Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 9 November 2026 – Wednesday, 11 November 2026

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

Name of Registrant:	**Tamsina Begum Hussain**
NMC PIN:	20I0959E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (20 September 2020)
Relevant Location:	Bradford
Type of case:	Misconduct
Panel members:	Mandy Rayani (Chair, Registrant member) Anne Sharpe (Registrant member) Peter Cowup (Lay member)
Legal Assessor:	Gaon Hart
Hearings Coordinator:	Isabella Payne
Nursing and Midwifery Council:	Represented by Harry Perkin, Case Presenter
Miss Hussain:	Not present and unrepresented at this hearing
Facts proved:	1(a), 1(b)(i), 1(b)(ii), 1(b)(iii), 2, and 3
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**
Final outcome:	**FTP impaired - striking off order**

Decision and reasons on application to admit hearsay evidence

At the outset of the hearing, Mr Perkin, on behalf of the Nursing and Midwifery Council (NMC), made an application to admit hearsay evidence before the panel. Mr Perkin made an application to admit the witness statements of Ms Windle and Ms Wardhaugh, together with their associated exhibits, into evidence. Mr Perkin confirmed that the witnesses would not be called to give oral evidence and that their evidence would therefore be hearsay.

Mr Perkin submitted that the witnesses had been stood down by the NMC in light of Miss Hussain's clear admissions to all the charges. Accordingly, the NMC invited the panel to admit the witnesses' evidence, notwithstanding that it was hearsay, on the basis that doing so would be fair and proportionate.

The panel heard and accepted the advice of the legal assessor who referred the panel to legal advice, including NMC Guidance, and *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin), acknowledging that the evidence was potentially sole and decisive and that the witnesses' accounts would not be capable of being tested through cross-examination. However, the legal assessor reminded the panel to consider whether the evidence was nevertheless demonstrably reliable, particularly in light of Miss Hussain's clear admissions to the charges.

The panel considered the application in detail and accepted the legal advice provided, including NMC Guidance.

The panel recognised that the evidence of Ms Windle and Ms Wardhaugh was sole and decisive in nature and that, as the witnesses would not be called to give oral evidence, their accounts would not be capable of being tested.

However, the panel identified no reason to consider either witness to be unreliable. It noted that both accounts had been provided in formal witness statements, which were signed, dated and contained statements of truth. The panel also took into

consideration the reasons provided by the NMC for the witnesses not being called to give evidence, namely Miss Hussain's clear admissions to the charges.

The panel further noted that Miss Hussain had not made any submissions or raised any objections in relation to the admissibility of the hearsay evidence.

Having considered the circumstances of the application, the panel was satisfied that it was fair and proportionate to admit the relevant witness statements and associated exhibits into evidence. Accordingly, the panel determined that the evidence was admissible.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Hussain was not in attendance and that the Notice of Hearing letter had been sent to Miss Hussain's registered email address on 30 September 2026.

Mr Perkin submitted that the NMC 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 which included reference to the NMC Guidance.

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

In the light of all of the information available, the panel was satisfied that Miss Hussain had been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34. The panel noted that the service witness statement did not precisely align to the email that was sent to Miss Hussain, but

accepted that this was an administrative issue and not significant to its decision on service.

Decision and reasons on proceeding in the absence of Miss Hussain

The panel next considered whether it should proceed in the absence of Miss Hussain. It had regard to Rule 21 and heard the submissions of Mr Perkin who invited the panel to continue in the absence of Miss Hussain. He submitted that Miss Hussain had voluntarily absented herself.

Mr Perkin referred the panel to the documentation from Miss Hussain and her representative, the Royal College of Nursing (RCN), which included an email sent to the NMC on 4 November 2026 by the RCN. It stated:

> *'Our member will not be attending the hearing nor will they be represented. No disrespect is intended by their non-attendance. Our member has received the notice of hearing and is happy for the hearing to proceed in their absence. They are keen to engage with the proceedings.'*

The panel accepted the advice of the legal assessor which included reference to the NMC Guidance.

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

The panel decided to proceed in the absence of Miss Hussain. In reaching this decision, the panel considered the submissions of Mr Perkin, the email sent by the RCN, and the advice of the legal assessor, which included reference to the NMC Guidance. 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:

- No application for an adjournment was made by Miss Hussain;
- Miss Hussain informed the NMC that she received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges relate to events that occurred in 2022; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Miss Hussain in proceeding in her absence. Although the evidence upon which the NMC relies was sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her 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, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Miss Hussain's decisions to absent herself from the hearing, waive her rights to attend, and to not provide evidence or make submissions on her own behalf. In addition, the statement by Miss Hussain's representative that she did not wish to attend was relevant to the panel's decision.

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

Details of charge

That you, a registered nurse:

1. On 17 July 2022:

a) Did not allow Doctor A access to the resuscitation room.

b) In a written complaint incorrectly said that Doctor A:

i. Clenched his fist.

ii. On one or more occasions pushed you with full force.

iii. Shouted “move, I said move”.

2. Incorrectly told one or more colleagues that you were punched by Doctor A.

3. Your conduct specified at charges 1b and 2 was dishonest in that you knew you were not punched by Doctor A.

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

Background

The NMC received a referral raising concerns about Miss Hussain who was a Band 5 Registered Nurse in an Emergency Department (ED) at Bradford Teaching Hospitals NHS Foundation Trust (‘the Trust’).

The referral raised concerns that on 17 July 2022, Miss Hussain made false allegations that a colleague (Doctor A) had assaulted her.

The incident occurred outside the resuscitation area in the ED department, when Doctor A was transferring a patient and needed to gain immediate access into the area.

A formal investigation was undertaken by the Trust.

Decision and reasons on facts

At the outset of the hearing, the panel had regard to a letter from the RCN to the NMC on behalf of Miss Hussain dated 4 November 2026. It stated that Miss Hussain admitted all the charges.

The panel took into account the documentary evidence from the following witnesses:

- Tania Windle: Deputy Matron in the A&E department at the Trust
- Debbie Wardhaugh: Registered nurse at the Trust

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.

Before making any findings on the facts, the panel heard the submissions from Mr Perkin.

Mr Perkin took the panel through a brief background to the case and outlined the charges. Mr Perkin referenced the background, which included that Miss Hussain claimed that she had been punched 4 times by Doctor A in the sternum and needed to take pain medication. Miss Hussain informed the ED consultant in charge, and a number of her colleagues, that she had been assaulted by Doctor A. During the local investigation, Miss Hussain was shown CCTV evidence of her interaction with Doctor A on multiple occasions. At first Miss Hussain stood by her original statement, which she then subsequently amended.

The panel did not have in evidence the CCTV evidence itself, but accepted the evidence of the two witnesses who viewed the CCTV evidence independently. The Witnesses described it clearly, frame by frame, in the interview exhibits. The CCTV evidence shows Doctor A asking Miss Hussain to move, but she did not respond or move. Doctor A was observed on CCTV evidence speaking to Miss Hussain and he

placed his hand on her shoulder twice. Miss Hussain pushed his arm away and then moved away from the doors to allow Doctor A to enter the resuscitation room. Miss Hussain informed the ED consultant in charge, and a number of her colleagues, that she had been assaulted by Doctor A.

Mr Perkin submitted that Miss Hussain had acted dishonestly. Mr Perkin referred to Miss Hussain's various accounts of the incident and her responses when questioned about the CCTV evidence. Mr Perkin reminded the panel that Miss Hussain initially maintained that the CCTV evidence was consistent with the contents of her written statements. When questioned further, she reaffirmed that position. However, when challenged again, she changed her account and stated that Doctor A had not hit her. Mr Perkin also referred to an interview during which Miss Hussain requested to amend her statement, stating that it did not accurately reflect what had happened.

Mr Perkin referred the panel to the case law of *Ivey v Genting Casinos* [2017] UKSC 67 in relation to dishonesty. Mr Perkin invited the panel to consider what Miss Hussain knew or believed at the time of the relevant events, and to assess her conduct in the context of her role and professional responsibilities.

Mr Perkin submitted that the CCTV evidence, which had been shown to Miss Hussain on multiple occasions, did not support the account she provided.

Mr Perkin further referred the panel to the CCTV evidence, which showed Miss Hussain standing in front of the resuscitation doors. Doctor A was attempting to pass through the doors with a patient and was seen making gestures towards Miss Hussain. Miss Hussain did not move, following which Doctor A touched her arm and subsequently her shoulder. Mr Perkin submitted that a thorough investigation had been undertaken into the concerns. He invited the panel to consider the evidence obtained during that investigation when determining whether the charges were proved.

Mr Perkin further invited the panel to consider that Miss Hussain had provided inaccurate accounts of the incident on multiple occasions and to more than one colleague.

In relation to dishonesty, Mr Perkin invited the panel to consider whether the ordinary, decent person would regard Miss Hussain's conduct as dishonest, having regard to the circumstances of the case, and Miss Hussain's knowledge or belief as to the facts. Mr Perkin submitted that, in light of Miss Hussain's own admissions and the hearsay evidence before the panel, the charges should be found proved.

The panel heard and accepted the advice of the legal assessor, who invited the panel, amongst other advice to consider *Ivey v Genting Casinos* when finding charges of dishonesty.

The panel considered each of the charges and took into account a number of factors when reaching its findings.

The panel considered the evidence that Miss Hussain had described feeling stressed in relation to her working environment. The panel noted that Miss Hussain had been working in the role for over two years and therefore did not consider her to be inexperienced or newly qualified at the time of the incident.

The panel also gave particular consideration to Miss Hussain's continued allegations that Doctor A had hit her, notwithstanding that she had been shown the CCTV evidence on multiple occasions. The panel noted that Miss Hussain had maintained this account despite the CCTV evidence not supporting her allegations and that she subsequently admitted that her account was inaccurate.

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

Charge 1(a)

That you, a registered nurse:

1. On 17 July 2022:

    a) Did not allow Doctor A access to the resuscitation room.

This charge is found proved.

In reaching this decision, the panel took into account the admission to this charge by Miss Hussain.

The panel further noted that the evidence from the local investigation corroborates that the CCTV evidence showed that Miss Hussain had obstructed entry into the resuscitation room.

Furthermore, the panel took into account the statement of Ms Windle in which it was evident that Doctor A was trying move Miss Hussain out of the way. In the statement from Ms Windle, dated 17 July 2022;

> *'We agreed that he touched her right shoulder to move out of the way and touched left shoulder with the palm of his hand. It was clear that he was trying to move her out of the way but then Tamsina grabs his arm where he then freed his arm, said something and then proceeded past into resus.'*

The panel was therefore satisfied that Charge 1(a) was proved on the basis of the CCTV evidence, which contradicted Miss Hussain's original complaint and statement, dated 17 July 2022, and her admissions.

Charge 1(b)(i)

b) In a written complaint incorrectly said that Doctor A:
   i. Clenched his fist.

This charge is found proved.

In reaching this decision, the panel took into account the admission to this charge by Miss Hussain.

The panel took into account the statement from the witness to the effect that Miss Hussain claimed that Doctor A clenched his fist in her original statement on 17 July 2022

The panel noted that evidence of the CCTV evidence showed that Doctor A's only contact was with Miss Hussain's shoulder, and that he did not clench his fist as Miss Hussain originally stated in her complaint. In the statement from Ms Windle, dated 17 July 2022:

> *'I asked her to clarify the fact that in her statement she said he had clenched his fist and pushed her with full force directly towards the sternum and her shoulder. I asked her if this was what she viewed on the CCTV. I showed her again and showed both hands evidently not clenching his fist, but she was adamant that he had hit her to the chest.'*

The panel was therefore satisfied that Charge 1(b)(i) was found proved on the basis of her admission and because the CCTV evidence did not show that Doctor A *'clenched his fist'.*

Charge 1(b)(ii)

b) In a written complaint incorrectly said that Doctor A:

ii. On one or more occasions pushed you with full force.

This charge is found proved.

In reaching this decision, the panel took into account the admission to this charge by Miss Hussain.

The panel had regard to the witness statement dated 17 July 2022 that indicated that Miss Hussain made allegations that Doctor A had forcefully pushed her. The panel took into consideration that even after Miss Hussain had been shown the CCTV evidence on several occasions, where there was no evidence of a forceful push, she maintained her position.

In the statement from Ms Windle on dated 17 July 2022:

> *'I reiterated again that there was no clenched fist and touched her right shoulder and left shoulder and the CCTV does not appear that he used full force.*
>
> […]
>
> *CCTV we viewed together just now showed the doctor touched her shoulder twice and did not touch her thereafter. The doctor had touched her on her left and right shoulder and when she grabbed his arm there was no further tactile movement, but he did not touch her again after that but in the statement, she reiterated that he had pushed towards her sternum a few times.'*

The panel was therefore satisfied that Charge 1(b)(ii) was found proved on the basis of Miss Hussain's admission and because the CCTV evidence did not show that Doctor A pushed her with full force on one or more occasion.

Charge 1(b)(iii)

b) In a written complaint incorrectly said that Doctor A:
   iii. Shouted "move, I said move".

This charge is found proved.

In reaching this decision, the panel took into account the admission to this charge by Miss Hussain.

The panel noted that there was no evidence provided that Doctor A did or did not shout the specific words alleged, as Ms Windle indicated that it was unclear from the CCTV evidence whether or not Doctor A had shouted.

The panel acknowledged that it was difficult to establish conclusively whether Doctor A had raised his voice. However, it took into consideration the context and environment in which the incident had occurred and recognised that Doctor A may have raised his voice when he made repeated requests for Miss Hussain to move. The panel took into account Miss Hussain's admission that she had made an inaccurate complaint alleging that Doctor A had shouted at her.

In the statement from Ms Windle on dated 17 July 2022:

> *'The CCTV did show some brief discussion, but we could not tell what he said. In the CCTV it was not clear whether he shouted "move, I said move".'*

The panel took into consideration the context of the environment and the urgency of the situation and accepted that there is a potential that Doctor A may have raised his voice. However, as Miss Hussain has made full admissions that she had incorrectly made this allegation, the panel is satisfied that Charge 1(b)(iii) is proved.

Charge 2

2. Incorrectly told one or more colleagues that you were punched by Doctor A.

This charge is found proved.

In reaching this decision, the panel took into account the admission to this charge by Miss Hussain.

The panel further considered the local investigation notes from Ms Wardhaugh that stated that Miss Hussain had shared her allegations with her colleagues. In the interview, conducted on 15 September 2022:

> *'*[…] *one was staff nurse Tess Barbarona (TB) — I remember this because she's one of the staff nurses who's generally pretty quiet so I was quite*

shocked that she'd approached me. She was also the one who asked DA if it was true. The other was Sister Tasi Ishfaq (TI). TH told me that TI had witnessed it all but when I spoke to TI, she said that she hadn't seen a thing.'

The panel was therefore satisfied that Charge 2 was found proved on the basis of Miss Hussain's admission, and on the evidence from Ms Wardhaugh in the interview conducted on 15 September 2022.

Charge 3

3. Your conduct specified at charges 1b and 2 was dishonest in that you knew you were not punched by Doctor A.

This charge is found proved.

In reaching this decision, the panel took into account the case of *Ivey v Genting Casinos,* the NMC Guidance DMA-6, and the admission to this charge by Miss Hussain.

The panel first considered that the Charges 1b and 2 were found proved.

The panel next considered what Miss Hussain's state of knowledge or belief was as to the facts. The panel took into consideration that the CCTV evidence showed an entirely different account of the incidents in that Doctor A did not clench his fists and did not push her, and the contact that was made was only touching her shoulder. The panel considered this to be a significant difference to Miss Hussain's accounts of the incident. The panel noted the fact that Miss Hussain continued to maintain her position even when shown the CCTV evidence, and shared the false allegations with colleagues, despite knowing that they were not accurate which she now admits. The panel noted the detail in the original complaint and the reference to considerable pain resulting from the incident. All of which Miss Hussain accepts was untrue.

The panel further considered by an ordinary persons' standard, Miss Hussain's actions amounted to dishonesty. The panel determined that if Miss Hussain had made a genuine mistake, she would have withdrawn her allegations earlier within the investigation when she was shown the CCTV evidence. It noted that Miss Hussain had said that she needed to take pain relief for the pain in her chest which resulted from the hit that she had received. In her admission and in the CCTV evidence it became clear to the panel there was no such hit, and therefore any pain could not have resulted from an assault. The panel considered that Miss Hussain deliberately acted in a way that ignored the CCTV evidence being shown to her in the interview. It noted the considerable detail provided within her original account, all of which is now admitted to be false.

The panel took into consideration the interview notes conducted with Ms Windle on 15 September 2022:

> *'She was very descriptive, she showed me by punching herself four times in the chest the exact way that she said he'd done it. I said okay fine. I asked her if she needed to move areas or book herself in as a patient because I was concerned that she might have an injury. She said that she'd experienced some chest pain from the incident but she didn't feel that she needed to book herself in at this time. I offered to book her in for some pain relief medication but she said that she'd already taken some.'*

The panel had further regard to an undated reflective response from Miss Hussain, in which she stated in response to Charge 3:

> *'I accept responsibility for my actions and recognise that being newly qualified, inexperienced or upset at the time does not excuse making statements that I knew were untrue.'*

The panel therefore found charge 3 proved, particularly due to the admission made and the detailed original account, which was maintained for a period of time, even though Miss Hussain now accepts it was all completely untrue.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Miss Hussain'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, 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, it determined whether the facts found proved amount to misconduct. Secondly, if the facts found proved amount to misconduct, the panel decided whether, in all the circumstances, Miss Hussain's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Perkin invited the panel to take the view that the facts found proved 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) in making its decision. Mr Perkin identified the specific, relevant standards where Miss Hussain's actions amounted to misconduct which included 1.1, 8.5, 20.1 20.2 20.3 20.5.

Mr Perkin referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 and invited it to consider whether the misconduct was related to

professional practice and serious in nature. He also referred the panel to the NMC guidance on misconduct (reference FTP-2a Last updated 31 July 2026).

Mr Perkin invited the panel to consider the nature and setting of the alleged misconduct. In particular, he referred to allegation 1(a), which concerned gaining physical access to the resuscitation area.

In relation to misconduct, Mr Perkin reminded the panel that its findings of facts had identified that the dishonesty was not an isolated incident. Miss Hussain's accounts during the interviews and recorded conversations had not amounted to full and frank admissions and involved a sustained period of dishonesty.

Mr Perkin reminded the panel that, on 21 July 2022, Miss Hussain provided an updated statement after reviewing the CCTV evidence, in which she stated that Doctor A had pushed her once. He submitted that during a later interview, Miss Hussain changed her account, with further changes occurring in December 2022. It was not until May 2023 that Miss Hussain provided an apology to Doctor A.

Mr Perkin submitted that, in reaching its findings in relation to dishonesty, the panel had taken into account that the CCTV evidence was entirely inconsistent with Miss Hussain's account. He highlighted that Miss Hussain had maintained her account even after being shown the CCTV evidence and that she had shared her allegations with colleagues, despite knowing that it was inaccurate.

Finally, Mr Perkin submitted that the allegations were of a career-ending nature for Doctor A and could potentially have resulted in a criminal allegation of assault. He emphasised that the direct psychological impact on Doctor A would have been significant.

Mr Perkin further submitted that although there was no evidence of direct harm to patients, he highlighted that Miss Hussain's actions in preventing a patient in a wheelchair from entering the resuscitation room and had the potential to cause harm. Mr Perkin submitted that the charges were incompatible with the fundamental tenets of nursing.

Submissions on impairment

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

Mr Perkin submitted that, although there was no evidence of direct harm to patients, allegation 1(a) involved a risk of potential harm to patients. He further submitted that Miss Hussain had brought the reputation of the nursing profession into disrepute by maintaining a sustained period of dishonesty and repeating the false allegation of assault by Doctor A to more than one colleague.

Mr Perkin submitted that Miss Hussain had breached the fundamental tenets of the Code and that there was a lack of evidence of remediation through strengthened practice. He characterised the concerns as relating to Miss Hussain's underlying character and submitted that, in principle, such concerns could not readily be addressed through training. He suggested that Miss Hussain may have a temperament that indicates a deep-seated attitudinal issue.

Mr Perkin submitted that there was a risk of repetition given that the dishonesty had been maintained over a prolonged period. He further submitted that this gave rise to concerns in relation to public safety and public confidence in the nursing profession. He acknowledged that the case may be more significantly concerned with public confidence; however, given that the conduct had occurred within a clinical setting, he submitted that Miss Hussain should not be permitted to practise without restriction.

Mr Perkin reiterated that the allegations were of a career-ending nature and could have resulted in criminal allegations being made against Doctor A. He reminded the panel that key aspects of the case included the allegation of unwarranted forceful

physical contact and Miss Hussain's sustained dishonesty, despite having been shown the CCTV evidence.

Mr Perkin submitted that there were deep-seated attitudinal concerns. In relation to Miss Hussain's apology, he highlighted that it had been provided a considerable time after the incident and that the wording used still did not accurately reflect what had occurred. In relation to Miss Hussain's reflection on the incident, Mr Perkin noted that she had explained her actions by saying they had arisen from her professional immaturity and inexperience. However, he submitted that her continued maintenance of the dishonest account, even after being shown evidence that contradicted it, did not demonstrate a lack of confidence but instead suggested an underlying temperament issue.

For these reasons, Mr Perkin invited the panel to find that Miss Hussain's fitness to practise was impaired.

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

Decision and reasons on misconduct

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

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

> ***'2 Listen to people and respond to their preferences and concerns***
> *To achieve this, you must:*
> *2.1 work in partnership with people to make sure you deliver care effectively*

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

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

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

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with 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 did not find that Code 1.1 had been breached but did consider that Miss Hussain had not acted with kindness and respect towards her colleagues and delayed the patients' access to the resuscitation department.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that that there are two key components of the charges; Charge 1(a) relating to physically restricting a patient to access care, and charges 1(b) and 2 which relate to allegations around being assaulted and threatened (clenched fist). It considered parts of the code relate to these charges specially and differently. Namely, it considered that Code 2.1, 8.2, 8.5, 9.3, 16, 19.2, 19.4 and 20.1 related to charge 1(a), because the nature of this charge posed a potential risk of harm to the patient who was in a wheelchair requiring access to the resuscitation room. The panel considered that Codes 8.2, 9.1, 9.3, 16, 19.1, 19.4, 20.1, 20.2, 20.3 and 20.5 related to charges 1(b) and 2. It considered this because Miss Hussain's detailed false account of the incident was dishonest, caused Doctor A psychological harm and undermined the effectiveness of the team by making false allegations public to colleagues.

When considering the seriousness of this case the panel considered that Miss Hussain obstructed Doctor A and did this while not knowing how urgent it was for the patient to get into the resuscitation room, and that involved a serious risk of harm. She made an intentionally false allegation and sustained her dishonesty over an extended period of time, even in the face of the contradictory CCTV evidence. The false statement provided had considerable detail and included an allegation that she

had to take pain relief for an event that she has now accepted did not occur. Miss Hussain reported the false allegation directly to Doctor A's senior consultant colleague.

The panel also considered that although Miss Hussain apologised for her false statement to Doctor A in May 2023, she only stated, '*the situation had been taken too far'* and did not accept that she lied. The panel noted that although Miss Hussain was shown contradictory CCTV evidence on 17 July 2022, even when she provided an addendum to her statement on 21 July 2022 (four days after the incident and her original statement), she still maintained that he pushed her once. In the interview on 9 December 2022, she also continued to maintain that Doctor A pushed her once and that it made her *"shocked"* and *"panicky"*, although she accepted that she escalated "*something that was not that big".*

When considering the harm caused, the panel took into consideration that although there was no actual harm caused to the patient, it considered that there was a serious risk of harm by obstructing and delaying the resuscitation room. It further considered that there was actual psychological harm caused to Doctor A outlined in the evidence before it, and that such a false allegation could undermine team cohesion, particularly as Miss Hussain chose to tell her colleagues.

When considering the aggravating features of this case, the panel took into consideration the sustained dishonesty over an extended period, the deliberate breaches of the code, and the lack of any deep and meaningful reflection or remediation. The panel considered that the evidence indicated deep-seated attitudinal concerns. The dishonesty was sustained for a lengthy period of time; there was no meaningful reflection provided indicating how and why she lied blatantly in a statement which potentially could have got Doctor A into significant trouble. She told Doctor A's senior consultant about the allegations directly and demonstrated little willingness to admit the truth in later addendums, interviews or reflections. Miss Hussain also at no stage appreciated or reflected on the potential seriousness of the impact on the patient and other colleagues.

However, the panel did give some consideration to the mitigating factors which included some level of reflection, an apology to Doctor A and that she had accepted all the charges. However, the panel found that the seriousness of the code breaches and the charges found proved, amount to serious misconduct. Due to the reasons above, and particularly the deep-seated attitudinal issues, the lack of concern over patient care and the maintenance of the dishonesty even in the face of contradictory CCTV evidence.

The panel found that Miss Hussain's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

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

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

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

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

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

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

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

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

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

The panel determined that although no patients were harmed, the panel considered that Miss Hussain could not have known how urgent the patient's condition was when Doctor A was bringing the patient to the resuscitation unit. This had the potential to cause the patient significant harm. It also considered that in the

evidence, Doctor A described psychological damage as a result of Miss Hussain's accusations.

The panel considered that Miss Hussain's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that Miss Hussain's reflective account and admissions to the charges lacked sufficient insight. It considered that there was no reference to the risk caused by her actions to patients, and the implications it may have had on her colleagues. It also noted that there is a repeated reference by Miss Hussain to her professional immaturity and inexperience, which the panel had previously rejected as a sufficient justification for her actions. It further considered that Miss Hussain's lack of honesty regarding her allegations, despite being repeatedly challenged by the CCTV evidence, suggested a deep-seated attitudinal problem. This all demonstrated a high risk of repetition, particularly as her reflection continued to minimise her actions and provided no reasons or insight into why she lied in the first place. The panel further considered that Miss Hussain had written an apology to Doctor A, however it noted that this apology was provided in May 2023, ten months after Miss Hussain made the allegations.

The panel carefully considered the evidence before it in determining whether or not Miss Hussain has taken steps to strengthen her practice. The panel had regard to the evidence in which Miss Hussain stated that she had previously completed some relevant training but was unable to obtain any certificates and had asked the NMC to support her to identify relevant training. The panel considered that it is the personal responsibility of the registrant to undertake relevant training and keep accurate and up to date records. The panel had sight of a screen shot of previous training completed, which was provided by the NMC after a panel request. However, the panel noted that this was mostly mandatory and local training which was out of date and prior to the incident. The panel considered that there had been very limited attempts at remediation.

The panel took into consideration that Miss Hussain had admitted to all the charges. However, despite this, it considered that Miss Hussain sustained her dishonesty over an extended period of time, presented with deep seated attitudinal issues, and lacked sufficient insight. Miss Hussain provided very limited evidence of remediation, and the panel determined that the risk to patients remained, and there was a high risk of repetition. The panel determined that Miss Hussain posed a continuing risk to the public. As a result of all the factors stated above, the panel found that Miss Hussain is impaired on public protection grounds.

The panel determined that a finding of impairment on public interest grounds is required because it found that her behaviour would be profoundly unacceptable to the public. The panel found that a member of the public would consider that Miss Hussain's actions undermined confidence in the profession. Her dishonesty was detailed and specific, maintained over a lengthy period of time despite contradictory evidence and her insight, remediation and remorse were very limited. The panel determined that Miss Hussain's fitness to practice is impaired on grounds of public interest.

With regard to all of the above, the panel therefore determined that Miss Hussain's fitness to practice is currently impaired.

Sanction

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

Mr Perkin informed the panel that in the Notice of Hearing, dated 30 September 2026, the NMC had advised Miss Hussain that it would seek the imposition of a suspension order if it found Miss Hussain's fitness to practise currently impaired. During the course of the hearing, the NMC had revised its proposal and submits that a strike-off order is more appropriate in light of the panel's findings.

Mr Perkin reminded the panel of the NMC guidance. He drew the panel's attention to the specific guidance regarding dishonesty, as Miss Hussain's dishonesty is a prominent feature of this case. Mr Perkin invited the panel to find the least restrictive but most proportionate sanction.

Mr Perkin submitted that honesty is of central importance because of the trust placed in the professional and invited the panel to consider the type of dishonesty taken place and context it within which the misconduct had taken place.

Mr Perkin submitted that dishonesty is more serious if there was a deliberate breach of the code, if there was personal or financial gain, or direct harm to the people receiving care. He submitted that dishonesty may be considered as less serious if it was a one-off incident, it was spontaneous, there was no direct gain, or the incident happened outside of professional practice.

Mr Perkin reminded the panel that the guidance states that when considering dishonesty, it should consider whether the professional who has been dishonest has demonstrated remorse, recognised their dishonest behaviour, and indicated how they would avoid repeating such behaviour in the future. He submitted that it was a matter for the panel to determine whether Miss Hussain has adequately addressed these considerations.

Mr Perkin submitted that although the panel should choose the least restrictive sanction, it should consider that the nature of the misconduct and the dishonesty is not appropriate for no order or a caution order to be imposed. Mr Perkin further submitted that a conditions of practice order does not address the deep-seated attitudinal issues identified.

Mr Perkin invited the panel to consider the specific guidance between imposing a suspension order or a striking off order. He submitted that when imposing a suspension order, the panel should not do so with the intention that a subsequent panel, at a review hearing, may impose a further suspension order. He invited the panel to consider whether Miss Hussain's attitudinal concerns can be addressed within a suspension period.

Mr Perkin submitted that a striking-off order is the most appropriate sanction. He submitted that due to the findings of deep-seated attitudinal concerns, the deliberate breaches of the code, and the lack of remediation, Miss Hussain's misconduct is incompatible with remaining on the register.

He further submitted that the NMC nor the panel has had sight of any evidence that might explain the reasoning behind Miss Hussain's dishonesty. It is of significant concern why Miss Hussain would make such a serious false allegation for no apparent reason. Mr Perkin submitted that Miss Hussain's actions were premeditated and there was a deliberate decision to be dishonest and she sustained her dishonesty over a significant period of time. He submitted that, as the panel have found, there is a risk or repetition and a risk to patient safety, and therefore a striking off order is the most proportionate and balanced sanction.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Miss Hussain's fitness to practise currently impaired, the panel considered 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:

- conduct which deliberately put people receiving care at risk of suffering harm;
- deliberate breaches of the Code;
- a pattern of sustained dishonesty, that related to a single incident, but which led to repeated dishonesty over a period of time;
- maintaining a dishonest account in the face of contradictory and objective CCTV evidence;
- Miss Hussain showed very limited insight into the consequences of her actions for patients and colleagues;
- premeditated behaviour within Miss Hussain's sustained and repeated dishonesty;
- failure to work collaboratively with colleagues.

The panel also took into account the following mitigating features:

- admission of the facts;
- an apology to Doctor A, albeit a belated apology;
- a reflective account, albeit limited;
- Miss Hussain was working in a busy and potentially stressful environment.

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

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

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

The panel considered that the seriousness of Miss Hussain's actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Miss Hussain's practise would not protect the public. The panel determined that imposing a caution order would not adequately reflect the seriousness of the findings or the risk of harm posed to the public. It further 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 Miss Hussain'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). The panel determined that a conditions of practice order would not adequately reflect the deep-seated attitudinal concerns identified or the risk of harm arising from the misconduct. It found that there were no appropriate, practicable or workable conditions that could be formulated to address the concerns identified. The panel considered that the dishonesty was intrinsic in nature and had been sustained over a period of time. It noted Miss Hussain's lack of insight, remorse and remediation, which it considered to be incompatible with the imposition of a conditions of practice order.

The panel noted that Miss Hussain rejected the objective evidence provided by the CCTV footage and had failed to respond appropriately by reconsidering or changing her account in light of that evidence. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards. The panel therefore concluded as a result of the above and the deep-seated attitudinal concerns identified, that a conditions of practice order would not be an appropriate or effective means of addressing the identified concerns.

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

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

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

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

Whilst the panel acknowledged that the risks identified could be managed by Ms Hussin being temporarily removed from the register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Miss Hussain's lack of engagement, limited insight, lack of remorse, together with no evidence of training and development, the panel considered that it had no evidence to demonstrate a realistic possibility that she would address the concerns to such a level where she could return to practise safely.

The panel took into consideration the seriousness of the deep-seated attitudinal concerns identified. It considered that Miss Hussain's actions had breached fundamental tenets of the nursing profession and that her dishonesty and lack of integrity were extremely serious, particularly as the dishonesty had been maintained over a significant period of time. The panel further considered that there was no evidence to suggest that a period of suspension would lead Miss Hussain to demonstrate a change in her attitude or that she would take the opportunity to remediate her conduct. This was particularly relevant given the lack of remediation, meaningful insight or genuine remorse demonstrated to date.

The panel had regard to the fact that approximately four years had passed since the original incident, yet Miss Hussain had provided no evidence of meaningful remediation or remorse. It therefore concluded that there was insufficient evidence to suggest that a further period of suspension would result in Miss Hussain addressing the concerns identified. Accordingly, the panel was not satisfied that a suspension order would be sufficient to protect the public or maintain public confidence in the nursing profession.

In this case, 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 considered that Miss Hussain's actions are incompatible with remaining on the register as a registered professional and that she had breached the fundamental tenets of the nursing profession. It identified a significant lack of insight and the impact of Miss Hussain's actions on the patient, which gave rise to concerns regarding public protection.

The panel noted that, in the four years since the incident, Miss Hussain had provided no evidence of meaningful remorse, remediation or developed insight. It found no reason to conclude that the deep-seated attitudinal concerns had been effectively addressed or that they would not persist in the future. The panel therefore considered that there remained a risk of repetition.

In considering the wider public interest, the panel had regard to its duty to maintain public confidence in the nursing profession, particularly given the nature of the deep-seated attitudinal concerns identified.

The panel took into account Miss Hussain's previous good character and the absence of any previous findings against her. However, it found that there was no evidence that her attitude or insight had developed or that the concerns giving rise to the finding of impairment had been addressed.

The panel was of the view that the findings in this particular case demonstrate that Miss Hussain's actions were serious and to allow her to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Miss Hussain's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Miss Hussain 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 Miss Hussain's own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Perkin. He submitted that an interim suspension order is necessary and proportionate in order to protect the public and maintain the public interest over any appeal period. He submitted that this order should be imposed for a period of 18 months so as to allow sufficient time for any appeal to take place.

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

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

The panel was of the view that it was necessary to protect the public and maintain public confidence, given the seriousness of the findings which led to Miss Hussain's strike off from the register. It determined that it would be inappropriate to allow Miss Hussain to practise during the appeal window given the risks identified. The panel noted that if Miss Hussain does not appeal, the interim order will fall away once the substantive striking off order takes effect after 28 days. If Miss Hussain does appeal, the interim order will remain in place to ensure ongoing public protection.

The panel therefore imposed an interim suspension order for a period of 18 months as this was a realistic time to allow for any possible appeal to be concluded.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Miss Hussain has received the decision of this hearing.

That concludes this determination.