

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

**Substantive Hearing
Monday, 11 – Wednesday, 20 May 2026**

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

Name of Registrant: Andre Miguel Maia Seica Neves

NMC PIN: 14G0103C

Part(s) of the register: Nurses Sub Part 1
RN1 Adult Nurse Level 1
3 July 2014

Relevant Location: Bristol

Type of case: Misconduct

Panel members: Alan Greenwood (Chair, lay member)
Linda Holloway (Registrant member)
Anita Mobberley (Lay member)

Legal Assessor: Nigel Ingram

Hearings Coordinator: Franchessca Nyame

Nursing and Midwifery Council: Represented by Nawazish Choudhury, Case
Presenter

Mr Neves: Not present and unrepresented

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

Facts not proved: Charge 7b

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 Neves was not in attendance and that the Notice of Hearing letter had been sent to Mr Neves' registered email address by secure email on 1 April 2026.

Mr Choudhury, 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' ('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, date, venue of the hearing and, amongst other things, information about Mr Neves' 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 Neves 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 Neves

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

Mr Choudhury referred the panel to a number of emails from Mr Neves to the NMC, in particular his email dated 17 March 2026 in which he states:

'No, I won't be attending the hearing in May.'

Mr Choudhury submitted that Mr Neves has not made an application for an adjournment and there is no reason to believe that an adjournment would secure his attendance on some future occasion. He stated that Mr Neves has voluntarily absented himself and provided his position in relation to the charges in the NMC Case Management Form ('CMF') and the local investigation meeting minutes dated 21 November 2023 and 12 December 2023. Mr Choudhury highlighted the issue of witness memory and that the longer it takes for the hearing to proceed, the more risk there is of witnesses' memories fading. He also reminded the panel that the witnesses due to be heard have given up time from work to attend the hearing. Mr Choudhury submitted that it would be in interest of justice for this hearing to go ahead.

The panel accepted the advice of the legal assessor.

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

The panel decided to proceed in the absence of Mr Neves. In reaching this decision, the panel considered the submissions of Mr Choudhury, the correspondence from Mr Neves

to the NMC, and the advice of the legal assessor. It had particular 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:

- Mr Neves has confirmed with the NMC that he has received the Notice of Hearing;
- No application for an adjournment has been made by Mr Neves;
- There is no reason to suppose that adjourning would secure Mr Neves' attendance at some future date;
- Mr Neves made clear his intention not to attend this (or any) Substantive hearing in multiple emails to the NMC;
- Witnesses are due to attend this hearing to give live evidence;
- 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 2023 and 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 Neves in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to Mr Neves, 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, the panel can make allowances for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the disadvantage is the consequence of Mr Neves' decisions to absent himself from the hearing, waive his right to attend, and/or be represented, and not to 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 Neves. The panel will draw no adverse inference from Mr Neves' absence in its findings of fact.

Decision and reasons on application to amend the charge

The panel heard an application from Mr Choudhury to amend the stem of Charges 4, 5 and 6 as follows:

‘That you, a registered nurse:

...

2. On 13 October 2023, without clinical justification and/or **contrary to** standard...
3. On an unknown date, following the matters at charge 4 **2**...
4. During the night shift of 19 October 2023, without clinical justification and/or **contrary to** standard training practice...
5. On 1 November ~~2024~~ **2023**,
6. On an unknown date without clinical justification and/or **contrary to** standard training practice...’

It was submitted by Mr Choudhury that the proposed amendments would provide clarity and ensure the accuracy and consistency of the charges, particularly in light of the evidence of Colleague A.

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

The panel was of the view that the proposed amendments were merely corrections of typographical errors. The panel was satisfied that there would be no prejudice to Mr Neves and no injustice would be caused to either party by the proposed amendments being

allowed. It was therefore appropriate to allow the amendments to ensure clarity and accuracy.

Details of charge (as amended)

That you, a registered nurse:

1. In or around May/June 2023, without clinical justification and/or contrary to standard training practice invited Colleague C to listen to your lungs with a stethoscope.
[PROVED]
2. On 13 October 2023, without clinical justification and/or contrary to standard training practice:
 - a. Performed an ECG on Colleague A; **[PROVED]**
 - b. Advised Colleague A to lift up her tunic and/or bra to allow you to perform the ECG. **[PROVED]**
3. On an unknown date, following the matters at charge 2, asked Colleague A if she had “work done” to her breasts, or words to that effect. **[PROVED]**
4. During the night shift of 19 October 2023, without clinical justification and/or contrary to standard training practice:
 - a. Conducted a bladder scan on Colleague A; **[PROVED]**
 - b. Asked Colleague A whether you could go lower during the bladder scan to find her cervix; **[PROVED]**
 - c. Insisted Colleague A perform a bladder scan on you; **[PROVED]**
 - d. Asked Colleague A if she wanted to practise catheterisation on you.
[PROVED]
5. On 1 November 2023, offered to meet Colleague A outside of work to complete her placement paperwork. **[PROVED]**
6. On an unknown date without clinical justification and/or contrary to standard training practice:
 - a. Conducted an ECG on Colleague B with her top unzipped; **[PROVED]**

- b. Asked Colleague B if she wanted to come to your house to practise venepuncture. **[PROVED]**
7. Your actions in any or all of charges 1-6 were sexually motivated in that:
- a. You were seeking to gain sexual gratification from your actions, and/or **[PROVED]**
 - b. Your actions were in pursuit of a future sexual relationship with Colleague A and/or Colleague B and/or Colleague C. **[NOT PROVED]**

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

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

Mr Choudhury made an application for [PRIVATE] Colleague A's evidence to be heard in private. Despite the anonymisation of Colleague A's name, Mr Choudhury submitted that she could potentially be identified by way of jigsaw identification. He submitted that hearing Colleague A's [PRIVATE] in private would enable her to give her best evidence, and that there would be no prejudice to Mr Neves. The application was made pursuant to Rule 19 of the Rules.

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

Having heard that there will be reference to [PRIVATE] during the course of Colleague A's evidence, the panel decided to go into private session as and when such issues are raised in order to protect her privacy.

Background

Mr Neves was referred to the NMC on 21 December 2023 by [PRIVATE] where he worked as a Band 6 Senior Staff Nurse.

The allegations are as follows:

- In or around May/June 2023, Mr Neves asked Colleague C to listen to his lungs with a stethoscope
- In October 2023:
 - Mr Neves conducted an ECG on Colleague A and, in doing so, advised Colleague A to lift up her clothing
 - Mr Neves conducted a bladder scan on Colleague A which progressed to scanning the uterus and ovaries
 - Mr Neves asked Colleague A if she wanted to practise catheterisation on him
- In November 2023, Mr Neves offered to meet Colleague A outside of work to complete her placement paperwork.
- Mr Neves asked Colleague A if she had “*work done*” to her breasts, or words to that effect
- Mr Neves conducted an ECG on Colleague B with her top unzipped
- Mr Neves invited Colleague B to his house to practise a procedure

[PRIVATE] undertook an investigation into the allegations. A disciplinary meeting was held in January 2024.

Decision and reasons on application to admit hearsay evidence

Mr Choudhury made an application under Rule 31 to allow the local investigation meeting minutes of Colleague B dated 29 November 2023 and the local investigation meeting minutes of Bobbi Spatchurst ('Ms Spatchurst') dated 28 November 2023 into evidence.

Mr Choudhury submitted that Colleague B's local investigation meeting minutes is relevant because her statement speaks directly to Charges 6a and 6b, and Ms Spatchurst's local investigation meeting minutes is relevant because it provides wider context and may be of assistance to Mr Neves' case.

In relation to admissibility, Mr Choudhury referred to the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin) and its principles:

- Whether the hearsay evidence was the sole and decisive evidence in relation the relevant charges;
- The nature and extent of the challenge to the hearsay evidence;
- Whether there was any suggestion that the primary witness had reasons to fabricate the allegation;
- The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;
- Whether there was a good reason for the non-attendance of the primary witness;
- Whether the NMC had taken reasonable steps to secure the attendance of the primary witness;
- The fact that the registrants did not have prior notice that the witness statement was to be read.

Mr Choudhury submitted that the hearsay evidence is not sole and decisive as there is other evidence before the panel which may relate to Charge 6a and 6b.

With regard to the nature and extent of Mr Neves' challenge to the hearsay evidence, Mr Choudhury drew the panel's attention to the CMF in which, in his submission, Mr Neves does not take issue with the alleged facts in Colleague B's statement, but provides wider context by saying it was educational:

*'2a - yes, but always asked for her consent, and as stated by her, she didn't had any problems with it at the time. As above, shouldn't had happened with insight.
2b - yes, but as stated during the interviews, I would be the one being used for such, and I accept that any responsibilities should problems occur would be mine. As stated on the messenger texts, I would have to swap shifts, which would mean my wife being home to be able to take our son to the nursery, so we wouldn't be alone. and the same messages also show that I offered to check with the training facilities at my previous hospital to practice anything. as with 2b, this came in a context of practice, after she told me she refused an apprenticeship at the BRI because she though she couldn't do the job, hence why I tried to show her every facet of nursing, from calling her to watch a patient dressing, to IM, etc, and at the time, there was a job posted on NHSJobs for another apprentice band 4 training, for which I was trying to incentivise her to apply to.'* [sic]

Mr Choudhury submitted that, as Colleague B's and Ms Spatchurst's statements were produced as part of a local investigation there is no suggestion of fabrication.

Mr Choudhury further submitted that all the charges in this case are serious by their very nature.

Mr Choudhury then moved on to the reasons for Colleague B's and Ms Spatchurst's non-attendance at this hearing. He directed the panel to an email dated 5 June 2024 from Colleague B to third-party investigators instructed by the NMC which states:

'I will wish to discuss no further this situation. This is due to causing me a lot of anxiety and stress.'

and an email dated 31 July 2024 from Ms Spatchurst to the NMC which states:

*'...I do not wish to participate
Please can the emails stop'*

Mr Choudhury informed the panel that the NMC had taken reasonable steps to secure the attendance of Colleague B and Ms Spatchurst, but neither wished to attend and give oral evidence.

Mr Choudhury went on to submit that he was not aware whether the NMC had given Mr Neves prior notice that this application would be made in respect of the local investigation meetings minutes for Colleague B and Ms Spatchurst.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 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 legal assessor also made reference to the case of *El Karout v NMC* [2019] EWHC 28 and NMC guidance 'DMA-6: Evidence' (last updated 9 June 2025), in particular the section on hearsay which states:

'Most commonly, hearsay evidence will involve a witness reporting what they were told about something in issue by another individual who is not themselves a witness, or a statement being placed before a panel without the maker of the statement giving oral evidence.'

Hearsay evidence is not in-admissible just because it is hearsay in our proceedings. However there may be circumstances in which it would not be fair to admit it, for example where it is the sole and decisive evidence in respect of a serious charge and it isn't 'demonstrably reliable' and not capable of being tested.'

Hearsay statements will usually carry less weight than oral evidence because it cannot be tested. Hearsay evidence may also be inadmissible where the weight which could be given to it in the circumstances of the case is zero, even where there is other evidence that could ‘corroborate’ (or support) it.’

The panel considered the relevance of Colleague B’s and Ms Spatchurst’s local investigation meeting minutes and determined that they were potentially relevant to some of the charges in this case, including Charges 6a and 6b.

As the panel determined that the information was relevant, it went on to consider the principles set out in *Thorneycroft* in order to determine whether it was fair to admit these documents.

The panel considered whether Colleague B’s and Ms Spatchurst’s local investigation meeting minutes were sole and decisive in respect of any of the charges against Mr Neves. The panel determined that Colleague B’s local investigation meeting minutes is not sole and decisive in respect of Charges 6a and 6b because the panel has been provided with other evidence which relate to these charges. As Ms Spatchurst’s local investigation meeting minutes is a purely contextual document, the panel determined that it was not sole or decisive evidence as it does not speak to any one particular charge.

Having determined that both local investigation meeting minutes were not sole and decisive, the panel went on to consider the other principles contained within *Thorneycroft*.

The panel had sight of the nature and extent of Mr Neves’ challenge to the allegations in the CMF.

The panel bore in mind that the Colleague B and Ms Spatchurst’s statements in their meeting minutes were given during course of a local investigation. As such, by their very nature, the panel determined that there is no reason to suspect fabrication.

The panel considered the charges in this case to be serious and acknowledged the gravity of the adverse consequences to Mr Neves in the event that the alleged facts are found proved.

The panel noted that the reason for Colleague B's non-attendance is because these proceedings were causing her '*anxiety and stress*', however, the panel did not have any medical evidence in respect of this. It also noted that Ms Spatchurst has not attended this hearing because she did not wish to participate. The panel was not satisfied that these were good reasons for non-attendance at this hearing, but it acknowledged that the NMC made efforts with a series of emails in 2024 to maintain contact with Colleague B and Ms Spatchurst in an attempt to secure their attendance.

It had not been confirmed for the panel whether Mr Neves had not been given prior notice of the local investigation meetings minutes for Colleague B and Ms Spatchurst or that this hearsay application would be made.

The panel considered that some of the hearsay evidence, particularly Ms Spatchurst's statement in her local investigation meeting minutes, could potentially support Mr Neves' case. The panel also considered that there was a public interest in the allegations being explored fully.

Balancing all factors, the panel decided that it would be fair to admit the hearsay evidence of Colleague B and Ms Spatchurst, but would give what it deemed appropriate weight once it had heard and evaluated all the evidence before it.

Accordingly, the panel accepted the application to admit the hearsay evidence.

Decision and reasons on application of no case to answer

The panel, of its own volition and in accordance with Rule 24(7), asked Mr Choudhury to prepare submissions on no case to answer in respect of all the charges in this case. In particular, the panel requested submissions regarding what evidence the NMC is relying upon to establish that Mr Neves' alleged actions were without clinical justification and/or contrary to standard training practice (namely Charges 1, 2a, 2b, 4a – 4d, 6a and 6b) and sexually motivated (Charges 7a and 7b).

Mr Choudhury made an application under Rule 24(7) that there is a case to answer in respect of all the charges against Mr Neves. In relation to this application, Mr Choudhury made reference to the case of *R v Galbraith* (1981) 1 WLR 1039 which provides:

'If there is no evidence that the crime alleged has been committed by the defendant... the judge will ... stop the case...'

...where there is some evidence but it is of a tenuous character, for example, because of inherent weakness or vagueness, or because it is inconsistent with other evidence. Where the judge concludes that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict on it, it is his duty, on the submission being made, to stop the case.'

Mr Choudhury submitted that there is evidence before the panel to support that Mr Neves' alleged actions were contrary to standard training practice.

Ms Kravec's evidence

Mr Choudhury submitted that Ms Kravec is a highly experienced Band 7 nurse and was Mr Neves' line manager. He submitted that Ms Kravec gave evidence on what standard training practice is and drew the panel's attention to her witness statement:

'I was surprised to learn that [Colleague A] had done a night shift. Typically, student nurses wouldn't do night shifts. They would have normally done day shifts as there more support on site and there would be procedures for them to observe. I also never felt that it was necessary for students to be allocated to a night shift as there wasn't enough nurses to supervise them...'

It was not normal for bladder scans or ECG's to be conducted on students for teaching purposes. Bladder scans would be done on patients as would ECG's, especially as there were no dummies to practice on. Alternatively, the nurse would talk the student nurse through how to do these procedures. The only instance I can think of where it would be appropriate for a nurse to touch a student nurse would be when showing them how to take blood pressure.'

In her local investigation meeting notes, Ms Kravec stated that, in her own training, she *'had a male teacher and as long as he asked, I was happy for him to touch my abdominals.'* Mr Choudhury reminded the panel that, in her oral evidence, she elaborated that this was in a group training setting with other students present.

Mr Choudhury highlighted that all the training Mr Neves is alleged to have done with Colleagues A, B and C was in private without anyone present, which is against standard training practice. Further, Mr Neves allegedly conducted training with Colleague A on a night shift when she should not have been working. Ms Kravec's detailed explanation on standard training practice in her oral evidence suggested that all training should be conducted during the day when there is more training support available, predominantly on dummies or patients and not on the (student) nurses themselves.

Mr Choudhury submitted that Ms Kravec's evidence shows that Mr Neves' alleged actions in a number of the charges were contrary to standard training practice, thus there is a case to answer.

Ms Plumley's evidence

Mr Choudhury submitted that Ms Plumley is also a highly experienced nurse who gave evidence on what standard training practice is with regard to ECGs, bladder scans and catheterisation.

In her oral evidence, Ms Plumley described how an ECG would be conducted and that there would be no need to lift up a bra or for breasts to be exposed because the electrodes could be placed around or underneath a bra. Mr Choudhury recounted for the panel that Ms Plumley gave evidence that she found it difficult to understand Mr Neves' alleged actions as standard training practice would not be to teach a student nurse the "ins and outs" of an ECG, implying that there was no need for Mr Neves to go into that level of detail he is alleged to have done. Ms Plumley also said she was disturbed as it was unusual in her experience for training to be done in this way with a mentor and student and that, even if Mr Neves asked for permission, as a nurse for over 30 years she would never ask a student nurse to do what Mr Neves allegedly asked Colleague A to do.

Ms Plumley also described a bladder scan and that it is used to assess the level of urine. It was her evidence that it is not normal for a bladder scan to be used for a visual of ovaries or a cervix.

Moreover, Ms Plumley described catheterisation in her oral evidence to be a highly sensitive procedure. She also said in her witness statement:

'I was particularly concerned that Andre suggested that [Colleague A] catheterise him as this is not a skill nursing associates do. This is an extended skill for a nurse.'

Mr Choudhury submitted that Ms Plumley provides powerful evidence demonstrating that Mr Neves' alleged actions were contrary to standard training practice. As such, he submitted that there is a case for Mr Neves to answer.

Colleague C's evidence

Mr Choudhury highlighted that, at the time of the alleged incident, Colleague C had already been a qualified registered nurse for four years, and that Mr Neves was not her teacher but her colleague. He directed the panel to the following passages of her witness statement:

‘As I was new to [PRIVATE], I was supernumerary, and Andre was showing me around. He showed me around the ward and around the building. He took me into a separate locker room on the ward and asked me about my knowledge regarding nursing assessments... I remember discussing chest auscultation with him, and he suggested that I listen to his lungs with a stethoscope for learning purposes.

I had not experienced this before, specifically, someone going through these types of assessments with me in a practical manner.’

Mr Choudhury also submitted that, in her oral evidence, Colleague C stated that she was “*taken aback*” by Mr Neves’ alleged invitation to listen to his lungs with a stethoscope. Mr Choudhury submitted that, as Mr Neves was not Colleague C’s teacher/mentor and she had nursing experience, there was no credible explanation as to why he allegedly asked her to listen to his lungs.

Mr Choudhury submitted that this is evidence that Mr Neves’ alleged actions at Charge 1 were contrary to standard training practice and there is a case to answer.

Mr Choudhury addressed Charge 5 and 6b. Given the evidence before the panel on standard training practice, Mr Choudhury submitted that Mr Neves allegedly offering to meet Colleague A outside of work and inviting Colleague B over to his house is evidence that he was acting contrary to standard training practice as all training should be taking place during the day on the ward.

Charge 7 in its entirety

Mr Choudhury made reference to the case of *Basson v GMC* [2018] EWHC 505 (Admin), in particular:

'Bowen LJ famously said that the state of a man's mind is as much a fact as the state of his digestion. Therefore, in civil proceedings that fact, the state of the man's mind, is to be proved in the usual way by the necessary body of evidence on the balance of probabilities....However, the state of a person's mind is not something that can be proved by direct observation. It can only be proved by inference or deduction from the surrounding evidence.'

and in the case of *Haris v GMC* [2021] EWCA Civ 763, specifically paragraph 29, which echoes the above passage from *Basson*, and the following paragraph:

'...the Tribunal ignored the fact that the best evidence as to Dr Haris's motivation was his behaviour...the behaviour was not just capable of being reasonably perceived to be overtly sexual, it was overtly sexual, and there is no other way in which it could have been perceived.'

Mr Choudhury submitted that the best evidence to show sexual motivation in this case is the evidence of Mr Neves' alleged actions: the ECGs, bladder scan and request to practise catheterisation. Mr Choudhury reminded the panel that, once determining the facts, it must first consider if Charges 1 – 6 are proved and then consider sexual motivation. He submitted that to remove Charge 7 now would be premature.

It was Mr Choudhury's submission that there is evidence to suggest that what Mr Neves' is alleged to have done is sexually motivated. For example, Mr Choudhury submitted that many of the alleged incidents occurred away from staff in separate rooms or on night shifts with minimal staff; he cited the power imbalance of a mentor/student relationship and Mr Neves allegedly asking female staff to meet him outside of work. He submitted that, although these alleged behaviours may not be classified as sexual motivation, they are at least triable issues for the panel to consider.

Charge 7b

With regard to evidence to support that Mr Neves alleged actions at Charge 1 – 6 were in pursuit of a future sexual relationship, Mr Choudhury raised the point that Mr Neves had Colleague A's personal phone number and would message her outside of working hours, and that these messages occurred after he allegedly conducted the ECG and bladder scan on her. After asking if Colleague A wanted to learn catheterisation by practising on him, it is alleged that Mr Neves said he was sorry if he made her feel uncomfortable. Mr Choudhury submitted that this evidence raises the question of whether Mr Neves was in pursuit of a future sexual relationship as, in his submission, it is highly unusual for this behaviour to be of a bona fide nature. He went on to submit that this also applied to Colleague B and Mr Neves allegedly inviting her to his house to practise venepuncture.

The panel heard and accepted the advice of the legal assessor who made reference to case of *Galbraith* and NMC guidance 'DMA-6: Evidence', specifically the section on no case to answer which states:

'There will be no case for a nurse, midwife or nursing associate to answer where, at the close of our case, there is:

- 1. no evidence*
- 2. some evidence, but evidence which, when taken at its highest, could not properly result in a fact being found proved against the nurse, midwife or nursing associate, or the nurse, midwife or nursing associate's fitness to practise being found to be impaired.*

The question of whether there is a case to answer turns entirely on our evidence. Evidence which might form part of the nurse, midwife or nursing associate's case will not be taken in to account.

Where the strength or weakness of our evidence depends on the weight it should be given, a submission that there is no case to answer is likely to fail. That issue is best considered after all the evidence has been heard.'

The panel applied the test set out in *Galbraith*.

Accordingly, the panel considered all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether Mr Neves had a case to answer.

Charges 3 and 5

The panel had regard to Colleague A's witness statement in which she said:

'During a night shift following the ECG, Andre asked whether I had work done to my breasts.'

The panel noted that she reiterated this in her oral evidence. It also had sight of local investigation meeting notes and Mr Neves' CMF where he responds to the allegation:

'I went home and investigated potential causes of artifacts on ECG, and then discussed with her some of them, to which she said yes to the implants. I'm not making comments on her appearance, it's just scientific curiosity about the procedure.' [sic]

Furthermore, regarding Charge 5, the panel had sight of WhatsApp text message dated 1 November 2023 between Mr Neves and Colleague A where he offered to meet Colleague A outside of work to complete her placement paperwork.

Given that there is evidence before it to prove the alleged facts, the panel was satisfied that sufficient evidence had been presented in relation to Charges 3 and 5, such that it

could find facts proved at the Facts stage. The panel determined that, taking the NMC's case at its highest, this is sufficient evidence that Mr Neves has a case to answer.

Charges 1, 2, 4, and 6 in their entirety

The panel considered whether to omit the words '*without clinical justification*' in the charges. However, the panel had regard to the cases of *Basson* and *Haris* and was mindful that both authorities set a precedent in respect of clinical justification. The panel therefore determined that it would be best not to depart from the wording in the charges.

The panel next considered all the evidence presented by Mr Choudhury in relation to Mr Neves allegedly acting contrary to standard training practice. The panel bore in mind Ms Kravec's evidence on standard training practice at [PRIVATE], in particular the emphasis on training being conducted on patients or dummies on the day shifts where there is support available and a safer working environment. It also had regard to the evidence of Ms Plumley in respect of how ECGs, bladder scans and catheterisation is conducted and the standard training practices in relation to those procedures. In addition, the panel heard from Colleague C whose evidence provided further context on these matters.

The panel recognised that this evidence was provided by registered nurses with years of experience and who are experts in their fields, particularly in training students.

Taking the NMC's case at its highest, the panel was satisfied that there is sufficient evidence that Mr Neves allegedly acted contrary to standard training practice for him to have a case to answer.

Charge 7 in its entirety

The panel had particular regard to the cases of *Basson* and the principle that '*the state of a person's mind... can only be proved by inference or deduction from the surrounding evidence.*' On the basis, the panel determined that, at the fact-finding stage, it could allow

for the inference that Mr Neves' alleged actions were sexually motivated in that he sought to gain sexual gratification and/or was in pursuit of a future sexual relationship.

Based on the evidence presented by Mr Choudhury with regard to Charge 7a, the panel was satisfied that, taking the NMC's case at its highest, there is sufficient evidence for one possible inference the panel could draw is that Mr Neves' actions at Charges 1 – 6 were sexually motivated in that he sought to gain sexual gratification. As such, the panel concluded that Mr Neves has a case to answer in respect of Charge 7a.

The panel considered Charge 7b and the evidence presented by Mr Choudhury to support it, namely that Mr Neves had allegedly been conducting procedures on Colleague A, a student nurse under his mentorship, contrary to standard training practice, messaging her outside of working hours and asking to meet outside of work. The panel noted that the allegations are similar with regard to Colleague B, both women saying that Mr Neves made them feel '*uncomfortable*'. Conversely, Colleague C said in her statement:

'I thought it was quite unusual to experience this type of teaching, but I did not feel uncomfortable.

There were no incidents that I recall where Andre made me feel uncomfortable.'

The panel concluded that there was insufficient evidence to prove that Mr Neves' alleged actions were in pursuit of a future sexual relationship with Colleague C. Accordingly, the panel decided that there was no case to answer on this limb of Charge 7b.

The panel accepted that there are some weaknesses in the NMC's evidence in respect of the remaining charges. However, it determined that the strength of this evidence and the weight ultimately to be attached to it, were matters which fall within the fact-finding function of the panel. The panel determined that on one possible view there was evidence which, taken at its highest, was sufficient to support an inference that Mr Neves acted in pursuit of a future sexual relationship.

The panel was of the view that there had been sufficient evidence to support the charges at this stage and, as such, it was prepared, based on the evidence before it, to accede to an application that there is a case to answer. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

Decision and reasons on facts

The panel was referred to the CMF by Mr Choudhury. It noted that Mr Neves had responded to all the allegations, marking 'Yes' and 'No' tick boxes in acknowledgment of some of the alleged facts. Given that Mr Neves is not legally qualified and has not received legal advice, the panel decided it would be in the interest of fairness not to find any of the charges proved by way of admission. As such, the panel treated all charges as disputed when making its determination on the alleged 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 from Mr Choudhury.

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

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

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

- Colleague A: [PRIVATE].
- Colleague C: [PRIVATE].
- Liudmila Kravec ('Ms Kravec'): [PRIVATE].
- Claire Plumley ('Ms Plumley'): [PRIVATE].
- Kerry Joyce ('Ms Joyce'): [PRIVATE].

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. The panel considered all the witness and documentary evidence before it.

The panel considered the charges and determined that, bearing in mind that the charges relate to colleagues and not to patients, clinical justification was not relevant. The panel also noted that Mr Neves raises consent as an explanation for many of the charges in the CMF. The panel followed the advice of the legal assessor that consent is not a defence to the charges, having regard to the fact that a number of the allegations relate to behaviour which was said to be contrary to standard training practice.

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

Charge 1

“That you, a registered nurse, in or around May/June 2023, without clinical justification and/or contrary to standard training practice invited Colleague C to listen to your lungs with a stethoscope.”

This charge is found proved.

In reaching this decision, the panel took into account Colleague C’s witness statement and oral evidence, as well as her local investigation meeting minutes dated 29 November 2023.

In the local investigation meeting minutes, Colleague C told Ms Joyce that, *‘It was said do I want to practice on him and on me...I think I did have a stethoscope...’* She also states in her witness statement, *‘...[Mr Neves] suggested that I listen to his lungs with a stethoscope for learning purposes.’* The panel noted that Colleague C was consistent in her account during her oral evidence. On this basis, the panel was satisfied that, on the balance of probabilities, Mr Neves asked Colleague C to listen to his lungs with a stethoscope.

In her oral evidence, Colleague C told the panel that chest auscultation is “*not something nurses on the ward would do*” but ‘*something a GP or Clinical Practitioner would do*’ and that she thought it was an “*unusual thing*” for Mr Neves to suggest. She had also said in her witness statement:

‘I had not experienced this before, specifically, someone going through these types of assessments with me in a practical manner... I thought it was quite unusual to experience this type of teaching...’

Furthermore, the panel noted that Mr Neves was not Colleague C’s mentor but was shadowing him for the shift as part of orientation to the ward as a new member of staff. Therefore, the panel determined there was no need for Mr Neves to have asked Colleague C to listen to his lungs.

The panel bore in mind that, at this time, Colleague C was a Band 5 nurse who had previously worked on a respiratory ward and moved to the rehabilitation ward at [PRIVATE]. The panel found Colleague C’s evidence was credible and reliable, particularly in the context of her experience.

For all the above reasons, the panel determined that Mr Neves inviting Colleague C to listen to his lungs with a stethoscope is contrary to standard training practice.

As such, the panel found this charge proved.

Charge 2

“That you, a registered nurse, on 13 October 2023, without clinical justification and/or contrary to standard training practice:

- a) Performed an ECG on Colleague A.

- b) Advised Colleague A to lift up her tunic and/or bra to allow you to perform the ECG.”

This charge is found proved in its entirety.

In reaching this decision, the panel had regard to the witness statements and oral evidence of Ms Kravec, Ms Plumley and Colleague A, Colleague A’s Snapchat voice note and Mr Neves’ response to the allegations in the CMF.

Colleague A states in her witness statement:

‘On 13 October 2023 during a day shift, Andre showed me how to perform an ECG... As no patients needed ECG’s, 27/11/2024 3 Andre said that we could practise on each other...I looked at him and asked if I should lift my tunic up to which he said “yes”. He then pointed to the same place, but my bra was there. I then said, “do you need me to lift my bra up?”. He said “yes”. I did as he asked and held up my bra up whilst he placed stickers 4,5 and 6 on me. Andre said that the metal wiring in my bra would disrupt the scan, which is why he asked me to lift my bra, so it did not interfere with the reading.’

The panel considered this account to be consistent with the account given by Colleague A in the transcript of the Snapchat voice note she made about the incident (and the live version the panel heard during her oral evidence). Moreover, the panel had sight of the CMF and noted that Mr Neves did not deny performing an ECG on Colleague A or advising her to lift up her tunic:

‘I simply asked for consent and explained the reasons why things needed to go to such places. As per her statement, I gave her the option of doing it on me otherwise, and she herself lift her tunic and bra up, she stated it was fine when I specificall asked’ [sic]

Based on this evidence, the panel was satisfied that, on the balance of probabilities, Mr Neves performed an ECG on Colleague A and advised her to lift up her tunic and bra. The panel next considered whether this was contrary to standard training practice.

The panel had regard to the evidence of Ms Kravec and Ms Plumley. Ms Kravec said in her witness statement:

'It was not normal for bladder scans or ECG's to be conducted on students for teaching purposes. Bladder scans would be done on patients as would ECG's, especially as there were no dummies to practice on.'

Ms Kravec elaborated on this in her oral evidence, telling the panel that there was not a formal policy at [PRIVATE] but, in her personal perspective and nursing experience, it was “*not normal*” to conduct training on students or colleagues.

In addition, Ms Plumley said in her oral evidence that there would be no need to lift up a bra or for breasts to be exposed during an ECG for training purposes because the electrodes could be placed around or underneath a bra. She also said that standard training practice would not be to teach a student nurse the “*ins and outs*” of an ECG, and that she was “*disturbed*” as it “*doesn't fit with how we would train any student to learn.*”

The panel recognised that both Ms Kravec and Ms Plumley are highly experienced nurses with in-depth knowledge on training practices. It also noted that their evidence was consistent and they were clear on what did and did not qualify as standard training practice.

In light of the above, the panel determined that Mr Neves performing an ECG on Colleague A and advising her to lift up her tunic and bra is contrary to standard training practice.

The panel therefore found these charges proved.

Charge 3

“That you, a registered nurse, on an unknown date, following the matters at charge 2, asked Colleague A if she had “work done” to her breasts, or words to that effect.”

This charge is found proved.

In reaching this decision, the panel considered the witness statements and oral evidence of Ms Kravec, Ms Plumley and Colleague A, Mr Neves’ local investigation meeting minutes dated 21 November 2023, and his response to the allegations in the CMF.

Colleague A said in her witness statement:

‘During a night shift following the ECG, Andre asked whether I had work done to my breasts. I confirmed I had, and he told me that the unusual reading that had come up on my ECG when it was performed could have been because of this.’

In his local investigation meeting minutes, Mr Neves states:

‘There was still an issue with her reading, we then did it again on me and it worked. We then discussed other reasons why it wouldn’t have been working for her such as having a breast job done, which she did. She had silicone implants. Then I remembered that this would be why the reading was wrong... The first one the bra and top stayed on. The second one I did ask if she was fine with no bra. She took the bra off and we still got interference. Afterwards she showed me and I noticed the scars.’

Additionally, he stated in the CMF:

‘the pointing of theaching [sic] was not only to show how things were done, but why they were done and how to interpret and troubleshooting it...I went home and investigated potential causes of artifacts on ECG, and then discussed with her some of them, to which she said yes to the implants. I’m not making comments on her appearance [sic], it’s just scientific curiosity about the procedure.’

The panel noted that Mr Neves does not deny the allegation and that both his and Colleague A’s accounts were similar. Based on this evidence, the panel was satisfied, on the balance of probabilities, that Mr Neves asked Colleague A if she had “*work done*” to her breasts or words to that effect. As Charge 3 reads ‘*following the matters at charge 2*’, the panel went on to consider whether Mr Neves’ asking such a question was contrary to standard training practice.

The panel recalled Ms Plumley’s oral evidence, in particular that Mr Neves would not have been required to teach Colleague A the “*ins and outs*” of an ECG, only where on the body to put the electrodes. She also told the panel that a more personal mentor/student relationship would be “*inappropriate*.” The panel has found Ms Plumley’s evidence in respect of standard training practices to be credible, and it determined this evidence to be in line with what it now understands about standard training practices.

Based on all the above, the panel was satisfied that Mr Neves by asking Colleague A if she had “*work done*” to her breasts or words to that effect was contrary to standard training practice.

Accordingly, the panel found this charge proved.

Charges 4a and 4c

“That you, a registered nurse, during the night shift of 19 October 2023, without clinical justification and/or contrary to standard training practice:

- a) Conducted a bladder scan on Colleague A.
- c) Insisted Colleague A perform a bladder scan on you.”

These charges are found proved.

In reaching this decision, the panel took into account the witness statements and oral evidence of Colleague A, Ms Kravec and Ms Plumley, as well as Mr Neves’ response to the allegations in the CMF.

In her witness statement, Colleague A said:

‘During the night shift on 19 October 2023, Andre insisted we practice bladder scanning... Andre said we needed to locate my bladder and pointed his finger at my pelvic bone area saying it was two fingers up from there...When we found my bladder, he carried on scanning...

Andre then insisted we do a bladder scan on him.’

Colleague A also said in her oral evidence that, although she felt that she knew what to do with regard to bladder scans, Mr Neves *“persisted in asking me to do it on him.”*

Mr Neves does not deny this allegation, stating in the CMF, *‘I conducted one, after she conducted one on me...’*

As both Colleague A and Mr Neves confirm these events, the panel was satisfied that, on the balance of probabilities, Mr Neves conducted a bladder scan on Colleague A and that he insisted she do one on him. The panel then considered whether this was contrary to standard training practice.

The panel recalled the evidence of Ms Kravec, namely that *‘It was not normal for bladder scans or ECG’s to be conducted on students for teaching purposes’* as training was only

conducted on patients or dummies. As such, the panel determined that Mr Neves conducting a bladder scan on Colleague A and insisting she do one on him is contrary to standard training practice.

The panel therefore found Charges 4a and 4c proved.

Charge 4b

“That you, a registered nurse, during the night shift of 19 October 2023, without clinical justification and/or contrary to standard training practice:

- b) Asked Colleague A whether you could go lower during the bladder scan to find her cervix.”

This charge is found proved.

In reaching this decision, the panel took into account the witness statements and oral evidence of Colleague A, Ms Kravec and Ms Plumley, as well as Mr Neves’ response to the allegations in the CMF.

Colleague A said the following in her witness statement:

‘When we found my bladder, he carried on scanning and began talking about female structures as well as my cervix and uterus. He stated that he had never seen a woman’s structure before. He saw a grey area on the scanner which he kept going over saying that could be my uterus, but he was not sure and would have to do some research on this. He then started talking about how a bladder scanner could be able to tell if someone was pregnant. He explained that if he went lower and pointed to an area below my pelvic bone, that he might be able to find my cervix. He asked if I minded, and I said yes which was when he stopped scanning.’

In the CMF, Mr Neves' account is:

'Continuing from the vein of the ECG training of troubleshooting, I've explained that sometimes ovarian cysts and pregnancies could result in abnormal bladder scans, and asked about scanning that area, but such area is above the bladder.' [sic]

Again, as both Colleague A and Mr Neves confirm these events, the panel was satisfied that, on the balance of probabilities, Mr Neves asked Colleague A whether he could go lower during the bladder scan to find her cervix.

With regard to whether this was contrary to standard training practice, the panel considered the evidence of Ms Plumley. In her oral evidence, she explained that bladder scans were for assessing urine levels, not for scanning the uterus and ovaries. Moreover, she informed the panel that scanning the uterus and ovaries would require specialist training and skills, those of radiology or sonography for example, which the panel understood Mr Neves would not have had. Ms Plumley told the panel, *"I couldn't think of a reason why he would even offer to see her cervix and ovaries...I could see why she may feel uncomfortable."* Together with the evidence of Ms Kravec that, *'It was not normal for bladder scans...to be conducted on students for teaching purposes'*, the panel determined that it was contrary to standard training practice for Mr Neves to ask Colleague A if he could go lower during the bladder scan to find her cervix.

As such, the panel found this charge proved.

Charge 4d

"That you, a registered nurse, during the night shift of 19 October 2023, without clinical justification and/or contrary to standard training practice:

d) Asked Colleague A if she wanted to practise catheterisation on you.”

This charge is found proved.

In reaching this decision, the panel had sight of the witness statements and oral evidence of Colleague A, Ms Kravec and Ms Plumley, as well as Mr Neves’ response to the allegations in the CMF.

Colleague A said in her witness statement:

‘After we completed the bladder scan on Andre, later in the shift he said “you wanted to go over catheterisation, right?” I said “yes”. He asked me what I knew, so I told him. He asked if I wanted to practise catheterisation on him. I just looked at him uncomfortably and he told me I could say no if I wanted to, so I said no.’

Again, Mr Neves did not deny this allegation in the CMF. He stated:

‘As for any procedures, for instance SC needle angle placement and techniques, I’ve offered myself to be part of a procedure, she said no and we moved on to the next thing she wanted to learn. I see it only as an ANTT procedure, as unfortunately, having had the need for one a couple of times, and being a middle aged man, I’m aware that it’s fairly uncomfortable, but, like the SC needles, I was happy to be experimented on.’ [sic]

Given that both Colleague A and Mr Neves confirm these events, the panel was satisfied that, on the balance of probabilities, Mr Neves asked Colleague A if she wanted to practise catheterisation on him.

Regarding standard training practice, Ms Plumley explained catheterisation in her oral evidence and described it as a highly sensitive procedure. She told the panel that in no

circumstances would a qualified nursing associate do this (this is done by a registered nurse with specific training) and therefore catheterisation would not be part of a student nurse associate's objectives. Ms Plumley said this in her witness statement:

'...I was particularly concerned that Andre suggested that [Colleague A] catheterise him as this is not a skill nursing associates do. This is an extended skill for a nurse.'

The panel know from Ms Kravec's evidence that it is not standard training practice to practise procedures on students or colleagues. In light of all the evidence, the panel concluded that it was contrary to standard training practice for Mr Neves to ask Colleague A if she wanted to practise catheterisation on him.

Accordingly, the panel found this charge proved.

Charge 5

"That you, a registered nurse, on 1 November 2023, offered to meet Colleague A outside of work to complete her placement paperwork."

This charge is found proved.

In reaching this decision, the panel took into consideration Colleague A's witness statement, Mr Neves' response to the allegations in the CMF, and the WhatsApp Messenger text thread dated 1 November 2023.

In her witness statement, Colleague A stated:

'I texted Andre on 1 November [2023] and asked what days he was in work this week. He responded with the days he was working which was all night shifts. I asked about the week after and he told me he was working nights again. He then asked "But why? You wanna come back and discuss your feedback?" I said yes as

we needed to complete the paperwork because it was still not finished, and I needed it to be signed. Andre was working nights, so offered to meet me outside of work...to get the paperwork done. When I reported this to my manager, I was told to block his number which I did.

Mr Neves did not deny this in the CMF:

'Yes, but that was only meant to be for signing whatever paperwork was needed.'
[sic]

The panel had sight of the text in question from Mr Neves to Colleague A which reads:

'The only days I'm not doing nights this month is 16,17,18. Otherwise there's the NG tube training this Friday afternoon. Other than that, maybe we meet another day outside work.'

In light of the evidence above, the panel was satisfied that Mr Neves offered to meet Colleague A outside of work to complete her placement paperwork.

As such, this charge is found proved.

Charge 6a

"That you, a registered nurse, on an unknown date, without clinical justification and/or contrary to standard training practice:

- a) Conducted an ECG on Colleague B with her top unzipped.

This charge is found proved.

In reaching this decision, the panel had regard to Colleague B's local investigation meeting minutes dated 29 November 2023, Mr Neves' response to the allegations in the CMF, and the witness statement and oral evidence of Ms Kravec.

It is stated in Colleague B's local investigation meeting minutes that she said:

'[Mr Neves] come across as really good at what he is doing, and helping me do an ECG on me...My top was unzipped.' [sic]

Colleague B's account was confirmed in oral evidence by Ms Joyce, who was present at during the local investigation meeting on 29 November 2023.

Mr Neves' response to this allegation was, *'yes, but always asked for her consent'*.

Although Colleague B's evidence was hearsay evidence, both Colleague B and Mr Neves confirm these events so, on the balance of probabilities, the panel was satisfied that Mr Neves conducted an ECG on Colleague B with her top unzipped.

The evidence before the panel, in particular Ms Kravec's evidence, indicates that it is contrary to standard training practice for procedures such as ECGs to be practised on students or colleagues.

For the above reasons, the panel determined that it was contrary to standard training practice for Mr Neves to conduct an ECG on Colleague B with her top unzipped.

Therefore, this charge is found proved.

Charge 6b

“That you, a registered nurse, on an unknown date, without clinical justification and/or contrary to standard training practice:

- b) Asked Colleague B if she wanted to come to your house to practise venepuncture.”

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms Kravec, Colleague B’s local investigation meeting minutes dated 29 November 2023, Mr Neves’ response to the allegations in the CMF, and text messages between Mr Neves and Colleague B dated 25 January 2022.

Colleague B states in the local investigation meeting minutes:

‘One time [Mr Neves] texted me on Messenger, he wanted to practice venepuncture and said did I want to go to his house to do this as his son was at nursery or he could come to mine.’

In the texts dated 25 January 2022, the panel noted that the conversation between the two appears to be Mr Neves attempting to arrange for Colleague B to come to his house:

‘[Mr Neves:] I might have time this friday to do the procedures simulation stuff. Although, there’s no point on me trying to arrange stuff for friday if you can’t do it then...or if you don’t wanna do it at all. let me know.

[Colleague B:] ... I’m not meant to be in on this Friday as I’m off the rest of the week now but I’ll see what I can do, I mean if I do come in anyway...

[Mr Neves:] Think you got it wrong. It takes hours to go through everything, I cannot let you do that stuff on patients and won’t have the time to do it whilst working. That’s why it needs to be on a day off...That leaves us with doing it on a day off, either at your place or mine...

[Mr Neves:] *That's why I asked if fri was OK for you. Kid has nursery on Fri, so it's the best day for me, I would need to to swap the shift'*

Mr Neves did not deny this allegation and, in fact, corroborates the account in the CMF:

'yes, but as stated during the interviews, I would be the one being used for such, and I accept that any responsibilities should problems occur would be mine. As stated on the messenger texts, I would have to swap shifts, which would mean my wife being home to be able to take our son to the nursery, so we wouldn't be alone.'

[sic]

In light of the evidence above, the panel was satisfied that Mr Neves asked Colleague B if she wanted to come to his house to practise venepuncture.

The panel understand from Ms Kravec's evidence that standard training practice was for training to be conducted on patients or dummies. She also stated in her oral evidence that it was standard training practice for such training to take place at [PRIVATE], in the hospital setting where there is sufficient support. It was Ms Plumley's oral evidence that also told a more personal mentor/student relationship, such as meeting up outside of work, would be "*inappropriate.*" According to the evidence, the panel determined that Mr Neves asking Colleague B if she wanted to come to his house to practise venepuncture was contrary to standard training practice.

As such, this charge is found proved.

Charge 7a

"Your actions in any or all of charges 1-6 were sexually motivated in that:

- a) You were seeking to gain sexual gratification from your actions, and/or.”

This charge is found proved.

In reaching this decision, the panel had particular regard to the cases of *Basson v GMC* [2018] EWHC 505 (Admin) and *Haris v GMC* [2021] EWCA Civ 763 which provide that sexual gratification ‘*can only be proved by inference or deduction from the surrounding evidence.*’

The panel followed the advice of the legal assessor regarding the legal definition of sexual gratification, which is “*pleasure or satisfaction a person feels from sexual thoughts, actions or experience.*” The panel bore in mind that the charges reads ‘*seeking*’ to gain sexual gratification and understood it to mean that it was not a requirement that Mr Neves actually gain sexual gratification.

The panel considered the following circumstances:

- Colleague A’s account of the ECG Mr Neves performed on her where her tunic and bra were lifted up
- The uncovering of Colleague A’s breast during that ECG
- Colleague A’s account of Mr Neves going lower during her bladder scan, exposing her pubic hair
- Colleague A’s account of Mr Neves’ invitation for her to practise catheterisation on him, which would have necessarily involved touching Mr Neves’ genitalia
- Colleague B’s account of the ECG Mr Neves performed on her whilst her top was unzipped.

Additionally, the panel took into account the surrounding context, specifically that nearly all the procedures named in the charges involve touching intimate areas on the body; Colleagues A, B and C were all young women, either less experienced or new to

[PRIVATE]; and all incidents occurred, or were seemingly planned to occur, in separate rooms without anyone else present. Most specifically, the incident involving Colleague A on 19 October 2023 took place on a night shift where there were fewer staff on duty. Colleague A in her oral and written evidence stated that she was in a room with Mr Neves where there was a blanket over the window and a mattress on the floor.

For all these reasons, the panel determined, on the balance of probabilities, that Mr Neves actions in any or all of Charges 1 – 6 were sexually motivated in that he was seeking to gain sexual gratification from his actions.

As such, the panel found this charge proved.

Charge 7b

“Your actions in any or all of charges 1-6 were sexually motivated in that:

- b) Your actions were in pursuit of a future sexual relationship with Colleague A and/or Colleague B and/or Colleague C.”

This charge is found NOT proved.

In reaching this decision, the panel considered the evidence of Colleagues A and B, the panel having previously found no case to answer in relation to Colleague C.

The panel followed the advice of the legal assessor in respect of the legal definition of future sexual relationship, namely *“a relationship of which sex is a component.”*

The panel considered Colleague A’s oral evidence. She was asked by the panel *“Do you think that there was any more to your relationship [with Mr Neves] other than*

mentor/student?” and “Do you think that he thought there was more to your relationship?”, to which she answered “No.”

The panel recognised that Colleague A had been involved in a number of incidents with Mr Neves, in all of which the panel has found he was seeking to gain sexual gratification. It also acknowledged that Colleague A had ample opportunity during her oral evidence to tell the panel that she felt Mr Neves was in pursuit of a future sexual relationship, but she did not. For these reasons, the charge fell short in respect of Colleague A.

The panel was of the view that, in relation to Colleague B, the relevant incidents are Mr Neves conducting an ECG on her with her unzipped top and his inviting her to his home to practise venepuncture. The panel noted that Colleague B’s evidence is hearsay, thus less weight is to be applied to her evidence. Furthermore, she was not present at this hearing to say whether or not she felt Mr Neves was in pursuit a future sexual relationship and had not raised any such allegations in her evidence. For these reasons, the charge fell short in respect of Colleague B.

In light of the above, the panel was not satisfied, on the balance of probabilities, that Mr Neves actions in any or all of Charges 1 – 6 were sexually motivated in that he was in pursuit of a future sexual relationship with Colleagues A and B.

The panel therefore found this charge not 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 Neves’ fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant’s ability to practise safely and effectively without restriction.

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

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

Submissions on misconduct

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

Mr Choudhury submitted that the facts found proved involve significant issues of conduct contrary to standard training practice. He invited the panel to take the view that that they amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ('the Code').

Mr Choudhury submitted that Mr Neves has breached the following sections of the Code and that his actions amount to misconduct:

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

20.6 stay objective and have clear professional boundaries at all times...

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

Submissions on impairment

Mr Choudhury moved on to the issue of impairment.

Mr Choudhury submitted that there is sufficient evidence before the panel to suggest that Mr Neves is currently impaired.

Mr Choudhury made reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). He submitted that the first three limbs of the Smith test in *Grant* are engaged in this case.

Mr Choudhury submitted that Mr Neves is not in attendance at this hearing, nor has he provided up-to-date training certificates, any testimonials or an in-depth reflection. He submitted that Mr Neves has made some reference to insight in emails sent to the NMC, but that it does not go far enough to address the matters in this case.

Mr Choudhury further submitted that the charges found proved go to matters of conduct and attitudes towards colleagues. He submitted that a finding of impairment is necessary on the ground of public protection, which he submitted includes a nurse's conduct in a nursing environment.

Mr Choudhury 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. He went on to submit that, if the panel did not make a finding of impairment, the reputation of the nursing profession and the NMC as a regulator would be

seriously undermined. He submitted that a finding of impairment is also necessary on the ground of public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

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

The panel bore in mind that breaches of the Code do not automatically result in a finding of misconduct. It was of the view that Mr Neves' actions breached the following sections of the Code

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

20.6 stay objective and have clear professional boundaries at all times...

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

The panel considered that Mr Neves' behaviour in the charges found proved occurred in the course of him carrying out mentor/teaching duties in a mentor/junior staff relationship in which he held a position of trust as a senior nurse teaching younger, more junior nurses

and a student. The panel found that Mr Neves used his position of trust to seek to gain sexual gratification in the course of teaching by allowing Colleagues A, B and C to partake in procedures contrary to standard training practices which enabled him to seek such sexual gratification. The panel concluded that this was a course of serious sexual misconduct and a serious breach of professional boundaries over a period of time with different junior colleagues. Mr Neves' conduct breached a fundamental tenet of promoting professionalism and trust.

For the above reasons, the panel found that Mr Neves' actions fell seriously short of the conduct and standards expected of a nurse.

Accordingly, the panel determined that, particularly taking into account Charge 7a, the charges found proved amount to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC guidance 'DMA-1: Impairment' (last updated 28 January 2026) in which the following is stated:

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

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

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

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

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

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

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

The panel was satisfied that the first three limbs of the Smith test in *Grant* were engaged in this case.

The panel considered that Colleagues A, B and C were put at risk of emotional harm as a result of Mr Neves' sexual misconduct. The panel found that Mr Neves' misconduct had breached the fundamental tenets of the nursing profession, in particular promoting professionalism and trust, and brought its reputation into disrepute.

The panel had regard to *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and the principles set out in DMA-1, namely:

*'whether the concern can be addressed by taking steps to strengthen practice
whether the concern has been addressed
whether it is highly unlikely that the conduct will be repeated'*

The panel was of the view that the concerns in this case are potentially remediable. However, the panel considered the sexual nature of Mr Neves' misconduct and the fact that it was not an isolated incident and determined that it was indicative of a deep-seated attitudinal issue, which is more difficult to remediate.

The panel then considered whether the concerns have been addressed. Mr Neves chose not to attend this hearing and the panel had no direct evidence from him. Mr Neves had produced before the panel some evidence in respect of his understanding of his behaviour. For example, in an email dated 25 August 2025, Mr Neves wrote:

*'Although I've tried on a teaching way, I should've taken into account personal sensibilities and exposition, and find other ways to achieve the same results without having to expose or getting others uncomfortable.
Having worked outside of the care environment, I've also started seeing it in a different light, and such things that would be nothing more than yet another procedure to get through the day, now seem very different.'*

If what's glaringly obvious now wasn't back then, and if I were to go back to care and get to perceive things again as just being another day at the office, then I reckon that I lack the skills to evaluate and interact with others, such as patients, colleagues and students...'

However, there was nothing before the panel relating to specific training regarding sexual misconduct or any steps taken by Mr Neves to strengthen his practice. Mr Neves has not demonstrated any understanding of why what he did was wrong, nor has he demonstrated any insight into how his misconduct has negatively impacted his colleagues and the wider nursing profession.

Based on the evidence above, the panel determined that there is a serious risk that the conduct will be repeated. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind the overarching objectives of the NMC which are 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. The panel was of the view that public confidence in the nursing profession and in the NMC as a regulator would be damaged if a finding of current impairment were not made in this case, considering the seriousness of the sexual nature of the misconduct. Therefore, the panel decided that a finding of impairment on public interest grounds is required to maintain public confidence in the nursing profession and the NMC, and to declare and uphold the proper professional standards.

Having regard to all of the above, the panel was satisfied that Mr Neves' fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC guidance 'SAN-2: The sanctions available' (last updated 28 January 2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Choudhury informed the panel that in the Notice of Hearing, the NMC had advised Mr Neves that it would seek the imposition of a striking-off order if it found Mr Neves' fitness to practise currently impaired.

Mr Choudhury listed the following as aggravating features in this case:

- Mr Neves' misconduct was in relation to three separate junior members of the nursing profession
- Mr Neves' misconduct was a breach of trust and confidence
- Whilst Mr Neves has demonstrated some insight, it is not fully developed

Mr Choudhury listed the following as mitigating features in this case:

- Aside from these charges, Mr Neves had no prior complaints or clinical issues
- There is evidence before the panel which speaks highly of Mr Neves, that he was an able nurse with a tremendous amount of knowledge who was keen to share that knowledge
- There is evidence before the panel that some colleagues were not made to feel uncomfortable by Mr Neves

- Mr Neves gave full answers during the local investigation and did not seek to hide his actions or explanations
- Mr Neves has apologised on several occasions
- There have been no further concerns raised about Mr Neves since these incidents
- In respect of sexual misconduct cases, there is a spectrum of seriousness and Mr Neves' case is at lower end; there was no groping or touching of genitalia, and he did not proceed further when told "No" by Colleague A

Mr Choudhury submitted that a decision to take no action or to impose a caution order would not be appropriate as it would not give weight to the seriousness of this case.

Mr Choudhury stated that conditions of practice orders are often appropriate where the concerns are clinical. He submitted that, whilst conditions could be envisaged such as requiring training on professional boundaries, such an order would not be appropriate in the circumstances of this case and it would be difficult to formulate conditions.

Mr Choudhury went on to submit that suspension orders are often imposed in cases where a condition of practice order would not be appropriate to acknowledge the concerns and a suspension order would allow an intense period of reflection and insight for Mr Neves. However, it was his submission that even the longest period of suspension would not be appropriate given the breach of trust and sexual gratification in this case.

Mr Choudhury submitted that a striking-off order should be imposed if the gravity and weight of the circumstances of the case warrant it. He further submitted that, in this case, a striking-off order would be appropriate because it would send a message to the nursing profession as to what standards of behaviour are to be expected. Mr Choudhury went on to submit that Mr Neves conducting intimate procedures with young female nurses where there was a power imbalance reaches the threshold of a need to impose a striking-off order.

Mr Choudhury submitted that there are financial consequences with a striking-off order in that Mr Neves would not be permitted to practise as a nurse. However, he submitted that any financial detriment to Mr Neves is outweighed by the wider public interest.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Mr Neves abused his position of trust as a senior nurse and mentor
- Mr Neves carried out a pattern of misconduct over a period of time
- Mr Neves' conduct related to three different junior nurses, one being a student

The panel also took into account the following mitigating features:

- Mr Neves is said to be a knowledgeable nurse who is keen to teach and impart knowledge to colleagues
- Mr Neves made some limited admissions of the facts and apologised at an early stage
- Mr Neves' sexual misconduct is at the lower end of the spectrum

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

The panel next considered a caution order and had regard to the NMC guidance ‘SAN-2b: Caution order’ (last updated 28 January 2026) in which the following is stated:

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

The panel considered that Mr Neves’ actions were not at the lower end of the scale of seriousness, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Neves’ 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 order on Mr Neves’ registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC guidance ‘SAN-2c: Conditions of practice order’ (last updated 28 January 2026). Having regard to the nature and seriousness of Mr Neves’ conduct and finding his behaviour to be indicative of a deep-seated attitudinal issue, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect the public and to address public interest concerns.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC guidance ‘SAN-2d: Suspension order’ (last updated 28 January 2026) in which the following factors on when a suspension order may be appropriate are set out:

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

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel took into account Mr Neves' undeveloped insight and lack of engagement in these NMC proceedings. It had regard to an email from Mr Neves to the NMC dated 25 August 2025, in which he stated:

'If what's glaringly obvious now wasn't back then, and if I were to go back to care and get to perceive things again as just being another day at the office, then I reckon that I lack the skills to evaluate and interact with others, such as patients,

colleagues and students, and therefore, I'm applying to be removed from the register, as I think that I shouldn't be nursing, nor do I intend to be a nurse anymore.'

The panel understood the above passage to indicate that, were Mr Neves to return to nursing practice, he would not be able to change his behaviour. The panel was of the view that this was indicative of a deep-seated attitudinal issue and reminded itself that such issues, particularly a course of sexual misconduct over an extended period involving three different young women, are difficult to remediate. The panel also noted that Mr Neves has no current intention of returning to nursing practice.

For all the above reasons, the panel took the view that there is no realistic possibility that Mr Neves would address the concerns to such a level where he could return to unrestricted practise.

The panel was not satisfied that a suspension order would sufficiently protect the public nor mark the wider public interest concerns in this case. It 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 'SAN-4: Sanctions for the highest risk cases' (last updated 28 January 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 'SAN-2e: Striking-off order' (last updated 28 January 2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*

- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Mr Neves' actions were significant departures from the standards expected of a registered nurse and raised fundamental questions about his professionalism. The panel determined that Mr Neves' misconduct, particularly given that it is of a sexual nature, is fundamentally incompatible with him remaining on the NMC register. The panel was of the view that the findings in this particular case demonstrate that Mr Neves' actions were serious and to allow him to continue practising would put the public at risk of harm as well as undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Neves' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel 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 Neves in writing.

Interim order

As a striking-off order cannot take effect until the end of the 28-day appeal period, or if an appeal is made, until that appeal has been withdrawn or finally disposed of, the panel considered whether an interim order is required in the specific circumstances of this case. It may only impose 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 Neves's own interests until the striking-off sanction takes effect.

Submissions on interim order

Mr Choudhury submitted that an interim order is necessary to protect the public interest. He invited the panel to impose an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

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

Decision and reasons on interim order

The panel was satisfied that an interim suspension order is necessary to protect the public and otherwise in the public interest. In reaching the decision to impose an interim order, the panel had regard to the seriousness of the misconduct and the reasons set out in its decision for the substantive order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

Therefore, the panel imposed an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

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

This will be confirmed to Mr Neves in writing.

That concludes this determination.