

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

**Substantive Hearing
Wednesday, 20 May 2026 – Thursday, 28 May 2026**

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

Name of Registrant: Simon Mudepu

NMC PIN: 92B0399E

Part(s) of the register: Registered Nurse - Sub part 1
Mental Health Nurse, Level 1 (24 April 1995)

Relevant Location: North Yorkshire

Type of case: Misconduct

Panel members: Konrad Chrzanowski (Chair, Lay member)
Anne Murray (Registrant member)
Lorraine Chalk (Lay member)

Legal Assessor: Graeme Henderson

Hearings Coordinator: Eyram Anka

Nursing and Midwifery Council: Represented by Samprada Mukhia, Case Presenter

Mr Mudepu: Not present and unrepresented

Facts proved: Charges 1a, 1b, 1c, 1d, 2a, 2b, 2c, 3, 4a, 4b, 4c, 4d, 5, 6, 7, 8, 9, 10a, 10b, 10c, 10d

Fitness to practise: Impaired

Sanction: **Striking-off order**

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

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Mudepu was not in attendance and that the Notice of Hearing letter had been sent to Mr Mudepu's registered email address by secure email on 10 April 2026.

Ms Mukhia, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates, venue of the hearing and, amongst other things, information about Mr Mudepu's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

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

Decision and reasons on proceeding in the absence of Mr Mudepu

The panel next considered whether it should proceed in the absence of Mr Mudepu. It had regard to Rule 21 and heard the submissions of Ms Mukhia who invited the panel to continue in the absence of Mr Mudepu.

Ms Mukhia submitted that no application for an adjournment has been made and it is reasonable to conclude that Mr Mudepu has voluntarily absented himself from this hearing.

Ms Mukhia informed the panel that on 1 August 2025, the NMC notified Mr Mudepu of the hearing. On 30 October 2025, Mr Mudepu returned a Case Management Form (CMF) indicating that he wished for the matter to be heard in a virtual meeting.

Ms Mukhia further submitted that a case conference took place on 24 March 2026, where Mr Mudepu confirmed that he would not attend the hearing, even if the dates were postponed, and that he was aware of the option to attend virtually.

Ms Mukhia referred the panel to an email from Mr Mudepu to the NMC dated 6 April 2026, in which he stated:

'Please find attached my responses to the scheduled charges. I am under a lot of stress and I will not be attending the hearing.'

Ms Mukhia referred to a further email from Mr Mudepu dated 12 May 2026, stating:

'Thank you for your email, my situation has not changed and unfortunately, I will not be attending the hearing.'

Ms Mukhia submitted that there is a strong public interest in the expeditious disposal of this case, in order to protect the public and maintain confidence in the profession. She submitted that Mr Mudepu is fully aware that the hearing is proceeding and has raised no objection to this. She therefore invited the panel to proceed in Mr Mudepu's absence.

The panel put questions to Ms Mukhia.

In response to panel questions, Ms Mukhia confirmed that Mr Mudepu attended the case conference on 24 March 2026 and was made aware of his option to attend the hearing virtually. However, she submitted that Mr Mudepu stated that he would not attend the hearing, either physically or virtually.

The panel accepted the advice of the legal assessor.

The panel considered the application and expressed concern about proceeding in Mr Mudepu's absence without making further enquiries. It noted that, in his

communication with the NMC, Mr Mudepu had referred to being under stress and having caring responsibilities.

The panel was not satisfied that Mr Mudepu had been provided adequate advice regarding his option to attend the hearing virtually. On 30 October 2025 he completed a Case Management form in which he informed the NMC that, if the NMC scheduled a hearing for his case, he would prefer it to be a virtual hearing. No explanation has been provided to the Committee for this hearing being a physical hearing. None of the witnesses would be attending in person. Like Mr Mudepu, they all live a significant distance from the hearing centre.

The panel was also concerned that the Notice of Hearing, dated 10 April 2026, repeatedly made reference to the fact that the hearing would be in person. It made no mention of his right to attend remotely. There was a section dealing with the situation *'If you can't attend the hearing'*. That section only dealt with postponements for medical and other reasons.

Although the panel was assured that Mr Mudepu had been told, during the course of a preliminary meeting that he could attend remotely, the panel was concerned that as a litigant in person he may not have been able to take in all that was said. The panel was concerned that this may not have been enough to contradict the strict terms of the Notice of Hearing.

The panel therefore requested that the NMC contact Mr Mudepu to obtain written confirmation of his decision not attend the hearing virtually. They therefore decided that there should be a short adjournment in order to attempt to contact Mr Mudepu.

When the hearing resumed the panel had been provided a copy of the email that the NMC case officer sent to Mr Mudepu at 10:43 on 20 May 2026 which stated:

'During the case conference, we offered you the option to attend the hearing virtually. Despite this, you indicated that you did not wish to attend.

Could you please confirm whether this is still the case?'

The panel also had regard to Mr Mudepu's response to the NMC, sent at 10:49 on 20 May 2026. He stated:

'Thanks for your email, I still can not(sic) attend the hearing virtually.'

In light of that correspondence the panel was satisfied that Mr Mudepu's absence could not be attributable to him being unaware that he had the right to attend virtually.

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

The panel decided to proceed in the absence of Mr Mudepu. In reaching this decision, the panel has considered the submissions of Ms Mukhia, the email from Mr Mudepu, and the advice of the legal assessor. It had regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Mudepu;
- Mr Mudepu has informed the NMC that he received the Notice of Hearing and confirmed he will not be attending;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- A number of witnesses have been scheduled to attend today to give live evidence, others are due to attend during the course of this hearing;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2024;

- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Mudepu in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to Mr Mudepu at his registered email address, he will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Mudepu's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

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

Details of charge (as amended)

That you, a registered nurse:

- 1) Between February 2024 and July 2024, on one or more occasion:
 - a) Said to Colleague A "*what time are you on till today?*" and/or "*do you want to stay longer*" and/or "*what are you doing this evening*" and/or "*shifts are a lot better when you are here*" or words to that effect;
 - b) Said to Colleague A "*if you stay a couple of hours longer I will allow you to go half an hour earlier*" and/or "*I will allow you to come in half an*

hour later when I am next on shift at the same time as you” or words to that effect;

- c) Held and/or stroked Colleague A’s hand;
- d) Put your arm around and/or hugged Colleague A.

2) On 6 July 2024:

- a) Took hold of Colleague A’s hand;
- b) Put your hand around Colleague A’s shoulder;
- c) Took hold of Colleague A’s arm to demonstrate a restraint.

3) Your conduct at some or all of charge 1 and/or charge 2 was sexually motivated in that you intended to pursue a sexual relationship with Colleague A and/or seek sexual gratification.

4) Your conduct at some or all of Charge 1 and/or charge 2:

- a) Was unwanted by Colleague A;
- b) Was related to Colleague A’s sex
- c) It was sexual in nature.
- d) Had the effect of violating Colleague A’s dignity and/or creating an intimidating, degrading, humiliating or offensive environment for Colleague A.

5) On or before 18 May 2024 booked a night shift for Colleague A after she had told you she was not available to work the night shift.

6) Between May 2024 and July 2024 said to Colleague A: *“I am back on night shifts soon so you will have to get on the night shifts”* or words to that effect.

7) Your conduct at Charge 5 and/or 6 had the effect of creating an intimidating, offensive and/or harassing environment for Colleague A.

- 8) Between February 2024 and July 2024 touched and/or slapped Colleague B on the buttocks and/or lower back.
- 9) Your conduct at some or all of charge 8 was sexually motivated in that you were seeking sexual gratification.
- 10) Your conduct at Charge 8:
- a) Was unwanted by Colleague B.
 - b) Was related to Colleague B's sex
 - c) It was of a sexual nature
 - d) Had the effect of violating Colleague B's dignity and/or creating an intimidating, degrading, humiliating or offensive environment for Colleague B.

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 Mukhia, on behalf of the NMC, to amend the wording of charge 10(b).

It was submitted by Ms Mukhia that the proposed amendment would correct a typographical error and would more accurately reflect the evidence. Ms Mukhia submitted that there is no prejudice to either of the parties as there is no material change to the charge or the evidence before the panel.

'That you, a registered nurse:

10. Your conduct at Charge 8:

*b. Was related to Colleague A **B's** sex and/or it was of a sexual nature'*

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 was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mr Mudepu and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to correct the typographical error and ensure accuracy.

Decision and reasons on application to admit Colleague B's local statement

The panel heard an application made by Ms Mukhia under Rule 31 to admit into evidence the local statement of Colleague B, dated 12 July 2024.

Ms Mukhia submitted that Colleague B's local statement is relevant to Charges 8 and, if proved, may assist the panel in determining Charges 9 and 10. Further, she submitted that the statement also provides corroborative evidence in relation to Charges 1c and 1d.

Ms Mukhia submitted that, within the statement, Colleague B alleged that Mr Mudepu *'tapped the bottom/lower back in the night station to go to the door to let someone in'*. Ms Mukhia further referred to Colleague B's account that she had *'witnessed Colleague A being upset a few times due to the inappropriate comments [Mr Mudepu] made towards her'*.

Ms Mukhia referred the panel to *Thorneycroft v The Nursing and Midwifery Council* [2014] EWHC 1565 (Admin), submitting that the authority makes clear that panels must first determine whether hearsay evidence is admissible, as a separate and preliminary task, before considering the weight attached to it. She further submitted that this distinction between weight and admissibility was further enforced in *EI Karout v NMC* [2019] EWHC 28.

Ms Mukhia submitted that *Thorneycroft* sets out the key considerations to be weighed up when admitting hearsay; in particular paragraphs 45 and 56:

‘1.1. The admission of the statement of an absent witness should not be regarded as a routine matter. The FTP rules require the Panel to consider the issue of fairness before admitting the evidence.

1.2. The fact that the absence of the witness can be reflected in the weight to be attached to their evidence is a factor to weigh in the balance, but it will not always be a sufficient answer to the objection to admissibility.

1.3. The existence or otherwise of a good and cogent reason for the non-attendance of the witness is an important factor. However, the absence of a good reason does not automatically result in the exclusion of the evidence.

1.4. Where such evidence is the sole or decisive evidence in relation to the charges, the decision whether or not to admit it requires the Panel to make a careful assessment, weighing up the competing factors. To do so, the Panel must consider the issues in the case, the other evidence which is to be called and the potential consequences of admitting the evidence. The Panel must be satisfied either that the evidence is demonstrably reliable, or alternatively that there will be some means of testing its reliability.’

Ms Mukhia took the panel the seven essential points to consider when deciding admissibility, as set out in *Thorneycroft*:

1. Whether the statement is the sole and decisive evidence in support of the charges;
2. The nature and extent of the challenge to the contents of the statement;
3. Whether there was any suggestion that the witness had reason to fabricate their allegation;

4. The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;
5. Whether there was a good reason for the non-attendance of the witness;
6. Whether the regulator had taken reasonable steps to secure the witness's attendance; and
7. Whether the registrant did not have prior notice that the witness statement would be read.

Ms Mukhia submitted that Colleague B's local statement is not the sole and decisive evidence in relation to the relevant charges. She submitted that Colleague A was a direct witness to Charge 8 as well as Charges 1c and 1d. She further submitted that Mr Scott interviewed Colleague B regarding the alleged incident and that the meeting notes are before the panel. In addition, Ms Marr gave oral evidence that she had spoken with Colleague B, who informed her that Mr Mudepu touched her lower back. Ms Mukhia therefore submitted that Colleague B's evidence is capable of being tested.

Ms Mukhia referred the panel to emails from Mr Mudepu dated 19 May 2026, in which he objected to the hearsay application. In those emails, Mr Mudepu stated that he does not believe that Colleague B is telling the truth and suggested that she has not cooperated or provided a formal statement to the NMC because she was seeking to support her friend, Colleague A .

Ms Mukhia submitted that there is no clear evidence of fabrication. She noted that Colleague B had signed her local statement and had been interviewed about the incident and Colleague A was a direct witness to the matters alleged. Ms Mukhia further submitted that, although Mr Mudepu in his emails objecting to the hearsay application, alleged collusion between Colleague A and Colleague B, their accounts differ as to where Mr Mudepu had touched Colleague B. Ms Mukhia submitted that, had there been a collusion, their accounts would have been the same.

Ms Mukhia submitted that the charges relating to Colleague B are serious and if proven, alongside the remaining charges, would indicate attitudinal concerns that would require regulatory intervention. She reminded the panel that the sanction

sought by the NMC is a striking-off order, which would have significant consequences for Mr Mudepu's career and livelihood.

Ms Mukhia submitted that the NMC have taken reasonable steps to attempts to contact Colleague B, including correspondence sent on 16 December 2024 and 2 January 2025, followed by an escalation email on 29 January 2025 requesting cooperation. As no response was received, a decision was made to discontinue further attempts to contact Colleague B.

Ms Mukhia informed the panel that Mr Mudepu was made aware of a potential hearsay application during the case conference on 24 March 2026. Prior to the hearing, Mr Mudepu had also been provided with the hearing bundle which included details of the NMC's attempts to contact Colleague B.

Ms Mukhia submitted that in those circumstances, it would be fair to admit Colleague B's local statement and that any concerns arising from her absence can be reflected in the weight attached to the evidence.

The panel accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included reference to the cases of *Thornycroft* and *El Karout*. Further, the advice included an explanation of Rule 31 which provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel determined that Colleague B's local statement is not the sole and decisive evidence in relation to the relevant charges. The panel noted that Colleague A was a direct witness to the alleged incident and has given evidence to that effect. It further noted that Mr Scott interviewed Colleague B about the incident and Ms Marr gave evidence that she had spoken to Colleague B about the alleged incident at the time.

The panel took into account Mr Mudepu's objection to the application and his assertion that Colleague A and Colleague B had colluded to fabricate the allegation. However, the panel found no evidence to support any suggestion of fabrication or

collusion, noting in particular that the accounts provided by Colleague A and Colleague B are not the same. If anything the fact that the two witnesses do not agree on some aspects of the evidence may disadvantage the NMC's case.

The panel recognised that the allegations are serious and, if proved, could have a significant adverse impact on Mr Mudepu's career and livelihood.

The panel noted that it had no information explaining lack of engagement or failure to attend the hearing. However, it was satisfied that the NMC had made numerous and repeated attempts to contact Colleague B and had therefore taken reasonable steps to secure her engagement.

The panel was also satisfied that Mr Mudepu had been given prior notice of this application, as demonstrated by the written responses he provided by email to his NMC case officer, for the panel's consideration.

In these circumstances, the panel concluded that it would be fair and relevant to admit Colleague B's local statement dated 12 July 2024 into evidence, however the panel determined to give what it deemed appropriate weight once it had heard and evaluated all the evidence before it.

Decision and reasons on a further application to amend the charges

The panel heard an application made by Ms Mukhia, on behalf of the NMC, to amend the wording of Charges 6, 4 and 10. This application was made at the completion of the NMC live witness evidence.

Charge 6

Ms Mukhia submitted that the evidence of Ms Marr and Mr Scott established the dates on which Mr Mudepu and Colleague A would have been on shift, as set out on the Health Roster. She submitted that Ms Marr confirmed that an additional shift was

created by Mr Mudepu on 29 April 2024 and allocated to Colleague A under the reasons “*High Acuity*”.

Ms Mukhia further submitted that the Health Roster also confirms that Colleague A cancelled the booked shift on 10 May 2024. She referred the panel to Colleague A’s NMC statement dated 18 March 2025, in which she explained that the next time she saw Mr Mudepu, he pulled her aside to discuss the cancelled shift and stated words to the effect of, “*I am back on night shifts soon so you will have to get on this night shifts*”.

Ms Mukhia submitted that it is unclear when the next shift after 10 May 2024 occurred. In order to ensure the charge properly reflects the available evidence, Ms Mukhia made an application to amend the date in Charge 6 to ‘*Between May and July 2024...*’. She submitted that there is sufficient evidence to support the charge and that the proposed amendment would avoid the charge failing solely because of an inaccurate timeframe.

Charges 4 and 10

Ms Mukhia made a further application to remove the word ‘*AND*’ appearing between Charges 4a, 4b and 4c, and likewise between Charges 10a, 10b and 10c.

Ms Mukhia submitted that the current wording of Charges 4 and 10 suggests that all the sub charges need to be proved in order to find the charge as a whole proved. It was submitted that the proposed amendment is not prejudicial or unfair to Mr Mudepu as the substance of the charges remain the same.

Ms Mukhia further requested, for ease of reference, that Charges 4b and 10b be separated into two sub charges.

Ms Mukhia submitted that the proposed amendments to Charges 4, 6 and 10 would more accurately reflect the evidence and provide greater clarity. Ms Mukhia further submitted that there is no prejudice to either of the parties as there is no material change to the charges or the evidence before the panel.

Proposed amendments:

'That you, a registered nurse:

...

4) *Your conduct at some or all of Charge 1 and/or Charge 2:*

- a) *Was unwanted by Colleague A;*
- b) *Was related to Colleague A's sex ~~and/or~~*
- c) ***It was sexual in nature***

AND

- d) *Had the effect of violating Colleague A's dignity and/or creating an intimidating, degrading, humiliating or offensive environment for Colleague A.*

...

6) *Between ~~18 May 2024 and 22 May 2024~~ **July 2024** said to Colleague A: "I am back on night shifts soon so you will have to get on the night shifts" or words to that effect.*

...

10) *Your conduct at some or all of Charge 1 and/or Charge 2:*

- a) *Was unwanted by Colleague A;*
- b) *Was related to Colleague A's sex ~~and/or~~*
- c) ***It was sexual in nature***

AND

- d) *Had the effect of violating Colleague A's dignity and/or creating an intimidating, degrading, humiliating or offensive environment for Colleague A.'*

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 was satisfied that the proposed amendments, as applied for, are in the interest of justice. It concluded that no prejudice or injustice would be caused to Mr Mudepu by allowing the proposed amendment. The panel further considered that the proposed amendments better reflect the evidence available and would assist in ensuring clarity and accuracy.

Background

On 15 July 2024, the NMC received a referral from Tees Esk & Wear Valleys NHS Trust (“the Trust”), where Mr Mudepu was employed as a Clinical Lead at [PRIVATE] (“the Hospital”).

Colleague A, a Bank Healthcare Assistant (“HCA”), raised concerns to colleagues and her line manager, Ms Nicola Marr, alleging that she had been subject to inappropriate and overfamiliar behaviour by Mr Mudepu during a number of shifts.

It is alleged that Mr Mudepu asked questions and made comments including, “*what time are you on till today?*” and/or “*do you want to stay longer?*” and/or “*what are you doing this evening?*” and/or “*shifts are a lot better when you are here?*” or words to that effect. It is further alleged that Mr Mudepu also said words to the effect of, “*if you stay a couple of hours longer I will allow you to go half an hour earlier?*” and/or “*I will allow you to come in half an hour later when I am next on shift at the same time as you?*”.

It is also alleged that, on 6 July 2024, Mr Mudepu took hold of Colleague A’s hand and put his arm around her shoulder. He is further alleged to have grabbed Colleague A’s arm to demonstrate a restraint technique.

It is alleged that Mr Mudepu added Colleague A to work the night shift on 18 May 2024, despite her informing him that she was unable to work. It is further alleged that between May 2024 and July 2024, he said to Colleague A, “*I am back on night shifts soon so you will have to get on the night shifts?*”, or words to that effect.

It is further alleged that between February 2024 and July 2024 he touched and/or slapped Colleague B on the buttocks and/or lower back.

Decision and reasons on facts

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

The panel has drawn no adverse inference from the non-attendance of Mr Mudepu.

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

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

- Witness 1/ Colleague A: HCA at the Hospital
- Alastair Scott (Mr Scott): Investigation Officer at the Trust
- Yasmine Snow (Ms Snow): HCA at the Hospital
- Nicola Marr (Ms Marr): Ward Manager at the Hospital

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

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

Following discussions between the panel and Ms Mukhia, it was agreed that charge 1 and 2 involved two separate sets of allegations. The panel did not take into account the events of 6 July 2024 when considering whether or not the NMC had proved charge 1.

Charge 1(a)

“That you, a registered nurse,

Between February 2024 and July 2024, on one or more occasion:

- a) Said to Colleague A “*what time are you on till today?*” and/or “*do you want to stay longer?*” and/or “*what are you doing this evening?*” and/or “*shifts are a lot better when you are here?*” or words to that effect ”

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it, including Colleague A’s local statement dated 10 July 2024 in which she states:

‘He would ask me questions that was not necessary to ask me on a 1-1 basis. Such as ‘what time are you on till today?’, ‘do you want to stay longer?’, ‘what are you doing this evening?’

The panel determined that Colleague A’s account of these interactions remained clear, consistent and credible throughout. Her description of the comments made by Mr Mudepu was maintained consistently during the Trust investigation interview on 9 September 2024, her NMC statement dated 18 March 2025 and again during her oral evidence.

The panel further considered the evidence of Ms Snow, who in her NMC statement dated 14 February 2025, confirmed that Colleague A had previously informed her of the comments being made by Mr Mudepu. Ms Snow stated:

‘Colleague A then informed me that when she would go into the office, Mr Mudepu would ask her about things unrelated to work such as what she was doing after work and what time she was finishing.’

The panel regarded this evidence as supportive and corroborative of Colleague A’s account.

The panel also considered Mr Mudepu’s admission contained within the CMF dated 30 October 2025 and his response bundle dated 6 April 2026, in which he stated:

‘I admit, I did ask colleague A what time she was finishing work and if she wanted to cover a few extra hours, I did not ask what she was doing that evening, I was not interested in what she was doing as such, but just to figure out if she could spare some time to cover the shift.’

The panel noted that Mr Mudepu accepted making some of the comments alleged, although he sought to provide an alternative explanation and additional context for them. Having considered the evidence in its entirety, the panel preferred the evidence of Colleague A, which it found to be consistent, credible and partially supported by Mr Mudepu’s own admissions. Accordingly, the panel found charge 1a proved.

Charge 1(b)

“That you, a registered nurse,

Between February 2024 and July 2024, on one or more occasion:

- b) Said to Colleague A *“if you stay a couple of hours longer I will allow you to go half an hour earlier”* and/or *“I will allow*

you to come in half an hour later when I am next on shift at the same time as you” or words to that effect;”

This charge is found proved.

The panel had regard to Colleague A’s local statement dated 10 July 2024, in which she stated:

‘...he would attempt to hold my hand and said if I stayed a couple hours longer he would let me go half an hour early or he would allow me to come in half and hour later when he was next on shift at the same time as myself.’

The panel found that Colleague A’s evidence remained materially consistent in her Trust investigation interview on 9 September 2024, her NMC statement dated 18 March 2025 and in her oral evidence.

During her oral evidence, Colleague A states that it was not uncommon for staff members to leave early when breaks had been missed. The panel considered that this context made the alleged comments plausible. The panel therefore concluded that it is more likely than not that Mr Mudepu made those comments to Colleague A.

The panel therefore found charge 1b proved.

Charge 1(c)

“That you, a registered nurse,

Between February 2024 and July 2024, on one or more occasion:

c) Held and/or stroked Colleague A’s hand”

This charge is found proved.

The panel considered that Colleague A references this incident in her local statement dated 10 July 2024, in which she stated:

'This seemed to become a more repetitive situation whenever we happened to be on shift together, the more times he would ask to speak to me privately about shifts and hold my hand or put his arm around me...'

The panel also took into account Colleague A's subsequent evidence during the Trust investigation interview conducted on 9 September 2024, in which she stated that Mr Mudepu would '*stroke [her] hand*' in the nurse's office. The panel noted that this account is consistent with Colleague's A's NMC statement and oral evidence.

In addition, the panel considered the corroborative evidence from Colleague B, who in her local statement dated 12 July 2024 stated:

'...one of these times being when Simon called Colleague A into the office and she came and said that he stroked her hand and hugged her...'

The panel regarded this evidence as corroboration of Colleague A's account as it demonstrated that Colleague A had disclosed the incident contemporaneously to another colleague.

The panel also considered Mr Mudepu admission contained within the CMF dated 30 October 2025 and his response bundle dated 6 April 2026, in which he states:

'I admit at one point I did hold her hand while talking to colleague A, trying to persuade them to cover a shift, but I did not stroke their hand, and again, I accept holding her hand was not necessary.'

The panel noted that Mr Mudepu accepted holding Colleague A's hand, although he denied stroking it and sought to provide contextual justification for his conduct. Nevertheless, the panel considered that his admission substantially supports the charge.

Having weighed all the evidence, the panel preferred the evidence of Colleague A, which it found to be consistent, credible and corroborated by both Colleague B's evidence and Mr Mudepu's partial admission. Accordingly, the panel found charge 1c proved

Charge 1(d)

"That you, a registered nurse,

Between February 2024 and July 2024, on one or more occasion:

d) Put your arm around Colleague A's shoulder"

This charge is found proved.

In reaching this decision, the panel took into account of Colleague A local statement dated 10 July 2024, in which she stated:

'This seemed to become a more repetitive situation whenever we happened to be on shift together, the more times he would ask to speak to me privately about shifts and hold my hand or put his arm around me...'

The panel further considered Colleague A's evidence during the Trust investigation interview on 9 September 2024, in which she explained that it *'wasn't a forward hug as such, it would be an arm round the shoulder sort of thing.'* The panel noted that this account remained consistent throughout Colleague's A's NMC statement and oral evidence.

The panel also had regard to the corroborative evidence provided by Colleague B in her local statement dated 12 July 2024 she stated:

'...one of these times being when Simon called Colleague A into the office and she came and said that he stroked her hand and hugged her...'

The panel considered this evidence to be supportive of Colleague A's account.

The panel also considered Mr Mudepu's admission contained within the CMF dated 30 October 2025 and his response bundle dated 6 April 2026, in which he states:

'I admit, I did put my hand on colleague A's shoulder, thanking them, but not around them and I never hugged them, we never hugged. Colleague A described in her statement that it was not a forward hug, I did not understand what she meant, but I know for a fact that I never hugged her.'

The panel noted that Mr Mudepu accepted making physical contact with Colleague A's shoulder, although he disputed the characterisation of the interaction as a hug. The panel further noted that Colleague A had never alleged a conventional face to face hug, instead consistently described the conduct as a side hug or an arm placed around her shoulder.

On balance, the panel preferred Colleague A's evidence which it found to be clear and consistent, corroborated by Colleague B and partially accepted by Mr Mudepu. Accordingly, the panel found charge 1d proved.

Charges 2(a), 2(b) and 2(c)

"That you, a registered nurse,

On 6 July 2024:

- a) Took hold of Colleague A's hand
- b) Put your hand around Colleague A's shoulder
- c) Took hold of Colleague A's arm to demonstrate a restraint"

These charges are found proved.

Whilst the panel determined each of these charges separately, it decided that it was appropriate to consider them together, as they arose from the same body of evidence.

The panel was provided with and reviewed four short CCTV clips depicting interactions between Mr Mudepu and Colleague A on [PRIVATE] Ward (“the Ward”). The panel determined that the CCTV footage labelled Exhibit AS2 clearly showed Mr Mudepu placing his arm around Colleague A’s shoulder before subsequently taking a hold of her hand. The panel further considered CCTV footage Exhibit AS3, which showed Mr Mudepu holding Colleague A’s hand whilst walking with her through the female corridor of the Ward.

The panel noted that this interaction was witnessed by Sophie Smith, who was also visible on the CCTV footage. The panel took into account Ms Smith’s local statement dated 10 July 2024, in which she stated:

‘I saw Simon and Colleague A enter the female corridor. At first I was unsure of who it was as I was pre occupied with the patient and just glancing down and seeing two people holding hands left me confused and puzzled to who would be holding hands on the ward. I then realised it was Simon and Colleague A. Colleague A did look really confused by this. Simon was almost leading her down the corridor.’

The panel had regard to Exhibit AS5, which showed Mr Mudepu walking down the corridor whilst holding Colleague A’s arm. During her oral evidence, Colleague A confirmed that footage depicted Mr Mudepu attempting to demonstrate a restraint hold.

The panel had regard to Mr Mudepu’s admissions contained within his response bundle dated 6 April 2026, in which he stated:

‘I apologise, it was unnecessary, I never meant to cause any harm or distress.’

The panel noted that Mr Mudepu's admission constituted acceptance that the conduct occurred and was inappropriate, notwithstanding his assertion that no harm was intended.

Having viewed the CCTV footage and having considered the consistency between the footage and Colleague A's evidence, Ms Smith's account and Mr Mudepu's response, the panel was satisfied that charges 2a, 2b and 2c are found proved.

Charge 3

"Your conduct at some or all of charge 1 and/or charge 2 was sexually motivated in that you intended to pursue a sexual relationship with Colleague A and/or seek sexual gratification"

This charge is found proved.

Having found charges 1 and 2 proved, the panel then went on to consider whether Mr Mudepu's conduct was sexually motivated in that he intended to seek a sexual relationship with Colleague A and/or seek sexual gratification.

In undertaking this assessment, the panel considered the nature, frequency and progression of the conduct established within charges 1 and 2.

The panel took the view that Mr Mupedu's conduct demonstrated an increasing level of familiarity and physical contact with Colleague A, both publicly and privately, within which, in the panel's judgement, reflects a clear escalation in his conduct towards her over time. The panel considered that there is no reasonable or innocent explanation for the repeated physical contact initiated Mr Mudepu in the workplace environment.

The panel also had regard to Colleague A's oral evidence, during which she stated that she felt "*singled out*" and "*confused*" as to why she was repeatedly separated from other members of staff in order to have conversations with Mr Mudepu.

The panel recognised the age disparity and the power imbalance, and accepted that these factors contributed to Colleague A's reluctance to challenge or address the behaviour directly at the time.

The panel also considered Mr Mudepu's response to this charge in the response bundle dated 12 April 2026, in which he stated:

'I completely accept that some of my behaviour was totally unacceptable and a total breach of professional boundaries, it was never my intention to cause harm or distress, but I know now that it did, and it was certainly not for any sexual gratification, colleague A was like a daughter to me, but I should have treated her like a colleague and with dignity and respect. I do apologise for the distress that I might have caused, and I have thoroughly reflected on my behaviour towards colleagues as opposed to my family members.'

The panel acknowledged Mr Mudepu's denial that his conduct was sexually motivated. However, having considered all of the evidence, the panel preferred the evidence of Colleague A. The panel determined that the repeated personal comments, unnecessary physical contact and the escalating nature of the behaviour collectively demonstrated that Mr Mudepu's conduct at charges 1 and 2 was sexually motivated and intended to seek gratification. However, the panel did not find sufficient evidence to conclude that Mr Mudepu any intention to pursue a sexual relationship with Colleague A.

Accordingly, the panel found charge 3 proved.

Charge 4(a)

"Your conduct at some or all of charge 1 and/or charge 2:

- a) Was unwanted by Colleague A"

This charge is found proved.

In reaching this decision, the panel took into account all the evidence, including Colleague A's NMC statement, in which she expressed her reluctance to carry out routine workplace tasks due to concerns that she may find herself alone with Mr Mudepu.

Colleague A stated:

'Additionally, when on the ward you have to carry around a set of keys and a security alarm in case you need urgent help. These items are handed to HCA's by a nurse (who has the keys for the safe which is in the nurse's office) at the beginning of a shift. When I knew Mr Mudepu was on the shift I would delay asking for keys and my security alarm as I did not want to risk potentially putting myself in a situation where we could have been alone together in the nurses office. Therefore, if I needed a key to get into a locked area on the ward I would have to ask to borrow another HCA's set of keys. I also understand that I could potentially have been putting a patient or myself at risk by not carrying a security alarm, however at the time I did not want to be with Mr Mudepu in a locked office, with no other members of staff and no CCTV.'

The panel considered this evidence to be indicative of the extent to which Colleague A sought to avoid contact and interaction with Mr Mudepu within the workplace.

The panel determined that both her oral and documentary evidence clearly demonstrate that Mr Mudepu's conduct towards Colleague A was unwanted.

The panel took into account Mr Mudepu admission to this charge within the CMF dated 30 October 2025, together with his responses contained in the response bundle dated 6 April 2026, in which he apologised for causing unintended harm and stated that he had not appreciated that his behaviour may have caused Colleague A distress.

The panel noted the consistency of Colleague A's evidence and noted that, during her oral evidence she was adamant regarding the discomfort caused by Mr Mudepu's conduct.

In light of the evidence before it, the panel concluded that Mr Mudepu's conduct at charges 1 and 2 was unwanted by Colleague A. Accordingly, the panel found charge 4a proved.

Charge 4(b)

"Your conduct at some or all of charge 1 and/or charge 2:

b) Was related to Colleague A's sex"

This charge is found proved.

The panel considered oral evidence from both Colleague A and Ms Snow, each of whom described Mr Mudepu's behaviour on the Ward as flirtatious and directed towards female members of staff.

The panel particularly noted Ms Snow's oral evidence, during which she described having to inform Mr Mudepu that she had a boyfriend and children in order for him to "*back off*". The panel considered this evidence to be relevant and persuasive in demonstrating a pattern of behaviour directed specifically towards female colleagues.

The panel concluded that Mr Mudepu's conduct in charges 1 and 2 appeared to be directed toward a particularly vulnerable female member of staff and is therefore related to Colleague A's sex.

The panel was satisfied, on the balance of probabilities, that Mr Mudepu's conduct at charges 1 and 2 was related to Colleague A's sex. The panel therefore found charge 4b proved.

Charge 4(c)

"Your conduct at some or all of charge 1 and/or charge 2:

a) It was of a sexual nature”

This charge is found proved.

As the panel found Charge 3 proved in relation to sexual motivation, it stands that Charge 4c is also found proved.

Charge 4(d)

“Your conduct at some or all of charge 1 and/or charge 2:

b) Had the effect of violating Colleague A’s dignity and/or creating an intimidating, degrading, humiliating or offensive environment for Colleague A ”

This charge is found proved.

In reaching this decision, the panel took into account all the evidence, including the nature of the comments made to Colleague A and the repeated and unnecessary physical contact.

The panel had regard to Colleague A’s oral evidence, during which she repeatedly stated that she felt “*embarrassed*” and “*uncomfortable*” about Mr Mudepu’s conduct towards her.

Colleague A further stated:

“I knew it wasn’t right... I knew I was being singled out... I felt confused...it was as though he wanted me there even if the shift didn’t need me”.

The panel determined that the evidence demonstrated that Mr Mudepu’s conduct had a direct and significant impact on Colleague’s A experience within the workplace. The panel noted that she actively attempted to avoid contact with Mr

Mudepu, including asking other colleagues for their keys rather than placing herself in situations where she may be alone with him in the nurse's office.

The panel noted evidence that Ms Snow encouraged Colleague A to report the matter to her line manager after becoming aware of the effect the conduct was having on her.

Having considered the evidence before it, particularly the consistency of Colleague A's evidence, the panel determined that Mr Mudepu's conduct in charges 1 and 2 had the effect of violating Colleague A's dignity and created an intimidating, degrading, humiliating and offensive environment for her.

Accordingly, the panel found Charge 4d proved.

Charge 5

"On or before 18 May 2024 booked a night shift for Colleague A after she had told you she was not available to work a night shift"

This charge is found proved.

In reaching this decision, the panel carefully considered the documentary and oral evidence, including the Health Roster records for the relevant period.

The panel determined from the Health Roster that the shift scheduled for 18 May 2024 had been created by Mr Mudepu on 29 April 2024. The records also indicated that, on the same day at 17:10, Mr Mudepu assigned the shift to Colleague A. The panel also noted that Colleague A and Mr Mudepu had worked a shift together on 29 April 2024.

The panel considered the evidence of Colleague A, who consistently maintained in both her written and oral evidence, that she had informed Mr Mudepu that she was unavailable to work the night shift on 18 May 2024. Colleague A also stated that, on 10 May 2024, she became aware that she had been assigned the shift and subsequently cancelled it, as evidenced on the Health Roster.

The panel also heard evidence from Ms Marr, who stated that it was highly unusual for an additional shift to be created 19 days prior to the shift date. Ms Marr explained that, where additional staffing was generally required, shifts would ordinarily be created and allocated no more than a week in advance. Ms Marr further stated that bank staff would ordinarily access the bank shift app themselves and select shifts based on their availability. Additionally, she explained that shift allocation for 18 May 2024 would consist of one nurse and four HCAs and those staffing positions had already been filled. In her oral evidence, when this was put to her, Ms Marr expressed the view that the additional shift created by Mr Mudepu was unnecessary.

In the panel's judgement, the evidence demonstrated that the additional shift on 18 May 2024 had been created specifically to ensure that Colleague A would be working alongside Mr Mudepu during that night shift. The panel therefore concluded that it is more likely than not that on 18 May 2024 Mr Mudepu booked a night shift for Colleague A after she had said she was not available to work that shift.

Accordingly, the panel found charge 5 proved.

Charge 6

“Between May 2024 and July 2024 said to Colleague A: “I am back on night shifts soon so you will have to get on the night shifts” or words to that effect”

This charge is found proved.

The panel considered that Colleague A references this incident in her local statement dated 10 July 2024, in which she stated:

‘He stated he would be on nights again shortly and wanted me to do a night shift.’

The panel noted that Colleague A reiterated this account in her NMC statement dated 18 March 2025 and in her oral evidence. The panel noted the consistency of Colleague A’s accounts.

The panel also considered Mr Mudepu’s denial of this charge, as contained within his response bundle dated 12 April 2026, in which he stated,

‘This is not true, the conversation about me being back on nights never happened, and I don’t use intimidating language, anyone who has worked with me or knows me, would vouch for me.’

The panel took into account Mr Mudepu’s denial but ultimately preferred the evidence of Colleague A. The panel found her evidence to be clear and consistent. The panel also considered that this comment demonstrated an escalation of behaviour by Mr Mudepu toward Colleague A to ensure they would work together more often.

On the balance of probabilities, the panel determined that between May 2024 and July 2024 Mr Mudepu made the comment alleged to Colleague A.

Accordingly, the panel found charge 6 proved.

Charge 7

“Your conduct at Charge 5 and/or 6 had the effect of creating an intimidating, offensive and/or harassing environment for Colleague A”

This charge is found proved.

In reaching this decision, the panel took into account all the evidence before it, including Colleague A’s NMC statement dated 18 March 2025, in which she

described the effect that Mr Mudepu's conduct had on her ability to work comfortably and safely within the workplace. Colleague A stated:

'I would not have been comfortable working the night shift with Mr Mudepu, we have a lot more staff in the day so despite Mr Mudepu acting in a way that made me feel uncomfortable I felt safer knowing there was much more staff around however I did not feel comfortable working the night shift with Mr Mudepu with less members of staff around. I also felt as though I missed opportunities to do more shifts due to not being able to see the rota on days I may have been able to work. I was worried about booking shifts and Mr Mudepu being there, therefore I put off booking shifts to begin with and also looked at other job roles. In the end, I would have to go through the trouble to ask other HCA's who was on the shift and eventually people would ask me why I was asking who was working so I stopped asking and hoped for the best.'

The panel considered this evidence to be reflective of the significant impact the conduct had upon Colleague A's confidence, working environment and sense of safety in the workplace.

During her oral evidence, Colleague A further described Mr Mudepu's behaviour as "not professional" and reiterated that she "felt uncomfortable being on night relief with him". She also stated that no other nurses has specifically requested that she work night shifts with them.

The panel concluded that, from the evidence, it is clear that Mr Mudepu's conduct at charges 5 and 6 had the effect of creating an intimidating, offensive and/or harassing environment for Colleague A.

The panel therefore found charge 7 proved.

Charge 8

“Between February 2024 and July 2024 touched and/or slapped Colleague B on the buttocks and/or lower back”

This charge is found proved.

The panel considered the evidence relating to this charge, particularly the evidence of both Colleague A and Colleague B.

The panel noted that Colleague A, as a direct witness to the incident, consistently maintained that she observed Mr Mudepu tap Colleague B on the buttocks. This account was contained within her local statement, in which she stated:

‘On Saturday 6th July, a female colleague and myself were sat close to the night station, the female colleague was using the laptop in the night station when SM also entered the night station and there was a small conversation then he asked he to do something for him, when she stood up to do so SM tapped her bottom as she left the night station.’

In her NMC statement, Colleague A further stated that Colleague B let out ‘a little yelp in shock’ when Mr Mudepu ‘tapped her bottom’.

The panel noted Colleague A’s trust interview on 9 September 2024 where she stated that she ‘witnessed him slap another colleague’s bum...’. The panel acknowledged that this is inconsistent with her local and NMC statements where she stated that she witnessed Mr Mudepu ‘tap’ Colleague B’s buttocks. However, the panel did not consider these differences to be material inconsistencies undermining the substance of Colleague A’s evidence, namely that inappropriate physical contact had occurred.

The panel took into account the evidence of Colleague B, who in both in her local statement dated 12 July 2024 and her Trust interview on 10 September 2024, maintained that the contact was on her lower back rather than her buttocks. The panel attached greater weight to Colleague B’s account regarding the precise

location of the contact, given that she was the individual directly involved in the incident.

Nevertheless, the panel acknowledged that Colleague A had clearly witnessed some form of physical contact and considered it perfectly reasonable, in the circumstances, for Colleague A to believe that the tap was on Colleague B's buttocks, particularly given the brief and quick nature of the interaction. The panel also noted that the lower back area and the buttocks are in close physical proximity, which could further explain the differing accounts without undermining the overall reliability of the evidence.

The panel considered Mr Mudepu's assertion that Colleagues A and B had fabricated the allegation and colluded against him. However, the panel considered the accounts of Colleagues A and B were not identical, in particular, Colleague A references a tap on the buttocks and Colleague maintains that it was her lower back. Additionally, Colleague B did not regard this incident as particularly serious, whereas Colleague A treated it as a serious matter and escalated it to their line manager.

The panel determined that, had Colleagues A and B colluded to fabricate this allegation, it would be more likely that their accounts would be the same. Consequently, the panel concluded that the differences in their evidence weighed against any suggestion of collusion.

The panel was informed that CCTV of this incident existed, although this was not submitted in evidence. The panel noted that both Mr Scott and Ms Marr stated that the quality of the footage meant that nothing could be determined from it.

The panel had regard to Mr Mudepu's response to the charge as set out in his response bundle dated 12 April 2026, in which he stated:

'I never touched or slapped colleague B's buttock, I would know if I did, Colleague B claimed that I did touch her lower back and 'maybe it was by accident', maybe so, unknowingly or unintentionally but I know for a fact that I would never have touched anyone's buttocks.'

The panel noted that whilst Mr Mudepu denied intentionally touching Colleague B's lower back, he accepted that it may have occurred accidentally.

Having carefully considered all the evidence, the panel determined that it is more likely than not that between February 2024 and July 2024 Mr Mudepu touched and/or slapped Colleague B's lower back.

The panel therefore found charge 8 proved.

Charge 9

“Your conduct at some or all of charge 8 was sexually motivated in that you were seeking gratification”

This charge is found proved.

In the panel's judgment, there is no reasonable or innocent explanation physical contact established in charge 8.

The panel considered the oral evidence of both Colleague A and Ms Snow, who each described Mr Mudepu as displaying flirtatious behaviour towards female colleagues on the Ward. The panel regarded charge 8 as another example of Mr Mudepu breaching professional boundaries with a younger female colleague.

The panel further determined that there is no work-related reasons or legitimate professional circumstance requiring Mr Mudepu to touch Colleague B's lower back.

In light of the above, the panel found that Mr Mudepu's conduct at charge 8 was sexually motivated in that he was seeking sexual gratification.

Charge 10(a)

“Your conduct at Charge 8:

- a) Was unwanted by Colleague B”

This charge is found proved.

Whilst the panel did not hear oral evidence directly from Colleague B, it carefully considered her local statement dated 12 July 2024, in which she stated:

‘I feel like sometimes Simon can be a little over friendly towards staff by making flirty comments’

In finding charge 8 proved, the panel determined that the conduct established was inherently inappropriate within a professional workplace environment.

The panel further concluded that there was no evidence before it to suggest that Colleague B regarded that behaviour as appropriate or any evidence of any personal rapport that might explain or justify the interaction. The panel also took account of Colleague A’s evidence that Colleague B reacted by letting out *‘a little yelp in shock’*. The panel considered this reaction to be consistent with surprise, discomfort and the conduct being unwanted.

Having considered the evidence in the round, the panel determined that it is more likely than not that Mr Mudepu’s conduct at charge 8 was unwanted by Colleague B. The panel therefore found charge 10a proved.

Charge 10(b)

“Your conduct at Charge 8:

- b) Was related to Colleague B’s sex”

This charge is found proved.

The panel found this charge proved for the same reasons as set out in Charge 4b.

Charge 10(c)

“Your conduct at Charge 8:

- c) It was of a sexual nature”

This charge is found proved.

As the panel found charge 8 proved in relation to sexual motivation, it stands that charge 10c is also proved

Charge 10(d)

“Your conduct at Charge 8:

- d) Had the effect of violating Colleague B’s dignity and/or creating an intimidating, degrading, humiliating or offensive environment for Colleague B”

This charge is found proved.

The panel acknowledged that Mr Mudepu’s conduct at charge 8 related to a single incident.

However, the panel considered the evidence of Colleague A contained within her NMC statement dated 18 March 202, in which she stated:

‘I was the only person present. Colleague B seemed shocked and taken back by what Mr Mudepu had done but also plainly acknowledged that it was surprising that Mr Mudepu had done it but not that it had come from me. This is when it became apparent that Mr Mudepu was not acting professionally.’

The panel considered that this evidence demonstrated that the conduct had a clear negative impact upon Colleague B and represented inappropriate workplace behaviour.

The panel determined that the conduct was capable of violating Colleague B's dignity and, more likely than not, had the effect of creating an intimidating, degrading, humiliating and offensive environment for her.

The panel considered that inappropriate physical contact of this nature within a professional healthcare setting would reasonably be experienced as offensive and degrading by a colleague subjected to it.

Having considered all the evidence before it, the panel found charge 10d proved.

Fitness to practise

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

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

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

Submissions on misconduct

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

Ms Mukhia also took the panel through NMC guidance on Misconduct (Reference: FTP-2a).

Ms Mukhia invited the panel to take the view that the facts found proved amount to misconduct. She referred to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and identified specific and relevant sections of the Code which she submitted were breached as a result of Mr Mudepu's conduct: 1,1.1, 1.5, 8, 8.2, 20, 20.1, 20.2, 20.3, 20.5 and 20.8.

Ms Mukhia submitted that charges 1, 2, 3 and 4, taken collectively, amount to serious sexual misconduct. She referred the panel to FTP-2a, which describes sexual misconduct as:

'...unwelcome behaviour of a sexual nature, or behaviour that can reasonably be interpreted as sexual, that degrades, harms, humiliates or intimidates another. It can be physical, verbal or visual. It could be a pattern of behaviour or a single incident.'

Ms Mukhia submitted that Mr Mudepu was a Band 6 nurse at the Trust and therefore senior to Colleague A, who was a Band 2 and 18 years old at the relevant time. She submitted that Mr Mudepu engaged in uninvited and unwanted conduct by making personal comments and engaging in physical contact of a sexual nature in the workplace. It was further submitted that Mr Mudepu did not treat Colleague A with respect, kindness and compassion, rather, his conduct towards a junior colleague, who was in a more vulnerable position due to the clear imbalance of power, caused her to feel *"uncomfortable"*, *"singled out"* and *"embarrassed"*.

Further, Ms Mukhia submitted that charges 5, 6 and 7 also amount to serious misconduct. She reminded the panel that during her oral evidence, Colleague A stated she felt *"uncomfortable"* and *"awkward"* when Mr Mudepu pulled her to the

side and made the comment set out at charge 6. Ms Mukhia also submitted that Colleague A stated that the prospect of working a night shift with Mr Mudepu, with less staff members present, made her feel uncomfortable.

Ms Mukhia submitted that charges 8, 9 and 10 likewise amount to sexual misconduct. She submitted that Mr Mudepu's behaviour towards Colleague B could not be described as kind, respectful or compassionate and, as with Colleague A, involved conduct towards a colleague of a lower band and in a more vulnerable position arising from the power imbalance between them. She reminded the panel that according to Colleague A, the conduct caused Colleague B to '*yelp in shock*'. It was Ms Mukhia's submission that Mr Mudepu breached the relevant Codes previously identified.

Ms Mukhia further submitted that Mr Mudepu's deliberate actions, involving repeated incidents of a sexual nature towards two female colleagues of a lower banding over a number of months, demonstrates an engrained attitudinal concern. She submitted that Mr Mudepu's conduct fell seriously short of the standards expected of a registered nurse and represented a significant departure from the fundamental tenets of the profession. Accordingly, Ms Mukhia invited the panel to find that all the charges found proved amount 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Mukhia took the panel through the limbs of the test set out by Dame Janet Smith in her fifth Report to the Shipman Inquiry and set out in the case of *Grant*:

‘Do our findings of fact in respect of the (nurse’s) misconduct show that her fitness to practise is impaired in the sense that she:

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

Ms Mukhia submitted that limbs (a), (b) and (c) can be answered in the affirmative, although limb (d) is not engaged in this case.

In relation to limb (a), Ms Mukhia accepted that Mr Mudepu had not acted in a way that put patient(s) at an unwarranted risk of harm. However, she invited the panel to consider that fitness to practise is concerned with managing the risk a professional poses to patients or member of the public, this includes colleagues who are members of the public as set out in the NMC guidance on Impairment (Reference: DMA-1). She therefore submitted that Mr Mudepu’s conduct placed Colleagues A and B at an unwarranted risk of harm.

Ms Mukhia submitted that the impact of Mr Mudepu’s conduct on Colleague A was evident from her oral evidence, in which she described feeling “*uncomfortable*” and “*embarrassed*”. She further submitted that Ms Snow stated in her oral evidence that Colleague A was upset when reporting the incidents to Ms Marr. Both Ms Marr and Ms Snow described Colleague A as “*teary*” when she reported the incidents, and Mr Scott described her as “*upset*” and “*nervous*” during the investigation interview on 9 September 2024.

Ms Mukhia reminded the panel that Colleague A stated that she attempted to avoid Mr Mudepu, whether by trying not to be assigned to the same shift or avoiding the nurses' office to collect the keys so that she would not be alone with him. In relation to Mr Mudepu's conduct towards Colleague B, Ms Mukhia referred the panel to Colleague A's NMC statement dated 18 March 2025, in which she stated that Colleague B appeared shocked and uncomfortable as a result of Mr Mudepu's actions. Ms Mukhia submitted that both Colleagues A and B were Band 2 HCAs, junior to Mr Mudepu, and that there was therefore an inherent power imbalance.

Ms Mukhia further submitted that Mr Mudepu had previously been subject to Fitness to Practise proceedings, which concluded in May 2023 when a three-year caution order was imposed. She noted that some of the facts found proved in this case are of a similar nature to the previous concerns, namely physical contact and inappropriate comments. Ms Mukhia submitted that the staff members involved with the previous concerns were also junior to Mr Mudepu. Although sexual motivation had not been found proved at the previous substantive hearing, it was Ms Mukhia's submission that the pattern of similar behaviour is concerning and indicative of a risk of repetition. She submitted that this indicates that there are deep-seated attitudinal concerns and that the behaviour is engrained.

In relation to limb (b), Ms Mukhia submitted that, by reason of the sexual misconduct, deep-seated attitudinal concerns and harassing behaviour found proved, Mr Mudepu brought the nursing profession into disrepute. She submitted that his conduct fell short of the expected professional standards and undermined public trust and confidence in the nursing profession.

In relation to limb (c), Ms Mukhia referred panel to NMC guidance DMA-1 which states,

'a finding of impairment based on public confidence or maintaining professional standards is more likely to occur in cases where the conduct breaches a fundamental tenet of the profession as set out in the Code.'

Ms Mukhia submitted that the guidance identifies sexual misconduct as a form of behaviour which may indicate harmful attitudinal issues that are more difficult to address. She submitted that the guidance further states that behaviours that amount to sexual misconduct are likely to pose an ongoing risk to the public and undermine public confidence in the profession, even where the risk of repetition may otherwise be low.

Ms Mukhia referred to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and asked the panel to take into account the following factors:

- Can the concern be addressed?
- Has the concern been addressed?
- It is highly unlikely that the conduct will be repeated?

Ms Mukhia submitted that the concerns in this case are difficult to remediate as Mr Mudepu's conduct demonstrates underlying attitudinal issues. She further submitted that the NMC guidance FTP-16a states that conduct involving sexual harassment are unlikely to be adequately addressed through training courses or workplace supervision.

Ms Mukhia submitted that Mr Mudepu has not demonstrated sufficient insight or reflection. She noted that, although Mr Mudepu was aware of the hearing, he chose not to attend. She acknowledged that Mr Mudepu had provided written responses to the charges, training certificates, a reflective statement and an apology if his actions were perceived in a certain way. However, she submitted that Mr Mudepu's responses largely sought to minimise the seriousness of his conduct by offering alternative explanations or context. By way of example, Ms Mukhia referred to Mr Mudepu's statement that he regarded Colleague A '*like his daughter*', which she submitted was an implausible explanation for his behaviour, particularly in light of the previous Fitness to Practise proceedings in which similar concerns had been found proved.

Ms Mukhia submitted that Mr Mudepu had failed to demonstrate any meaningful insight into the harm or risk caused to Colleagues A and B, or the wider impact on public confidence in the profession. She submitted that Mr Mudepu continued to minimise the seriousness of his actions by characterising them as a breach of professional boundaries, rather than reflecting on the sexually motivated or harassing nature of the conduct. It was Ms Mukhia's submission that, when considered alongside the previous Fitness to Practise proceedings, Mr Mudepu's actions raise ongoing concerns regarding his attitude, which is unlikely to be adequately addressed through the relevant training he has undertaken.

In relation to the likelihood of repetition, Ms Mukhia submitted that in the absence of sufficient insight and reflection, and given the deep-seated attitudinal concerns identified, Mr Mudepu's conduct could not be considered highly unlikely to be repeated. She referred the panel to Mr Mudepu's responses to the regulatory concerns, in which he stated,

'I admit I breached professional boundaries, it was out of habit because I often hold my daughter's hand when I am talking to her. I have had to learn the hard way, that this can never ever happen again the workplace...'

However, Ms Mukhia submitted that Mr Mudepu displayed similar behaviour in the previous NMC case, which resulted in a three-year caution order. She submitted that this demonstrates that he has failed to learn from his past behaviour and that there remains a risk of repetition.

Ms Mukhia submitted that a finding of impairment is in the public interest in order to maintain public confidence in the profession. She submitted that a well-informed member of the public would be shocked and appalled if impairment were not found in a case involving charges of sexual misconduct and harassment which have been found proved. She further submitted that the panel should consider the message that would be sent to the public if the seriousness of Mr Mudepu's conduct were not properly marked, given the potential impact such behaviour has on public trust and confidence in the nursing profession.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance, Grant and Cohen*.

Decision and reasons on misconduct

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

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

'6 Always practise in line with the best available evidence

To achieve this, you must:

- 6.1 *make sure that any information or advice given is evidence-based including information relating to using any health and care products or services'*

'8 Work co-operatively

To achieve this, you must:

- 8.2 *maintain effective communication with colleagues*
- 8.5 *work with colleagues to preserve the safety of those receiving care'*

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

- 20.1 *keep to and uphold the standards and values set out in the Code*
- 20.2 *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'*

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

However, the panel is of the view that Mr Mudepu used his position as Clinical Lead to engage in inappropriate behaviour towards junior members of staff. The panel determined that there was a clear power imbalance arising from both the disparity in banding and the difference in age between him and the colleagues concerned. The panel considered the imbalance was further exacerbated by the fact that Colleague A was 18 years old and very new to her role as a HCA at the time.

In the panel's judgment, Mr Mudepu abused his senior position by engaging in behaviour that was highly inappropriate. The panel concluded that Mr Mudepu's actions individually in respect of each of the charges found proved fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

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

In this regard the panel considered the test approved by Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 76:

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

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

The panel found that limbs (a), (b) and (c) of *Grant* are engaged in this case in relation to Mr Mudepu's past conduct. It determined that limb (d) is not engaged.

In relation to limb (a), the panel accepted no patients were directly placed at an unwarranted risk of harm by Mr Mudepu personally. However, the panel determined that Mr Mudepu's conduct had a wider impact on workplace practice and safety. In particular, the panel accepted Colleague A's evidence that she avoided collecting keys and the security alarm because she did not want to be alone with Mr Mudepu in the nurses' office. The panel also accepted her evidence that by not collecting an alarm she compromised her safety and the safety of patients. The panel considered Mr Mudepu's misconduct consequently placed patients at risk of harm.

In relation to limb (b), the panel was of the view that Mr Mudepu's actions brought the profession into disrepute. It considered that a reasonable and well-informed member of the public would be appalled if conduct of the nature found proved in this case did not result in a finding of impairment.

In respect of limb (c), the panel found that Mr Mudepu's conduct breached the fundamental tenets, including practising effectively and promoting professionalism and trust.

In considering whether Mr Mudepu poses a risk in the future, the panel had regard to the factors set out in the case of *Cohen*:

- Is the behaviour easily remediable?
- Has it already been remedied?
- Is it highly unlikely to be repeated?

The panel was of the view that the nature of Mr Mudepu's misconduct, which involves sexual misconduct and harassment, is not easily remediable. The panel acknowledged Mr Mudepu's responses to the charges, together with the training certificates and reflective statements he provided. The panel also noted that Mr Mudepu made some admissions in his CMF dated 30 October 2025 and in his response bundle dated 6 April 2026. However, the panel was not satisfied that there was sufficient evidence to demonstrate that the underlying concerns have been adequately addressed. In those circumstances, the panel concluded that there is a high risk of repetition.

The panel's attention was drawn to an existing caution order arising from charges similar to those in this case. Having considered this history, the panel reviewed the *Grant* test and concluded that Mr Mudepu's actions are liable in the future to place those receiving care at an unwarranted risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession. Accordingly, the panel determined that a finding of impairment is necessary on public protection grounds.

The panel bore in mind 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 public confidence in the nursing profession would be seriously undermined if a finding of impairment were not made in this case. This is

due not only to the public protection concerns identified, but also to the seriousness of the charges found proved, which include sexual misconduct together with behaviour that was harassing, degrading, humiliating and offensive. The panel concluded that the nature of Mr Mudepu's misconduct, when considered alongside the risk of repetition, necessitates a finding of impairment on public interest grounds in order to uphold proper professional standards of conduct.

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

Sanction

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

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

Submissions on sanction

Ms Mukhia submitted that the appropriate sanction in this case is a striking-off order.

Ms Mukhia referred the panel to NMC guidance, '*The purpose of and approach to sanctions*' (Reference: SAN-1).

Ms Mukhia submitted that the aggravating factors in this case are as follows:

- Abuse of a position of trust
- A pattern of misconduct over a period of time
- Previous regulatory findings
- Failure to attend the hearing without good reason

- Limited insight
- Failure to work collaboratively with colleagues

Ms Mukhia submitted that the mitigating factors in this case are as follows:

- Relevant training courses
- Reflective statements

Ms Mukhia submitted that taking no further action would be inappropriate in view of the nature and seriousness of the charges proved in this case.

Ms Mukhia further submitted that a caution order would also be inappropriate in this case, as the concerns are not at the lower end of the spectrum of impaired fitness to practise. She submitted that this case involves sexual misconduct together with conduct that was harassing, degrading, humiliating and offensive. Additionally, she submitted that Mr Mudepu remained subject to a caution order in relation to a separate NMC matter at the time these concerns arose. She asked the panel to consider that a caution order had previously failed to prevent similar conduct and submitted that it would therefore be inadequate in addressing the concerns identified.

Ms Mukhia referred the panel to NMC guidance on '*Conditions of practice order*' (Reference SAN-2c). She submitted that the concerns identified are not related to Mr Mudepu's clinical practice, but rather to his personal conduct. Accordingly, she submitted that a conditions of practice order would neither be workable nor sufficient to address the seriousness of Mr Mudepu's misconduct or to meet the wider public interest considerations in this case.

In relation to a suspension order, Ms Mukhia submitted that the misconduct in this case is very serious and fundamentally incompatible with continued registration as a nurse. Ms Mukhia took the panel through the key factors identified within the NMC guidance on '*Suspension orders*' (Reference SAN-2d). She submitted that temporary restriction from practice would not address the seriousness of the charges found proved or adequately protect the public, as Mr Mudepu engaged in repeated

misconduct of a similar nature whilst subject to a caution order arising from previous regulatory findings.

Ms Mukhia submitted that Mr Mudepu's behaviour demonstrates that he had failed to learn from previous regulatory intervention. She submitted that there is little evidence to suggest that Mr Mudepu would be capable of returning to unrestricted practice in the foreseeable future. Although Mr Mudepu has had correspondence with the NMC, Ms Mukhia submitted that he had failed to provide an adequate explanation for his non-attendance at this hearing. She submitted that, if the panel was minded to impose a suspension order with a review, there could be no assurance that Mr Mudepu would engage meaningfully with any panel recommendations.

Ms Mukhia reminded the panel that similar concerning behaviour had occurred within two years of the caution being imposed. She submitted that this significantly increases the risk of repetition and reduces any confidence that Mr Mudepu could safely return to unrestricted practice in the future.

Ms Mukhia also submitted that Mr Mudepu failed to demonstrate adequate insight or reflection sufficient to satisfy the panel that he could be fit to practise in the future. She submitted that his limited engagement with the regulatory proceedings means that the panel cannot be assured that he would undertake the necessary steps to address the underlying concerns or demonstrate what is required to be able to practice unrestricted again in the future.

Ms Mukhia referred the panel to NMC guidance on '*Striking-off order*' (Reference: SAN-2e) and took the panel through the questions to consider.

Ms Mukhia submitted that the charges found proved against Mr Mudepu raise fundamental questions regarding his professionalism. It was Ms Mukhia's submission that Mr Mudepu's conduct amounted to serious misconduct, which resulted in a finding of impairment. She submitted that, in light of Mr Mudepu's limited insight, and the continuing risk of repetition, public confidence in the profession would be seriously undermined were he permitted to remain on the register.

Ms Mukhia further submitted that it is unlikely that Mr Mudepu will develop the level of insight and reflection necessary to ensure the safety of the people receiving care and members of the public, maintain public confidence in the profession and uphold professional standards. She submitted that Mr Mudepu's failure to attend the hearing reinforces concerns regarding his willingness to engage meaningfully with the regulatory process in the future. In these circumstances, she submitted that the panel cannot be satisfied that Mr Mudepu would engage sufficiently during any period of suspension to develop the necessary insight, strengthen practice and reduce the risk he poses. Accordingly, she invited the panel to impose a striking-off order as it is appropriate in this case.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Deliberate breaches of the Code
- A pattern of misconduct over a period of time
- Previous regulatory or disciplinary findings
- Limited insight
- Vulnerability of the person subject to Mr Mudepu's actions in so far as Colleague A was very young and new to her role
- Premeditated behaviour
- Predatory behaviour
- Failure to work collaboratively with colleagues

The panel also took into account the following mitigating features:

- Partial early admission of the facts
- Apologies to anyone affected
- Some relevant training courses
- Limited reflective accounts

The panel first considered whether to take no action. As the panel found misconduct of a sexual and harassing nature, taking no further action would not satisfy public interest nor would it mark the seriousness of concerns found proved. The panel determined 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.’

As set out above, the panel found that the misconduct was of a sexual and harassing nature and that the concerns found proved were not at the lower end of the spectrum of seriousness. The panel noted that Mr Mudepu has provided no evidence of significant retraining or reflection and has demonstrated limited insight into his misconduct. The panel also took into account that Mr Mudepu was already subject to a caution order for similar concerns at the time the current misconduct occurred. In light of the repetition and escalation of his behaviour, the panel concluded that there are deep-seated attitudinal concerns. Accordingly, the panel determined that a sanction which did not restrict Mr Mudepu’s practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Mudepu's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on '*Conditions of practice order*' (Reference: SAN-2c Last Updated: 28/01/2026).

Having regard to the nature and seriousness of Mr Mudepu's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel noted that Mr Mudepu's misconduct did not arise from concerns regarding his clinical practice but instead reflects deep-seated attitudinal and behavioural issues. The panel also noted Mr Mudepu's limited engagement.

In these circumstances, the panel concluded that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards. Furthermore, the panel is not satisfied that Mr Mudepu would engage meaningfully with any conditions imposed, even if such conditions could be identified.

The panel then considered NMC guidance on '*Deciding between suspension and strike off*' (Reference: SAN-3).

The panel considered the aggravating and mitigating factors, together with whether public confidence in the profession would be maintained were Mr Mudepu permitted to return to practice after a period of suspension. The panel considered Mr Mudepu's level of insight, his attitude towards addressing the concerns and whether there is a realistic prospect of meaningful change during a period of suspension. The panel also took into account Mr Mudepu's limited engagement in the fitness to practise process.

In light of the above, the panel determined that the aggravating features of this case, namely the repeated targeting of junior colleagues, some of whom were considerably younger than Mr Mudepu, together with the fact that the misconduct occurred whilst he remained subject to a caution order, outweighs any mitigating factors identified.

The panel was of the view that permitting Mr Mudepu to return to unrestricted practise after a period of suspension would undermine public confidence in the profession.

The panel further noted that Mr Mudepu has already been afforded a period of three years under an existing caution order in which to reflect and address his behaviour but has failed to do so. The panel therefore had no confidence that a further period of suspension would result in the necessary attitudinal change, insight or remediation. Finally, the panel took into account Mr Mudepu's limited engagement in these proceedings and was not satisfied that he would engage meaningfully in the future.

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 considered the guidance SAN-2d and determined that Mr Mudepu had demonstrated limited insight and engagement throughout this process. The panel was not satisfied that Mr Mudepu's insight will continue to develop, particularly in light of the repetition and escalation of the misconduct whilst he remained subject to a caution order. The panel bore in mind the ongoing risk posed to female colleagues were Mr Mudepu permitted to return to practice.

The panel further noted that the concerns found proved represent an escalation of the matters for which Mr Mudepu was already subject to a caution order. The panel found there to be little evidence of positive reflection, developed insight, remediation or sustained engagement sufficient to satisfy the panel that Mr Mudepu would be capable of safe unrestricted practice in the future. In addition, the panel took into account that Mr Mudepu had not sought a further opportunity to remediate or invited the panel to consider suspension as a last chance to do so. In light of this, the panel identified no basis upon which a suspension order could be properly justified. Therefore, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026).

Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

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

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel determined that this case concerns sexual impropriety and harassment perpetrated by a senior member of staff against junior female colleagues and, therefore, falls at the more serious end of the spectrum. The panel considered that the charges found proved raise fundamental questions about Mr Mudepu's professionalism and attitude, particularly as the behaviour was repeated over a period of time, across different Trusts, and whilst he was subject to a caution order.

The panel determined that public confidence in the profession would be seriously undermined were Mr Mudepu permitted to return to practice under these circumstances. The panel also found there to be little reflection, insight, remediation or meaningful engagement, and no indication that this position would materially improve in the foreseeable future.

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

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a

striking-off order. Having regard to the effect of Mr Mudepu's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Mudepu in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Mudepu's own interests until the striking-off sanction takes effect.

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

Submissions on interim order

Ms Mukhia invited the panel to impose an 18-month interim suspension order to protect the public and maintain public confidence, as well as to cover any appeal period. She submitted that such a period may be required as any appeal proceedings are likely to take some time to conclude.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the

seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for the time that may be taken before an appeal can be heard. Not to do so would be inconsistent with the sanction imposed.

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

That concludes this determination.