one, two and three of the *Grant* test were engaged, although limb four was not.

Ms Mukhia referred the panel to *Cohen v General Medical Council* [2008] EWHC 581 (Admin), which emphasises that a panel should consider whether the concerns are capable of being remedied, whether they have in fact been remedied, and the likelihood of repetition. She submitted that, in assessing impairment, the panel

should consider the need to protect the public, including both colleagues and patients, as well as the importance of maintaining public confidence in the profession and upholding proper professional standards.

Ms Mukhia submitted that the conduct took place over several years and involved repeated inappropriate comments and behaviour. She submitted that this pattern of conduct demonstrates deep-seated attitudinal concerns. Ms Mukhia submitted that such concerns give rise to a risk that similar behaviour could be repeated in the future, thereby posing a risk to colleagues and potentially to members of the public within a professional setting.

Ms Mukhia submitted that your insight is developing but remains limited. While she acknowledged that you had provided reflective accounts, she submitted that your reflections lacked sufficient depth and detail. Ms Mukhia referred the panel to parts of the transcript and documentary evidence in which you appear to minimise the conduct or justify certain incidents, rather than fully acknowledging their seriousness. She submitted that this suggested that the underlying attitudinal issues had not been fully addressed.

Ms Mukhia further submitted that the concerns in this case are difficult to remediate because they arise from attitudes towards professional boundaries and behaviour towards colleagues, she submitted that supervision or training alone would be unlikely to address these underlying issues. While acknowledging that your clinical competence had not been called into question, she emphasised that the concerns relate to professional behaviour and boundaries rather than clinical skills.

Finally, Ms Mukhia submitted that a finding of impairment is required on public interest grounds. She submitted that sexual misconduct represents a serious departure from the standards expected of a registered nurse and breaches fundamental tenets of the profession. A reasonable member of the public would be concerned if a nurse found to have engaged in such conduct were permitted to practise without a finding of impairment. She therefore invited the panel to conclude that your fitness to practise is currently impaired both on the grounds of public

protection and the wider public interest, including the need to uphold confidence in the profession and maintain proper professional standards.

Ms Malcolm submitted that your fitness to practise is not currently impaired. She invited the panel to consider the work you have undertaken and the changes you have made both personally and professionally since the events in question. Ms Malcolm noted that you have continued to work without restriction and that no interim restrictions were imposed on your practice during these proceedings. She submitted that this indicates that you do not pose a significant risk to patients, colleagues, or members of the public.

Ms Malcolm submitted that you have undertaken significant reflective work to understand what went wrong and how your behaviour fell below the expected standards. She referred the panel to the material contained within your bundles, including courses on professional and ethical boundaries which you have completed. She submitted that you have undertaken additional training of your own initiative, including courses specifically addressing professional boundaries with colleagues and the maintenance of ethical standards in the workplace. Ms Malcolm submitted that this demonstrates your commitment to learning and ensuring that similar conduct would not occur in the future.

Ms Malcolm submitted that you now work in a different professional environment from the [PRIVATE] where the incidents occurred. She stated that your clinical ability has never been called into question and that there have been no concerns regarding the care you provide to patients. Ms Malcolm referred the panel to testimonials and appraisal documentation within the bundle which speak positively of your professionalism and your contribution to the team. She submitted that your current role focuses largely on training and development and does not involve regular day-to-day patient contact. She further submitted that your responsibility for delivering training to colleagues serves as a constant reminder of the professional standards expected of you.

Ms Malcolm also referred the panel to an updated testimonial from your direct line manager. She submitted that your manager is fully aware of the panel's findings and

nevertheless continues to support you in your role. The testimonial confirms that since returning to work in 2022 you have conducted yourself in a consistently professional manner and that no further concerns have been raised regarding your behaviour.

Ms Malcolm acknowledged that the proceedings have had a significant impact on your wellbeing, a matter which has been reflected within your appraisal documentation. She submitted that despite the personal toll of the process, you have continued to practise professionally and have engaged constructively with learning and reflection.

Ms Malcolm submitted that while sexual misconduct cases may sometimes raise attitudinal issues, it does not automatically follow that such concerns remain present in every case. She submitted that you have demonstrated meaningful insight through your reflective pieces, including the more recent reflection provided to the panel. In that reflection, you acknowledge that your behaviour failed to meet the standards set out in the Code and recognise how your actions may have been perceived by colleagues.

Ms Malcolm submitted that you have demonstrated the ability to analyse the circumstances in which the incidents occurred and to identify factors that may lead to boundary drift in the workplace. She submitted that you have acknowledged the triggers which contributed to your behaviour and have taken steps to ensure that similar situations do not arise in the future. In particular, she stated that you now recognise the importance of maintaining clear professional boundaries with colleagues and avoiding discussions of a personal nature in the workplace.

Ms Malcolm submitted that, in relation to Charge 6d(3), while your behaviour was accepted to have been inappropriate given your senior position, the suggestion initially advanced that you had exploited that position to pursue an inappropriate sexual relationship was not found proved. She submitted that, when the charges are considered overall, there was no finding that you had deliberately manipulated your position for that purpose. Ms Malcolm further submitted that you have demonstrated insight into his conduct and has shown that your behaviour is capable of

remediation. Ms Malcolm submitted that you have not only acknowledged the concerns but have also taken remedial steps to address them, demonstrating that the conduct has been remediated.

Ms Malcolm further submitted that the risk of repetition is very low. She submitted that your personal growth, strengthened personal circumstances, change in role, and different working environment all significantly reduce the likelihood of similar behaviour occurring in the future. She noted that you now maintain clear professional boundaries and avoid engaging with colleagues in personal discussions of the type that previously gave rise to concerns.

Finally, Ms Malcolm submitted that there is no ongoing risk to public safety and no basis to conclude that you currently pose a risk to colleagues or patients. She submitted that patient harm has never been an issue in this case and that the concerns arose within a limited workplace context. She acknowledged that misconduct of this nature can affect the reputation of the profession; however, she submitted that your conduct since the events, including your continued professional practice, learning, and reflection, demonstrates your commitment to upholding professional standards and restoring confidence in the profession.

In those circumstances, Ms Malcolm invited the panel to conclude that your fitness to practise is not currently impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, and *General Medical Council v Meadow* [2007] QB 462 (Admin), *Remedy v GMC* [2010], *Nandi v GMC (2004) EWHC 2317*, *Cheatle v GMC* [2009] EWHC 645, *Cohen v General Medical Council* [2008] EWHC 581 and *Grant*.

Decision and reasons on misconduct

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

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

8 Work co-operatively

8.2 maintain effective communication with colleagues

20 Uphold the reputation of your profession at all times

To achieve this, you must:

- 20.1 keep to and uphold the standards and values set out in the Code*
- 20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
- 20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*
- 20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*
- 20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times*

24 Respond to any complaints made against you professionally

To achieve this, you must:

- 24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that conduct found proved in this case amounts to serious professional misconduct.

In relation to Colleague D, the panel found that the conduct proved was serious. The panel was satisfied that the comments made by you caused Colleague D to feel

uncomfortable and amounted to a clear breach of professional boundaries. The panel determined that the comments were unwanted and of a sexual nature and that the behaviour was intimidating and harassing in its effect. The panel also took into account the imbalance of power between you, who held a senior Band 7 role, and Colleague D, who was more junior. While the panel acknowledged the evidence that there was a workplace culture involving banter and dark humour, it considered that this could not justify comments of a sexual nature made by a senior nurse towards a junior colleague. In the panel's view, such conduct fell seriously below the standards expected of a registered professional.

In relation to Colleague A, the panel found that your conduct was similarly inappropriate and amounted to intimidating and harassing behaviour. The panel noted that you accepted that your conduct was sexually motivated and that the behaviour was unprofessional. The panel was satisfied that the conduct was unwelcome from Colleague A's perspective and that the interactions were uninvited and inappropriate in a professional workplace context. The panel considered that your behaviour involved a breach of professional boundaries and occurred in circumstances where there was again an imbalance of power between you and a more junior colleague.

The panel carefully considered the submissions made on your behalf and accepted Ms Malcolm's contention that your behaviour was not predatory in nature. However, the conduct was nonetheless wholly misguided and inappropriate. It determined that, even taking into account your intentions, the behaviour was intimidating and harassing in its effect and constituted a serious departure from the standards expected of a registered nurse.

For these reasons, the panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

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

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

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

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

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

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

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

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

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

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

The panel considered the *Grant* test and determined that patients were put at indirect risk as a result of your misconduct as the conduct created an inappropriate working environment which had the potential to undermine public safety. In particular, the panel considered that behaviour of a sexual nature within a clinical setting has the potential to create a culture in which colleagues feel uncomfortable, distracted, or distressed, which may affect their ability to carry out their professional duties effectively.

The panel also took into account the incident in which inappropriate comments were made in the presence of a sedated patient. The panel considered that engaging in such conversations within a clinical environment was wholly inappropriate and had the potential to distract staff from their professional responsibilities. The panel found that such conduct risks undermining the safe and professional environment required for patient care. The panel found that your actions demonstrated a failure to maintain appropriate professional boundaries and had the potential to negatively affect both colleagues and the safe delivery of patient care.

The panel also found that your conduct, which involved inappropriate conduct of a sexual nature, had breached the fundamental tenets of the nursing profession by failing to promote professionalism and trust, and brought its reputation into disrepute.

The panel next considered the case of *Cohen* and the question of whether the conduct in this case was capable of remediation. The panel had regard to the guidance which indicates that misconduct of this nature can be more difficult to remediate, particularly where it reflects potential deep-seated attitudinal concerns.

The panel nevertheless considered that the conduct in this particular case was capable of remediation. It determined that meaningful remediation would require clear insight, genuine remorse, and demonstrable steps to strengthen professional practice.

The panel carefully considered the reflective material and evidence provided by you and determined that your insight is developing. There were aspects in which your reflection appeared to minimise the seriousness of your misconduct, by suggesting that your behaviour may have been misinterpreted. You could also have reflected more fully on the specific charges found proved, and the impact of your behaviour on both of your colleagues. However, the panel was satisfied that you understood what went wrong in the past, understood how you should have acted differently, and understood how you should act in the future to ensure that similar concerns did not arise again.

The panel had regard to the training you have undertaken which is relevant and targeted. It was satisfied that the learning you had undertaken was embedded, as this was supported by the fact that you have worked for over four years without incident, and by the very strong testimonials provided which attest to your professionalism in the workplace.

The panel considered whether the misconduct demonstrated deep-seated attitudinal concerns. It noted that the conduct involved repeated behaviour towards two colleagues. However, the panel took into account the contextual factors surrounding the incidents, including evidence of a workplace culture at the time in which inappropriate banter had occurred. The panel noted that you have significantly adapted your behaviour and communication in the workplace since these events. The panel further noted that since these events you have continued to practise without any further concerns being raised about your behaviour. Taking these matters into account, the panel was satisfied that, while your conduct was inappropriate, the attitudinal issues identified are not deep-seated.

In all the circumstances, including your learning from the significant impact of this case, the panel was satisfied that the risk of repetition was low. It therefore

determined that you do not pose an ongoing risk and that a finding of impairment was not required on the grounds of public protection.

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

The panel determined that a finding of impairment is necessary in order to maintain public confidence in the profession and to uphold proper professional standards. The panel determined that the concerns arising from sexual misconduct are inherently serious and require marking with a finding of impairment on public interest grounds.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 6 months. The effect of this order is that the NMC register will show that your registration has been suspended.

Submissions on sanction

Ms Mukhia submitted that the appropriate and proportionate sanction in this case would be a 12-month suspension order.

Ms Mukhia submitted that the aggravating factors involved a clear abuse of trust and abuse of power. The behaviour occurred over a prolonged period and involved sexually motivated conduct towards colleagues. She submitted that your behaviour towards colleagues A and D had been intimidating and harassing, which contributed to the seriousness of the misconduct.

Ms Mukhia submitted that the mitigating factors were that there are no concerns regarding your clinical practice, and that you have continued to work safely and professionally since the incidents took place. She submitted that you have undertaken relevant training on professional boundaries in 2022 and 2025 and had engaged in further learning in 2026 ensuring that similar mistakes are not repeated in the future.

Turning to the available sanctions, Ms Mukhia submitted that taking no further action would be inappropriate given the nature and seriousness of the misconduct. She further submitted that your insight remained developing, as aspects of your reflection appeared to minimise the seriousness of your behaviour or suggest it had been misinterpreted. As such, taking no action would fail to uphold public confidence in the profession.

Ms Mukhia submitted that a caution order would be insufficient. She stated that the case was not at the lower end of the spectrum of impairment, given the sexually motivated nature of the misconduct and the harassing and intimidating behaviour towards colleagues. In her submission, a caution would not adequately reflect the seriousness of the findings nor address the need to maintain professional standards.

Ms Mukhia submitted that a condition of practice order would not be appropriate. She noted that the concerns in this case did not relate to your clinical competence or clinical practice, but rather to your behaviour and professional conduct. As such, conditions would not effectively address the underlying concerns or sufficiently protect the wider public interest.

Ms Mukhia therefore submitted that a suspension order of 12 months would be the most appropriate sanction. She submitted that the misconduct was serious, involving breaches of professional boundaries and sexually motivated behaviour, but she acknowledged that the panel had not identified deep-seated attitudinal issues. She also highlighted that your insight was developing and you had undertaken relevant training. Ms Mukhia submitted, that suspension would mark the seriousness of the misconduct while allowing you further opportunity to develop deeper insight.

Ms Mukhia submitted that suspension would be sufficient to maintain public confidence in the profession and uphold professional standards, whereas a lesser sanction would not adequately reflect the seriousness of the misconduct or the fact that your insight was still developing. She noted that the panel had not found impairment on public protection grounds, but rather on the public interest grounds of maintaining professional standards and public confidence.

Finally, Ms Mukhia submitted that striking off would be disproportionate in this case. While the charges proved were serious and involved sexual misconduct and intimidating behaviour, she submitted that you had engaged with the regulatory process, had shown developing insight, and were considered to be at low risk of repeating your behaviour. She submitted that a suspension order would provide you with the opportunity to produce an in-depth reflection addressing all the charges and the seriousness of your conduct.

The panel also bore in mind Ms Malcolm's submissions on your behalf in relation to sanction. Ms Malcolm reminded the panel that sanctions carry serious consequences for a registrant's personal life, career, and family, and these effects should be borne in mind when determining the appropriate outcome.

Ms Malcolm submitted that the public interest is served not only by maintaining professional standards but also by allowing a competent nurse to continue practising where it is safe to do so. She emphasised that remediation had already taken place, whilst acknowledging that you remained capable of further development. She submitted that the finding of impairment and the regulatory proceedings themselves have already served to mark the seriousness of your misconduct, uphold standards and maintain public confidence. Considering the significant consequences that have already flowed from the proceedings, she submitted that striking off, and suspension, would be disproportionate.

Ms Malcolm invited the panel to consider the testimonial evidence before it, which described you as a safe and competent nurse. The testimonials further described you as capable, kind and conscientious, and noted that you have had continued to

conduct yourself professionally in your role. She also highlighted the panel's finding that the risk of repetition was low and submitted that your conduct should be considered in the context of your intentions and the significant steps you have taken since the events, including accepting a new professional position in a different clinical setting.

Ms Malcolm accepted that it would be inappropriate for no sanction to be imposed but submitted that a condition of practice order would be the most appropriate and proportionate outcome. She submitted that the panel had not identified deep-seated attitudinal concerns, and that the issues identified were capable of remediation through ongoing professional development, particularly in relation to professional boundaries. She submitted that conditions could be structured to mitigate any residual risk and uphold public confidence, noting that you do not pose a risk to people using the services.

Ms Malcolm suggested that conditions could formalise measures already in place within your workplace, such as maintaining open doors when meeting colleagues, avoiding working alone with female colleagues where appropriate, and ensuring appropriate information-sharing and supervision arrangements.

Ms Malcolm submitted that if the panel considered a more restrictive sanction necessary, a suspension order would be more appropriate than striking off. She noted that you have engaged with the proceedings and demonstrated developing insight. She submitted that striking off would be disproportionate, particularly as the panel had not found deep-seated attitudinal issues and had found that the risk of repetition is low.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not

intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Sexual harassment towards colleagues,
- Abuse of position of trust and power,
- Misconduct over a period of four years with two colleagues.

The panel also took into account the following mitigating features:

- Practising professionally since the incidents,
- Early admission of some facts,
- Apologised to Colleague A soon after the event.,
- Efforts to prevent similar things happening again,
- Undertook relevant and targeted training courses,
- Developing insight through reflective accounts and discussions with colleagues about what happened,
- Evidence of keeping up to date with your area of practice.

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

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

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

The panel considered that a caution order would not be appropriate as your actions were not at the lower end of the spectrum. Your conduct involved sexual harassment of colleagues, and a caution order would not be sufficient to make the seriousness of your misconduct or to uphold standards or maintain confidence in the profession. The panel therefore determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel was mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *condition can be created that can be monitored and assessed.'*

The panel was of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The concerns do not arise from a lack of clinical competence or skills that could be remedied through further training or supervision. Conditions of practice would not be sufficient to mark the gravity of the findings or to address the wider public interest considerations.

In reaching this decision, the panel had regard to the Sanctions Guidance SAN-1, which states:

“Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction.”

The panel therefore determined that a condition of practice order would not be appropriate in the circumstances of this case.

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

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

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

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*

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

The panel was satisfied that in this case the misconduct was not fundamentally incompatible with you remaining on the register. Whilst acknowledging the seriousness of your misconduct, it did not consider that the concerns were deep-seated, because of the learning that you have undertaken since, which you have demonstrated is embedded in your practice, by practising professionally for over four years since the incidents.

The panel was satisfied that a period out of practice would serve both to mark the seriousness of your actions, and to allow you to reflect further on the impact of your behaviour on colleagues and on public confidence in the profession.

The panel considered that your actions were so serious that public confidence in the profession and professional standards could not be maintained if you were able to continue practising without stopping for a period of time.

The panel further considered that despite the seriousness of what happened, you had fully engaged in the proceedings and had shown at least some meaningful insight which evidenced a realistic possibility that you will continue to develop this insight into the impact of your behaviour on colleagues and on public confidence in the profession.

The panel was satisfied that in this case the misconduct was not fundamentally incompatible with you remaining on the register.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the remediation undertaken and

your safe and professional practice since, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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

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

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

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by evidence of further detailed reflections on the impact of your behaviour on both of your colleagues and on confidence in the profession. Reflecting on the specific charges may assist you in demonstrating full accountability and ownership of your misconduct.

This will be confirmed to you in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific

circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Mukhia. She submitted that an interim order was required in the wider public interest and would be consistent with the panel's findings.

The panel also took into account the submissions of Ms Malcolm who said that an Interim order was not required. This was because the panel had found that there was no ongoing risk in this case and had made a finding of impairment on public interest grounds only. If an interim order were not made this would give you the opportunity to make the necessary arrangements to minimise the impact on your clinical team.

Decision and reasons on interim order

The panel concluded that an interim 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 was mindful that it had found no ongoing risk in this case and had made a finding of impairment on public interest grounds only. The panel was satisfied that the public interest could be maintained by the imposition of the substantive order.

If no appeal is made, the substantive suspension order will come into effect 28 days after the decision of this hearing in writing is sent to you.

That concludes this determination.