Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 12 November 2026

Virtual Hearing

Name of Registrant:	**Sara McIntosh**
NMC PIN:	06H2518E
Part(s) of the register:	Registered Nurse, Sub Part 1 RNA: Adult nurse, level 1 (23 September 2006)
Relevant Location:	Hampshire
Type of case:	Misconduct
Panel members:	Serene Rollins (Chair, lay member) Stacey Coxon (Registrant member) David Anderson (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Catherine Blake
Nursing and Midwifery Council:	Represented by Ben Edwards, Case Presenter
Ms McIntosh:	Present and represented by Silas Lee, instructed by Thompson's Solicitors
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect at the end of 7 January 2027 in accordance with Article 30(1)**

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

The panel, of its own volition, made an application for the hearing to be held partly in private [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Edwards, on behalf of the Nursing and Midwifery Council (NMC), and Mr Lee, on your behalf, did not oppose the application.

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.

The panel determined to go into private session in connection with [PRIVATE] as and when such issues are raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 7 January 2027 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 10 December 2025.

The current order is due to expire at the end of 7 January 2027.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse:

1. *On one or more occasions between 2020 and 2021:*
   a. *Touched Colleague A's arm with your breasts*
   […]

2. *On or about September 2020:*
   a. *showed Colleague A a sex toy*
   b. *said, with reference to the sex toy, words to the effect, "I've got a dildo in my bag, it's a massive one, look."*

3. *On or around early 2021 made inappropriate gestures and/or comments towards Colleague A in that you:*
   a. *Opened your legs*
   b. *Gestured to your groin area*
   […]
   d. *Said words to the effect "do something for me, will you rub my fanny"*

4. *On a date unknown showed Colleague A an indecent image of a male.*

5. *[…]*

6. *On 12 April 2021:*
   a. *Pinched Colleague A's bottom*
   b. *Responded with a 2 finger gesture when Colleague A protested*

7. *[…]*

8. *Your conduct in one or more of Charges 1- 6 created an intimidating and / or hostile and / or degrading and / or humiliating environment Colleague A.*

[…]

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

The original panel determined the following with regard to impairment:

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

In coming to its decision, the panel had regard to the NMC Guidance on 'Impairment' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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

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

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk

to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

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

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

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

d) …

The panel found that limbs a, b and c were all engaged in this case. In relation to Grant, the panel determined that although there was no direct impact on patient care, the impact of your conduct on Colleague A, could have created a risk to people receiving care. Colleague A, who was made subject to your inappropriate sexual behaviour, could have been affected and may have found their work performance compromised. The panel also determined that Colleague A did suffer emotional harm as a result of your sexual misconduct as outlined in the panel's findings in charge 8.

The panel determined that there was a clear breach of professional boundaries. The panel also recognised the significant power imbalance, noting that you, a Band 5 nurse, were senior to Colleague A, a healthcare support worker who had a hearing impairment and therefore additional vulnerabilities. The panel concluded that this represented an abuse of power. In addition, it determined that you brought the nursing profession into disrepute as any member of the public would be shocked on your behaviour. Therefore, you breached the fundamental tenets of the nursing profession, including promoting professionalism and trust, and treating people fairly and respectfully, with kindness, dignity and compassion.

The panel considered the factors set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin). The panel noted the NMC guidance that sexual misconduct may be difficult to remediate, however the panel considered that your conduct was capable of remediation as there was no evidence that it was a sexually motivated in that you were seeking sexual gratification and/or in pursuit of a future sexual relationship with Colleague A. The panel accepted your explanation that your sexualised behaviour was driven by other reasons as outlined above and that you had by your own admission taken things too far.

The panel considered your evidence, including your personal reflection, training certificates (particularly, Bullying and Harassment at work - Level 2 and Professional Boundaries – Level 2), and testimonials demonstrating positive feedback regarding your clinical practice, two of which spoke to your professional relationships with colleagues. [PRIVATE].

The panel accepts that you have shown some insight into the negative impact of your behaviour on Colleague A, shown remorse for this [PRIVATE]. Additionally, the panel noted that you have been practising for the last four years without any concerns. However, the panel determined that your insight could be further developed particularly in relation to the wider impact of your behaviour on patient care, colleagues and the nursing profession. As a result of this, it is the panel's view that there remains a risk of repetition and therefore your fitness to practise on grounds of public protection is impaired.

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

The panel determined that public confidence in the profession would be seriously undermined if a finding of impairment on the grounds of public interest were not made in this case, particularly given the sexual nature of the charges and findings of sexual misconduct in the workplace. The panel determined that a reasonable and well-informed member of the public would be appalled if your fitness to practise was not found impaired, given the panel's decision on misconduct. Accordingly, the panel also finds your fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

The panel took into account the following aggravating features:

- *Power imbalance over a junior colleague*
- *Abuse of a position of trust*
- *A pattern of misconduct over a period of time*
- *Colleague A was vulnerable*
- *There was actual harm caused to Colleague A*
- *There was a potential risk of harm to patients*

The panel also took into account the following mitigating features:

- *You made early admissions to charges 2 and 4*
- *You have shown developing insight into your behaviour*
- *You have shown significant remorse and are deeply apologetic*
- *[PRIVATE]*
- *No repetition of the behaviour found proved in almost four years of practise*
- *Your personal circumstances at the time*

The panel took into account the NMC Guidance "Sanctions for particularly serious cases" under the heading sexual misconduct, it states: "any nurse, midwife or nursing associate who is found to have behaved in this way will be at risk of being removed from the register."

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.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and both the public protection and public interest issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing a conditions of practice order on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel noted that such an order may be more appropriate where concerns are clinical in nature and can be addressed by retraining or supervision. However, the panel determined that your misconduct was attitudinal in that it comprised of a series of sexual behaviours over an extended period of time, and that this took place in the working environment towards a junior colleague. Your conduct also raised attitudinal concerns. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges found proved in this case and in any event would not address the seriousness of the misconduct, and would not protect the public and uphold the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

Before reaching its decision on whether to impose a suspension order due to the seriousness and sexual nature of the charges found proved, the panel considered the Sanction Guidance on strike-off:

- *"Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?*
- *Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?"*

It also had regard to the NMC's guidance on 'cases involving sexual misconduct' which advised:

> *"Sexual misconduct is likely to create a risk to people receiving care and to colleagues as well as undermining public trust and confidence in the professions we regulate…*
> *…*

…any nurse, midwife or nursing associate who is found to have behaved in this way will be at risk of being removed from the register."

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. Your misconduct was not an isolated incident: it occurred over a sustained period of time, you were in a senior position of trust and your conduct involved a junior vulnerable colleague. Further, the panel have identified attitudinal concerns albeit not deep seated.

The panel bore in mind that you have been practicing without any concerns being raised for a period of nearly four years, pending this substantive hearing. It considered that during this time you have reflected, developed limited insight, taken steps to remediate your misconduct and provided documentary evidence to support this. If you had not done so then the panel would have considered imposing a striking-off order.

In considering the NMC's sanction guidance and the NMC's sanction bid of a striking-off, the panel decided, for the following reasons, that a striking-off order would be disproportionate. The panel accepted that the regulatory concerns did raise fundamental questions about your professionalism; however, the panel did consider whether public confidence in the profession could be maintained if you were not struck off the register. The reason the panel considered public confidence could be maintained by imposing a suspension order, is that you have worked for almost four years with no repetition of the behaviours found proved. The panel also considered the positive testimonials provided by you and your reflections on why you behaved as you did at the time, and the actions you have taken to prevent repeating this behaviour, [PRIVATE] reflecting on the impact on Colleague A, and your commitment to never behave in this manner again. Although the panel identified some attitudinal issues, it determined that they are not deep-seated.

Taking all of this into consideration, notwithstanding the public interest element arising from your conduct, the panel determined that public confidence in nurses, midwives and nursing associates can be maintained with you being suspended rather than struck off the register, and that this is sufficient to protect members of the public and maintain professional standards.

Considering all of these factors, the panel concluded that imposing a suspension order would mark the seriousness of your misconduct whilst allowing you the opportunity to reflect and further develop your insight and provide evidence to reassure a future panel that there is no risk of repetition of this behaviour. The panel considered that a period of suspension would be sufficient to protect patients, maintain public confidence in the nursing profession and uphold professional standards and public confidence in the regulator. The panel determined that a striking-off order would be disproportionate and punitive.

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

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

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

The panel determined that a suspension order for a period of twelve months was appropriate in this case to mark the seriousness of the misconduct as well as give you the time to further develop your insight.

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

Any future panel reviewing this case would be assisted by:

- *A comprehensive reflective piece, demonstrating insight into your misconduct, including how your behaviour may have affected colleagues ability to provide safe care, and the wider implications for patient safety and public confidence.*

- *Testimonials from your workplace current or most recent employer and/or line managers, addressing your behaviour in the workplace, your professionalism, and conduct at work.*
- *Evidence of having undertaken formal training or continuing professional development on professional boundaries, bullying and harassment and that this training incorporates the elements of the fundamental tenets of the nursing profession.*
- *Any further evidence of remediation since this hearing.*
- *Your attendance at the review hearing.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and your bundle. It has taken account of the submissions made by Mr Edwards, on behalf of the NMC.

Mr Edwards briefly outlined the decision of the original panel, noting its decision that your insight was developing, and that you had taken significant steps towards remediation. He noted that the original panel did not consider that your attitudinal issues were deep-seated, and that a striking-off order was disproportionate and punitive.

Mr Edwards referred the panel to your reflective piece. He submitted that your reflection shows you have reflected on your actions that led to this referral and your subsequent suspension. However, Mr Edwards submitted that your insight is still developing as some

of your reflection continues to attribute blame to others. He submitted that the quality of your reflection is for the panel to determine, but invited the panel to find that your insight is still developing. On this basis, Mr Edwards submitted that your fitness to practise remains impaired.

Regarding sanction, Mr Edwards submitted that it was a question for the panel as to what an appropriate sanction might be. The NMC is not seeking a striking-off order at this stage.

The panel also had regard to Mr Lee's submissions, on your behalf, who invited the panel to replace the suspension order with a conditions of practice order. Mr Lee submitted that such an order would enable you to demonstrate strengthened practice in a clinical environment.

Mr Lee noted that a significant period of time had passed between the behaviour underpinning the charges and the substantive hearing in December 2025, and there had been no concerns raised against your practice during that time. He noted that you had previously been subject to an interim conditions of practice order prior to the substantive hearing.

Mr Lee referred the panel to the decision of the original panel, and its reasoning that conditions of practice were not workable at that time due to the concerns being attitudinal. He noted further comments of the same panel that these concerns were not deep-seated and therefore remediable.

Mr Lee submitted that you have spent this period of suspension reflecting, and that your insight has greatly improved. He suggested that, should the panel consider conditions of practice to be appropriate, conditions requiring you to keep a reflective journal addressing your maintenance of professional boundaries, and obtaining a report from your line manager regarding the same might be proportionate in this case. Mr Lee submitted that this would greatly assist a future panel in assessing your fitness to practice with the benefit of managerial insight into your clinical practice.

Mr Lee referred the panel to the positive testimonials in your bundle, as well as the certificates of additional training you have completed.

[PRIVATE].

[PRIVATE].

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had developing insight. Today's panel was encouraged by the additional reflections you have provided and considered that it continues to show progress. However, the panel determined that your insight is still developing as you continue to apportion some blame to Colleague A for not speaking up at the time. The panel consider that you have shown remorse, and there is some recognition of the negative effects your behaviour had on others, but that this is still developing and there is a lack of full recognition that your behaviour was inappropriate.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the additional relevant training you have undertaken, which included online CPD courses in Professional Boundaries in Health and Social Care – Level 2, and Communication – Level 2, and Basic Clinical Observations – Level 3. The panel also bore in mind the positive testimonials you have submitted, but note these are not from your current role and accordingly the panel does not have sufficient information of your ability to practise safely at this time. The panel would have benefitted from updated information from current colleagues and managers.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel reviewed your reflections and the additional training you have undertaken and determined that, while it shows progress and a commitment to nursing, your remediation is still ongoing. On the sum of the information before it, the panel was not

satisfied that you have proven you are capable of safe and effective practice at this time and in light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you are developing your insight and are remorseful, and have provided evidence of the steps taken to strengthen your practice. You have indicated that you wish to return to nursing. The panel is satisfied of your commitment to nursing, but note that there is no information before it as to your current practice as you have been suspended.

The panel bore in mind the findings of the original panel that the attitudinal concerns were not deep-seated. Today's panel has not seen any information to suggest that there are deep-seated attitudinal concerns. It was therefore satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

> 'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must not be the nurse in charge, nor the sole nurse, on any shift.

2. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of working on the same shift as, but not always directly observed by, a registered nurse of band 5 or higher.

3. You must work with your supervisor/line manager to create a personal development plan (PDP). Your PDP must address the concerns about professional standards of practice and behaviour for

nurses, namely your ability to maintain professional boundaries and communicate with colleagues appropriately.

You must send your case officer a copy of your PDP before the next review.

4. You must engage with your supervisor/line manager on a monthly basis to ensure that you are making progress towards aims set in your personal development plan (PDP). You must obtain a report from your supervisor/line manager outlining your progress in these meetings, and send it to your case officer before the next review.

5. You must provide the NMC with a reflective piece at least seven days prior to the review of this order. The reflective piece should detail:
   a) Your understanding of appropriate conduct in the workplace and how you maintain professional boundaries.
   b) Your understanding of the impact of your inappropriate conduct in the workplace.

6. [PRIVATE].

7. You must keep us informed about anywhere you are working by:
   a) Telling your case officer within seven days of accepting or leaving any employment.
   b) Giving your case officer your employer's contact details.

8. You must keep us informed about anywhere you are studying by:
   a) Telling your case officer within seven days of accepting any course of study.
   b) Giving your case officer the name and contact details of the organisation offering that course of study.

9. You must immediately give a copy of these conditions to:

a) Any organisation or person you work for.
b) Any employers you apply to for work (at the time of application).
c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

10. You must tell your case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.
    b) Any investigation started against you.
    c) Any disciplinary proceedings taken against you.

11. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 7 January 2027 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Further evidence of professional development, including up-to-date testimonials from your supervisor/line manager outlining your work practices.
- Your continued attendance at any future review.

This will be confirmed to you in writing.

That concludes this determination.