Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 1 September 2026 – Thursday, 3 September 2026

10 George Street, Edinburgh, EH2 2PF

Name of Registrant:	William Russell Dunn
NMC PIN:	79Y0573E
Part(s) of the register:	Nursing, Sub part 1 Registered Nurse – Adult (Level 1) 28 July 2001 Nursing, Sub part 2 Registered Nurse – Adult (Level 2) 12 May 1981 Nursing, Sub part 1 RNMH: Mental health nurse, level 1 12 February 2004
Relevant Location:	Norfolk
Type of case:	Misconduct
Panel members:	Derek Artis (Chair, lay member) Sophie Agolini (Registrant member) Karen Gardiner (Registrant member)
Legal Assessor:	Graeme Henderson
Hearings Coordinator:	Catherine Blake
Nursing and Midwifery Council:	Represented by Safeena Rashid, Case Presenter
Mr Dunn:	Not present and not represented at the hearing
Facts proved:	Charges 1 (in its entirety), 2, 3, 4 and 6

Facts not proved:	Charge 5
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Dunn was not in attendance and that the Notice of Hearing letter had been sent to his registered email address by secure email on 3 August 2026.

Further, the panel noted that the Notice of Hearing was also sent to Mr Dunn's listed representative at the Royal College of Nursing (RCN) on 3 August 2026.

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

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Mr Dunn

The panel next considered whether it should proceed in the absence of Mr Dunn. It had regard to Rule 21 and heard the submissions of Ms Rashid who invited the panel to continue in the absence of Mr Dunn. She referred to the email sent to the Hearings Coordinator by the RCN on Tuesday 1 September 2026, the first scheduled day of the hearing:

'…I confirm that the registrant is disengaging with the NMC proceedings and the RCN are no longer instructed to represent him.'

Ms Rashid submitted that Mr Dunn had voluntarily absented himself. She submitted that there has been no application for an adjournment, and no reason to believe that an adjournment would secure Mr Dunn's attendance at a future date. Ms Rashid noted that the allegations are over six years old, and that there are three witnesses scheduled to give evidence.

The panel accepted the advice of the legal assessor.

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

The panel has decided to proceed in the absence of Mr Dunn. In reaching this decision, the panel has considered the submissions of Ms Rashid, the email from the RCN, and the advice of the legal assessor. It has 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 has been made by Mr Dunn;
- The panel has received correspondence that Mr Dunn has disengaged from these proceedings;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Three witnesses are due to give live evidence;

- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2020;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

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

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

Details of charge

That you, a registered nurse:

1. On or around 17 January 2020, on being called to Patient A's property: ***[PROVED IN ITS ENTIRETY]***

a. Prior to entering the property, whilst alone with Colleague A, shared one or more sexually explicit stories with them

b. Whilst sharing sexually explicit stories with Colleague A, physically moved closer to Colleague A

c. Whilst Colleague A was talking to Patient A's wife, told Colleague A that she looked like your niece who you described as '*beautiful'* or words to that effect

d. During Colleague A's interview with the police, showed a photograph of your niece to Colleague A and said your niece was '*beautiful and attractive*' or words to that effect

e. Whilst driving back to the office, asked Colleague A what she preferred in men or words to that effect

2. Your conduct at any or all of charge 1 was sexual in nature. ***[PROVED]***

3. Your conduct at any or all of charge 1 was sexually motivated in that you sought sexual gratification. ***[PROVED]***

4. On or around 17 January 2020, said '*you can walk through the kitchen without being strangled*' or words to that effect to Patient A's wife. ***[PROVED]***

5. On a date unknown, asked Patient B whether she got '*sexual gratification'* by recounting the familial abuse she was aware of in her family or words to that effect. ***[NOT PROVED]***

6. Your conduct at charge 4 and/or 5 was offensive and/or breached professional boundaries ***[PROVED IN RELATON TO CHARGE 4]***

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

Background

Mr Dunn was referred to the NMC by Norfolk and Suffolk NHS Foundation Trust (the Trust) on 23 June 2021. Mr Dunn was employed by the Trust as a Band 6 Mental Health Nurse.

The referral alleges that on 17 January 2020 whilst Mr Dunn and a clinical colleague (Colleague A) were alone in a car driving to Patient A's house, Mr Dunn relayed sexually explicit stories to Colleague A.

Whilst Mr Dunn and Colleague A attended the home of Patient A, it is alleged Mr Dunn displayed further inappropriate behaviour, including interrupting Colleague A's supportive debrief with the patient's wife, and then police interview, to tell her she looked like his niece, who was '*beautiful'* and '*attractive'* or words to that effect. It is also alleged that Mr Dunn made unprofessional comments towards Patient A's wife.

Mr Dunn allegedly made further inappropriate comments to Colleague A during their return drive back to the office.

The referral also alleges that, during an appointment on an unknown date, Mr Dunn asked Patient B inappropriate questions, including if they got sexual gratification from the abuse that had occurred within their family.

Decision and reasons on facts

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

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

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

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

- Colleague A: Senior Mental Health Nurse at the Trust
- Lauren Hilton: Assistant Practitioner in Mental Health Services at the Trust
- Diana Sadler: ER Investigation Officer at James Paget University Hospital NHS Foundation Trust

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Mr Dunn. He referred to a number of authorities including the case of *El Karout v NMC [2019] EWHC 28 (Admin).* In respect of hearsay evidence, the panel should consider whether it was admissible before deciding what weight, if any, it should attach to that evidence.

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

Charge 1

That you, a registered nurse on or around 17 January 2020, on being called to Patient A's property:

a) *Prior to entering the property, whilst alone with Colleague A, shared one or more sexually explicit stories with them*
b) *Whilst sharing sexually explicit stories with Colleague A, physically moved closer to Colleague A*

c) *Whilst Colleague A was talking to Patient A's wife, told Colleague A that she looked like your niece who you described as 'beautiful' or words to that effect*
d) *During Colleague A's interview with the police, showed a photograph of your niece to Colleague A and said your niece was '*beautiful and attractive' *or words to that effect*
e) *Whilst driving back to the office, asked Colleague A what she preferred in men or words to that effect*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Colleague A and Diana Sadler, and the written response from Mr Dunn, as well as the notes from the investigation interview with Mr Dunn dated 19 May 2021. The panel considered that the evidence underpinning the sub-charges of charge 1 comes from the same witnesses and sources, and so decided that while it will determine each sub-charge separately, it will present its findings together.

The panel considered the following from Colleague A's witness statement in which she describes the incidents in sub-charge 1a and 1b:

> *'I was looking for Will to share his experience with me as I knew he had a forensic background.*
>
> *Will did not share any of his experiences with me and began telling me sexually explicit stories. I found this very inappropriate and felt as though Will was getting enjoyment from sharing these stories with me. I know this because he was showing pressured speech, he was not blinking and was leaning in more and more towards me. I felt extremely uncomfortable and vulnerable.'*

The panel considered the reliability of Colleague A's evidence. The panel accepted the submissions of Ms Rashid that Colleague A had no reason to fabricate the allegations.

The panel also considered that Colleague A reported the incident to her superiors at the Trust numerous times before escalating it outside of her team when she received no response from her initial complaint.

The panel noted that no formal incident report was generated on the Monday following the incident. However, the panel took into account that Colleague A was a newly qualified nurse at the time, and may not have been confident making an incident report, nor felt confident escalating concerns regarding a senior colleague. The panel further noted that Colleague A decided to escalate her concerns, and did so, after reflecting on the incident on her days off and discussing it with a colleague. The panel were satisfied that Colleague A was motivated to protect patient safety.

The panel considered it did not have the benefit of hearing from Mr Dunn. However, it noted there are inconsistencies in the version of events provided by him in the notes of the investigation meeting with Mrs Sadler:

> *'It's a long time ago I've been through a lot since then, but I can remember the details of what was said back then…'*

The panel considered that Mr Dunn seemed to contradict himself, as he was implying that his recall was affected by the passage of time but then appears to claim he can remember details including what his intentions were.

The panel noted that Colleague A was not asked to provide an account of the incident at the time she first reported it to management of the Trust. However, it considered that her evidence of what she could remember, when providing a written statement some eleven months later, was reliable.

The panel determined that although Colleague A was not able to recall all of the details of the lurid stories that Mr Dunn conveyed to her, she was able to provide details of one particular story, which raised safeguarding concerns for her. She was able to recall in detail Mr Dunn's demeanour and him moving in towards her. The panel was satisfied that

as a Mental Health Nurse Colleague A would be alert to Mr Dunn's body language and what his motivation was.

The panel did note that while Mr Dunn's account accepts he showed Colleague A a photo of his niece, he denies charge 1c to the extent that he said Colleague A was 'beautiful', and that he only said she looked like his niece:

> *'No I was just trying to show what she looked like, I wasn't trying to say she was beautiful and attractive.'*

The panel had some reason to doubt the veracity of the investigation meeting notes. The panel was informed by Mrs Sadler that although she and Mr Dunn signed the notes they were prepared by an inexperienced note taker. The notes were missing a crucial part of the discussion that Mrs Sadler recalled when she offered Mr Dunn an opportunity to take a break and consider the allegations more fully. Mrs Sadler confirmed in live evidence that the meeting notes were a representation of what was stated and not a verbatim record, as per Advisory, Conciliation and Arbitration Service (ACAS) guidance.

On the balance of probabilities, the panel was satisfied of the reliability of Colleague A's evidence. Accordingly, the panel found charge 1 proved in its entirety.

Charge 2

> *Your conduct at any or all of charge 1 was sexual in nature.*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Colleague A and Mrs Sadler, and the written response from Mr Dunn, as well as the notes from the investigation interview with Mr Dunn dated 19 May 2021.

As above, the panel was satisfied of the reliability of Colleague A's evidence. It noted again the following from her statement in respect of sub-charge 1b:

> *'Will did not share any of his experiences with me and began telling me sexually explicit stories. I found this very inappropriate and felt as though Will was getting enjoyment from sharing these stories with me. I know this because he was showing pressured speech, he was not blinking and was leaning in more and more towards me. I felt extremely uncomfortable and vulnerable.'*

The panel noted that Colleague A is a qualified Mental Health Nurse and that her description of this incident includes clinical descriptions of arousal. The panel was satisfied that Colleague A would have been able to detect signs of sexual arousal.

Having found charge 1 proved, the panel was satisfied that Mr Dunn's conduct was sexual in nature. It noted the context of this incident, that there was no one else around and that Colleague A and Mr Dunn were alone in a car in a remote area. The panel also noted that the nature of the visit to Patient A's house was not due to a sexual incident and so the topic of the discussion was completely out of context, uninvited, and according to Colleague A, made her feel vulnerable.

Further to this, the panel noted that Colleague A had been instructed to remain in the car with Mr Dunn by her superiors until the Police arrived at Patient A's house. As a result, the panel accept that she was compelled to remain in the car with Mr Dunn.

The panel, having accepted Colleague A's evidence as reliable, and in the absence of any compelling counter-narrative for why Mr Dunn relayed these stories to Colleague A, was satisfied that Mr Dunn's conduct at charge 1 was sexual in nature.

Accordingly, the panel found this charge proved.

Charge 3

Your conduct at any or all of charge 1 was sexually motivated in that you sought sexual gratification.

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Colleague A, including her local written statement provided on 4 November 2020, and the written response from Mr Dunn.

The panel considered the following from Colleague A's local statement:

'I felt as though Will was enjoying describing sex acts to me and I wasn't sure how to react.'

Mr Dunn's written account contradicts the evidence of Colleague A that his actions at charge 1 were sexually motivated. [PRIVATE].

On balance, the panel preferred the evidence of Colleague A, who provided clinical descriptions of arousal. The panel also bore in mind the submissions of the NMC said there is no suggestion of any innocent explanation for Mr Dunn's behaviour. Having found charges 1 and 2 proved, the panel could find no logical explanation other than that Mr Dunn's actions were sexually motivated.

Accordingly, the panel found this charge proved.

Charge 4

That you, a registered nurse, on or around 17 January 2020, said 'you can walk through the kitchen without being strangled*' or words to that effect to Patient A's wife.*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Colleague A and the written response from Mr Dunn, as well as the notes from the investigation interview with Mr Dunn dated 19 May 2021.

The panel considered the following from Colleague A's statement

> *'Whilst speaking with patient A's wife about the support available to her, Will said to her 'you can walk through the kitchen without being strangled'. I can't be sure, but I don't think patient A's wife heard as she did not comment, However I found Will's comment to be inappropriate and unprofessional. I felt Will said this in a malicious way, it was underhand and sarcastic in tone, Will was smirking at me when he said it.'*

The panel considered the following from Mr Dunn's statement in which he appears to accept this charge:

> *'In order to explain why I said "you will be able to walk through the kitchen without having hands round your" is that's where her husband pushed her against the kitchen wall and put his hand round her neck. I made this Statement innocently in order to reassure her that she was now safe in her own home.'*

Mr Dunn appears to accept the charge in the notes from the investigation interview:

> *'DK: It is reported that you made a remark to the wife that "you can walk through the kitchen without being strangled now". In reference to what happened before did you feel that was a bit in appropriate?*
>
> *WD: I don't understand what's being said all I was saying is that as he had been removed from the house, she could feel safe and that the police would do what they could to maintain her safety.'*

On balance, the panel was satisfied that Mr Dunn did say 'you can walk through the kitchen without being strangled*'* or words to that effect to Patient A's wife. It was satisfied

of the reliability of Colleague A's evidence, and noted the apparent admissions to this charge by Mr Dunn.

Accordingly, this charge is found proved.

Charge 5

> *That you, a registered nurse, On a date unknown, asked Patient B whether she got* 'sexual gratification*' by recounting the familial abuse she was aware of in her family or words to that effect.*

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Lauren Hilton, as well as Mr Dunn's response to written questions dated 4 June 2021, and his clinical notes dated 6 February 2020.

The panel bore in mind the following from Ms Hilton's statement:

> *'I met with [Patient B] in the community on 12 June 2020 and we went for a walk in the local area, this was due to one of her children being home and she didn't feel she would have been able to speak as openly at home. During this appointment [Patient B] told me that she'd had an appointment with community mental health services prior to lockdown with a gentleman, whose name she could not recall, thought he may have been called "John". [Patient B] informed me that during the appointment he was very direct in his questioning and asked [Patient B] if she got "sexual gratification" from the familial abuse she was aware of [Patient B's] husband had abused [Patient B's] daughter). [Patient B] reported to me that she felt this was not appropriate questioning from the colleague.'*

The panel determined that Ms Hilton gave a cogent, consistent account across of her oral and written evidence. The panel was therefore satisfied that that Ms Hilton was a reliable

witness. It accepted that her conversation with Patient B happened as reported. However, her evidence was that she accepted what had been reported at face value.

Although there was a follow up meeting with Ms Hilton, a colleague and Patient B there is no contemporaneous documentation of what was said. Patient B was offered the opportunity to contribute to the local investigation, and the NMC referral, but declined to do so. In addition, Patient B did not make a formal complaint to the Trust and is no longer a patient with the service.

There were issues of identification and the NMC have not provided patient records demonstrating how many male nurses visited the patient and when Mr Dunn visited save one entry for 6 February 2020.

However, the panel considered that, as Ms Hilton did not directly witness the alleged conversation between Mr Dunn and Patient B, her account is hearsay. The panel has not had the benefit of hearing directly from Patient B, in either oral or written format.

The panel considered Mr Dunn's written response to questions in which he addresses this charge:

> *'I do not recall asking [Patient B] if she got sexual gratification from her husband reported abuse of her 21 year old daughter. Nor do I remember stating that I ever asked this question of any other person I assessed or provided care or treatment to. I deny such accusations and state for the record that I had only intended to explore how the reported abuse and subsequent suicide of her husband had impacted on her emotional, intellectual and mental well-being.'*

This is corroborated by Mr Dunn's contemporaneous clinical notes dated 6 February 2020.

The panel considered that there is no witness statement from Patient B, who did not wish to take matters further, nor any witness statement from the member of the team who accompanied Ms Hilton on the second visit. Taking into account these factors, and the fact

that Patient B's evidence is sole and decisive, the panel did not consider this hearsay evidence to be admissible.

On balance, and in the absence of any admissible, supporting evidence, the panel did not consider there was sufficient evidence before it to find this charge proved.

Accordingly, the panel found this charge not proved.

Charge 6

> *Your conduct at charge 4 and/or 5 was offensive and/or breached professional boundaries*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Colleague A, and Mr Dunn's written statement, as well as its decision above at charge 4.

The panel paid close attention to the wording of the charge and noted that, in order for it to be found proved, Mr Dunn's behaviour at charge 4 must have caused offence and/or breached professional boundaries.

The panel bore in mind the context of this charge and that, at the time of the charges, Mr Dunn and Colleague A were conducting a home visit to the wife of a mental health patient who had just been arrested for domestic abuse.

The panel considered the following from Colleague A's written statement:

> *'Whilst speaking with patient A's wife about the support available to her, Will said to her 'you can walk through the kitchen without being strangled'. I can't be sure, but I don't think patient A's wife heard as she did not comment, However I found Will's comment to be inappropriate and unprofessional. I felt Will said this in a malicious*

way, it was underhand and sarcastic in tone, Will was smirking at me when he said it.'

The panel considered the following from Mr Dunn's written statement:

'In order to explain why I said "you will be able to walk through the kitchen without having hands round your" is that's where her husband pushed her against the kitchen wall and put his hand round her neck. I made this Statement innocently in order to reassure her that she was now safe in her own home.'

As above, the panel prefer the evidence of Colleague A. It bore in mind the context of charge 4 and that Patient A's wife had recently allegedly been subjected to domestic violence in her home. The panel agreed that Colleague A's statement demonstrated that she was offended by this comment, and documented she found it both to be 'inappropriate and unprofessional', in particular the manner in which Mr Dunn delivered the statement convinced the panel that Mr Dunn's conduct at charge 4 breached professional boundaries.

Accordingly, the panel found this charge proved.

Fitness to practise

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

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

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

Submissions on misconduct

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

Ms Rashid invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2018)' (the Code) in making its decision.

Ms Rashid identified the specific, relevant standards where Mr Dunn's actions amounted to misconduct. In particular, she submitted that the following sections of the Code had been breached: 1.1, 2.6, 20.1, 20.3, 20.5 and 20.8. She submitted that breaches of the Code do not necessarily amount to misconduct. She also referred the panel to NMC Guidance at FtP-2A-ii on sexual misconduct.

Ms Rashid submitted there is nothing to suggest that any of Mr Dunn's behaviour was welcome. She submitted that Mr Dunn's behaviour caused distress to vulnerable individuals, which is a form of harm. Ms Rashid submitted that the unwelcome sexual behaviour towards Colleague A had the potential to cause a harmful workplace culture.

Submissions on impairment

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

Ms Rashid submitted that Mr Dunn's behaviour did cause harm and potentially put patients at risk. She referred to the test in *Grant* and submitted that Mr Dunn's behaviour was not a one off. In relation to Colleague A, it was a continuing course of conduct over the duration that she was being shadowed by him. Ms Rashid submitted this is indicative of a risk of repetition. She submitted this type of behaviour brought the profession into disrepute and breached fundamental tenets of the profession

Ms Rashid submitted that Mr Dunn has not demonstrated any insight, reflection or remorse into the behaviour underpinning the charges. She submitted that Mr Dunn's actions indicate that he cannot practise without restriction, and invited the panel to make a finding of current impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance*, in respect of misconduct; *Grant* and *Cohen v General Medical Council* ([2008] EWHC 581 (Admin), in respect of impairment.

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

1 Treat people as individuals and uphold their dignity
To achieve this, you must:

1.1 treat people with kindness, respect and compassion

2 Listen to people and respond to their preferences and concerns
To achieve this, you must:

2.6 recognise when people are anxious or in distress and respond compassionately and politely

20 Uphold the reputation of your profession at all times
To achieve this, you must*:*

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

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

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

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

The panel considered the NMC Guidance at FtP-2a-ii regarding sexual misconduct in the workplace, and noted that sexual misconduct includes sexual harassment and also sexual

behaviour. Of note, the panel took into account the following guidance regarding sexual misconduct between colleagues:

> *'Cases of sexual misconduct between colleagues pose a particular risk to public confidence in the profession and to public safety where there are elements of abuse of power or manipulation. This is because such cases undermine the level of trust that can be placed in senior professionals. It could also affect the quality of training or breadth of experience received by junior colleagues if they are reluctant to work with senior professionals for fear of how they will behave. This will pose a danger to the health, safety and wellbeing of the public unless the conduct is unlikely to be repeated.'*

The panel bore in mind the following from Colleague A's statement:

> *'Obviously it was natural to speak to each other whilst we were waiting. At the time I was a newly qualified nurse and had not had much experience dealing with these high-risk situations. I recall saying to Will something along the lines of* 'oh god, this is really dramatic, I haven't had much experience in these situations, what about you Will?'. *I was looking for Will to share his experiences with me as I knew he had a forensic background.*
>
> *'Will did not share any of his experiences with me and began telling me sexually explicit stories. I found this very inappropriate and felt as though Will was getting enjoyment from sharing these stories with me. I know this because he was showing pressured speech, he was not blinking and was leaning in more and more towards me. I felt extremely uncomfortable and vulnerable.*
>
> *…*
>
> *'The day had been a stressful and tiring day, when I went home I genuinely felt drained and depleted. However over the weekend I began to reflect on Wills behaviour during the home visit and felt that this information needed to be shared with management. Not only was I aware that there were some other female staff on*

the team and knowing how Will spoke to me made me panic about placing them in a similar position. There was also a safeguarding issue regarding the sexually explicit stories, and I was also concerned about the comments made by Will regarding his niece.

…

'We did have good natured banter in the office, we all got on well and would chat about our weekends, partners and general life challenges, but there was never an element of inappropriateness or any discussions of a sexual nature.'

The panel considered the context of the behaviour, that it occurred within Mr Dunn's professional practice, and while Colleague A was alone with him in a car and unable to remove herself from the vehicle. The panel noted she made attempts to de-escalate and change the conversation that were unsuccessful. It noted that Colleague A already felt vulnerable as she was heading into a high-pressure situation and did not have much experience at the time, and that Mr Dunn's behaviour exacerbated her vulnerability. The panel considered that this was not an isolated incident but a persistent pattern of behaviour towards Colleague A during the home visit, afterwards in the Police car, and thereafter on the journey back to the office. The panel considered Mr Dunn was a senior colleague, and such behaviour was abuse of a position of power.

On this basis, the panel was satisfied that Mr Dunn posed a risk to patient safety and public confidence, and undermined the standards expected of the nursing profession. The panel found that Mr Dunn's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if, as a result of the misconduct, Mr Dunn'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 and to maintain professional boundaries, whether with patients or colleagues. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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 was satisfied that the first three limbs of this test are engaged.

The panel found that patients were put at unwarranted risk of serious emotional harm as a result of Mr Dunn's misconduct. While the panel has no information as to whether Patient A's wife heard Mr Dunn's comment, or how it may have affected her, the panel was satisfied that his remark had the potential to cause serious emotional harm to her as she was in a vulnerable state. The panel also considered the evidence it has seen that Mr Dunn's misconduct made Colleague A feel vulnerable, and determined that this could have affected the support provided to Patient A's wife. It noted the following from the Guidance:

> *'[sexual misconduct between colleagues] could also affect the quality of training or breadth of experience received by junior colleagues if they are reluctant to work with senior professionals for fear of how they will behave.'*

The panel noted the Professional Standards Authority has also produced research on sexual misconduct between colleagues highlighting the negative impacts that this kind of behaviour can have on public safety and the quality of care (Sexual behaviours between health and care practitioners: where does the boundary lie? PSA 2018). The panel was

satisfied that patients were put at risk of physical harm as an indirect result of Mr Dunn's misconduct.

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

The panel was satisfied that, though difficult, the misconduct in this case is capable of being addressed. However, the panel has seen no evidence to suggest that Mr Dunn has taken any steps to strengthen his practice such that the risk in this case has been sufficiently reduced. He has provided no testimonials, no recent reflections and no evidence of remediation or remorse. There is nothing before the panel to suggest that the behaviour is very unlikely to be repeated.

The panel identified there was a particular risk in relation to the patient population Mr Dunn served in that this was a community setting with vulnerable patients with complex mental health needs. The panel therefore felt that, without assurance of remediation, the risk of repetition remained high. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

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

The panel was satisfied that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case in light of the nature and seriousness of the misconduct found proved. The panel therefore finds Mr Dunn's fitness to practise impaired on the ground of public interest.

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

Sanction

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

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Rashid informed the panel that in the Notice of Hearing, dated 3 August 2026, the NMC had advised Mr Dunn that it would seek the imposition of a striking-off order if it found Mr Dunn's fitness to practise currently impaired.

Ms Rashid submitted that a striking-off order is the appropriate and proportionate order in this case. She outlined the aggravating features of this matter: that there is no evidence of insight from Mr Dunn, that Mr Dunn deliberately breached the Code, that Mr Dunn has failed to continue to engage with NMC proceedings, that there was abuse of a position of trust, and that there is no evidence of strengthened practice or remediation.

In terms of mitigating features, Ms Rashid submitted that: no previous referrals have been made against Mr Dunn, there is no suggestion that Mr Dunn's misconduct was premeditated, and that Mr Dunn did engage with the NMC initially. [PRIVATE].

The panel also bore in mind the information it has seen from Mr Dunn expressing that he does not intend to practise as a nurse in future. However, it noted this was provided to the NMC on 19 July 2023 and the panel does not have any recent information from Mr Dunn.

Decision and reasons on sanction

Having heard Ms Rashid's submissions, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement. The panel began by considering the potential aggravating and mitigating features.

The panel took into account the following aggravating features:

- absence of insight
- abuse of a position of trust
- conduct which deliberately or recklessly put a vulnerable person receiving care at risk of suffering harm
- failure to work collaboratively with colleagues
- deliberate breaches of the Code
- failure to attend a Fitness to Practice hearing without explanation
- a persistent pattern of misconduct during one shift
- misconduct towards two people, Colleague A and Patient A's wife, who were vulnerable for different reasons

[PRIVATE].

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 Mr Dunn'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 Mr Dunn's practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

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

Having regard to the nature and seriousness of Mr Dunn's misconduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. In light of Mr Dunn's lack of insight or remorse, and the attitudinal concerns, the panel was satisfied that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards. Further, the panel has no current information as to Mr Dunn's current practice and nothing to suggest that he would be receptive or willing to work under conditions.

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.*
- *…'*

Whilst the panel acknowledged that the risks identified could be managed by Mr Dunn 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, and the attitudinal concerns identified. Given Mr Dunn's lack of engagement, insight, remorse or remediation, together with no evidence of training and development, the panel considered that there is no realistic possibility that he would address the concerns to such a level where he could return to

practice safely. In this particular 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). Being a sexual misconduct case, 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?*

Mr Dunn's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Dunn's actions were extremely serious, and to allow him to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body. The panel noted Mr Dunn's disengagement and considered there is nothing to suggest he intends to return to practise. It bore in mind the email from the RCN on 1 September 2026, the first day of this hearing: *'I confirm that the registrant is disengaging with the NMC proceedings'.* The panel was satisfied that there is nothing to

suggest there is a realistic prospect that Mr Dunn is capable of the level of insight and remediation required to justify his return to nursing practice.

The panel bore in mind the NMC Guidance entitled *'Deciding between suspension and strike off'* (Reference: SAN-3 Last Updated; 28/01/2026):

> *'Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight'*

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

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

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Rashid. She invited the panel to impose an interim suspension order in order to protect the public and meet the public interest during the appeal period until the striking-off order comes into effect.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any appeal, if applied for, to be resolved.

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

This will be confirmed to Mr Dunn in writing.

That concludes this determination.