Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 22 September 2025 – Thursday, 2 October 2025
Monday, 7 September 2026 – Friday, 18 September 2026

Virtual Hearing

Name of Registrant:	Lawrence Stephen Essilfie
NMC PIN:	13A1068E
Part(s) of the register:	Sub Part 1, Adult Nurse, Level 1 (11 February 2017)
Relevant Location:	Sutton and London
Type of case:	Misconduct
Panel members:	Fiona Abbott (Chair, Lay member) Alison Thomson (Registrant member) Joanne Morgan (Lay member)
Legal Assessor:	Nigel Mitchell
Hearings Coordinator:	Zahra Khan
Nursing and Midwifery Council:	Represented by Tom Hoskins, Case Presenter
Mr Essilfie:	Present and represented by Anna Deery, instructed by the Royal College of Nursing (RCN)
Facts proved by admission:	Charges 2, 4, 7, 9, 13 and 17(a)(ii)
No case to answer:	Charges 8, 14(a) and 14(b)
Facts proved:	Charges 1, 5, 6, 10, 11, 12 (in relation to charge 10 only), 15(a), 16(b)(i), 16(b)(ii), 17(a)(i), 18(a) – (d), 19 and 20
Facts not proved:	Charges 16(a)(i), 16(a)(ii) and 21

Fitness to practise:	Impaired
Sanction:	**Suspension order (12 months) with review**
Interim order:	**Interim suspension order (18 months)**

Details of charges (prior to any amendments)

That you, a registered nurse:

1. On 4 December 2020 failed to handover that Patient A needed platelets.

2. On 15 December 2020 failed to take Patient D's blood sugars

3. On 28 December 2020 incorrectly labelled a blood sample.

4. On 29 December 2020 labelled a blood sample with the wrong patient's details.

5. On 14 January 2021 failed to take a blood sample from Patient B.

6. On 09 May 2021 failed to do a bed side check before labelling a blood sample.

7. On 26 May 2021 left a patient's room with unlabelled blood samples and handed these to a colleague to label.

8. Attempted to give Patient C intravenous vancomycin at a rate faster than clinically indicated.

9. On 30 January 2023, administered a blood transfusion to a patient at a rate that was faster than clinically indicated.

10. Told Colleague A (Danielle Casey) on or around 10 November 2020 that you had been a qualified nurse for 7 years.

11. Told Colleague A (Ms Casey) on or around 10 November 2020 that you were a qualified chemotherapy giver.

12. Your actions at charges 10 and 11 were dishonest in that you sought to mislead Colleague A into thinking you had greater experience than was the case.

13.On 6 December 2023 signed off Colleague B (Arnold Lorenzo) as competent to give blood transfusions.

14. Your actions at charge 13 were dishonest in that:

a. You knew that you were not authorised to do so.

b. You sought to mislead Colleague B (Mr Lorenzo) that you were authorised to do so.

15. In relation to Colleague A (Ms Casey),

a) in or around November 2020, stood in front of Colleague A (Ms Casey) and blocked their way.

16.In relation to Colleague C:

a) In or around November 2020:

i) Raised your voice.

ii) Stood very close to Colleague C, stood tall and broadened your shoulders.

b) On 3 December 2020:

i) Shouted to Colleague C that you knew what you were doing.

ii) Stood between Colleague C and another person.

17. In relation to Colleagues D (Rumbidzai Jena) and E (Alma Clavecilla):

a) On 19 January 2023:

i) Became irritated and aggressive.

ii) Said words to the effect that staff ‘would definitely pay’ for what you implied were ‘lies’.

18. In relation to Colleague C in or around November 2020:

a) Linked arms with Colleague C.
b) Put your arm around Colleague C's lower waist on more than one occasion.
c) Tried to hug Colleague C.
d) Told Colleague C that you could drop them at home so you could be alone.

19. On 11 May 2021 placed your hand on Colleague F's knee.

20. Picked up Colleague G.

21. Your actions in charges 18 and/or 19 and/or 20 were sexually motivated, in that you sought sexual gratification from such acts.

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

Decision and reasons on applications to amend the charges

At the start of the hearing, the panel heard applications from Ms Deery on your behalf and Mr Hoskins on behalf of the Nursing and Midwifery Council (NMC). After the charges had been read, Mr Hoskins made a further application to amend a charge. All decisions and reasons regarding these applications are contained, for ease of reference, in this section of the determination.

The panel heard applications made by Mr Hoskins to remove charge 3 in its entirety and to amend the wording of charges 13 and 15.

In relation to charge 3, Mr Hoskins submitted that charge 3 should be deleted in its entirety on the basis that it is a duplication of charge 4.

Mr Hoskins submitted that, as outlined in your witness statement dated 17 September 2025, charge 3 appears to replicate the matters alleged in charge 4. Mr Hoskins submitted

that the apparent duplication arose because information had been drawn from two different sources. He explained that, because the evidence was drawn from these two overlapping sources, it initially appeared that there were two separate incidents when there was only one occurrence during the same night shift (on 29 December 2020).

Ms Deery, on your behalf, indicated that she had no objection to the removal of charge 3.

In relation to charge 13, Mr Hoskins submitted that, having reviewed the evidence in detail, particularly Mr Lorenzo's Blood Transfusion Competency Booklet which contains your signature dated 6 December 2023, it is clear that the date recorded as 2023 cannot be correct. Mr Hoskins pointed out that you had left the London Clinic before 2023, making it impossible for the incident to have occurred on that date. He submitted that, in the context of the surrounding evidence, it is almost certain that the correct year should be 2022, not 2023.

Mr Hoskins acknowledged that charge 13 had already been admitted by you. He therefore referred the panel to Rule 24 which provides that an admitted charge may be found proved, and to Rule 28 which allows amendments at any time before findings of fact are made. He submitted that, to ensure clarity and accuracy, it was in the public interest to vacate the admission to charge 13, amend the date to 6 December 2022, and invite you to indicate a fresh response to the amended charge.

Ms Deery accepted Mr Hoskins' application. She submitted that charge 13 should be amended to 6 December 2022 to more accurately reflect the evidence. While noting that the charge had previously been admitted and found proved, Ms Deery accepted that those admissions should be vacated to permit the amendment after which you would be in a position to confirm admissions or denials to the amended charge.

In relation to charge 15, Mr Hoskins submitted that the date should be corrected from November 2020 to January 2021. He referred to Ms Casey's witness statement dated 20 November 2023 in which she described the incident as occurring about two months after

you joined the ward in November 2020. Mr Hoskins submitted that this reference to November 2020 was erroneously incorporated into the charge. However, he submitted that the primary evidence shows the incident more accurately occurred in January 2021.

Mr Hoskins submitted that, while the existing wording could technically cover a date a few months later, greater precision is important in the context of the wider background of complaints and cross-complaints, including a grievance email sent by you on 3 January 2021. Mr Hoskins submitted that a clear date would therefore assist the panel in considering the chronology of events.

Ms Deery accepted Mr Hoskins' application in relation to the amendment of charge 15.

As such, the NMC's proposed amendments are as follows:

> "That you, a registered nurse:
>
> ~~3. On 28 December 2020 incorrectly labelled a blood sample.~~
>
> 13. On 6 December ~~2023~~ **2022** signed off Colleague B (Mr Lorenzo) as competent to give blood transfusions
>
> 15. In relation to Colleague A (Ms Casey),
>
> a) in or around ~~November 2020~~ **January 2021**, stood in front of Colleague A (Ms Casey) and blocked their way."

The panel heard an application made by Ms Deery under Rule 28 to amend the wording of charge 2 to provide greater clarity and accuracy. She submitted that charge 2 lacks the necessary particularity and could be interpreted in two ways:

- As an allegation of a complete failure to take Patient D's blood sugars; or
- As an allegation of a failure to take them at appropriate intervals.

Ms Deery submitted that you have the right to know the precise case you must meet before you respond and that the charge should be amended for both clarity and fairness.

Ms Deery invited the panel to include the words ‘at appropriate intervals’ at the end of charge 2. She acknowledged that you would be admitting this charge at the outset of the hearing on the basis of a failure to take blood sugars regularly throughout the shift, and that the proposed wording accurately reflects that understanding. She submitted that there would be no prejudice or injustice to either party if the amendment were allowed.

Mr Hoskins submitted that charge 2 as drafted was sufficiently clear to encompass both a complete failure to take blood sugars and a failure to take them regularly enough. He submitted that the evidence and witness statements could support either formulation, and that further clarification from the witnesses might assist the panel in deciding whether amendment was necessary.

Mr Hoskins submitted that no prejudice would arise if the panel preferred to defer the decision until after the evidence had been heard since your position would not be compromised.

As such, your proposed amendment is as follows:

> “That you, a registered nurse:
>
> 2. On 15 December 2020 failed to take Patient D’s blood sugars **at appropriate intervals**”

The panel accepted the advice of the legal assessor.

In relation to charge 2, the panel agreed that the charge as drafted was sufficiently clear to encompass both interpretations and the application to amend the charge, before it was put

to you, was refused. The panel, however, indicated that it would reconsider applications to amend this charge following witness evidence.

After all of the NMC witnesses had been heard, Ms Deery renewed the application and submitted that the proposed wording was the clearest and most accurate representation of the evidence.

Mr Hoskins confirmed that he did not oppose the application to amend charge 2 as proposed.

Having heard all the NMC evidence, the panel was satisfied that the proposed amendment more accurately reflects the evidence and better clarifies the nature of the allegation, thereby ensuring fairness to you.

The panel therefore allowed the amendment to charge 2.

In relation to charge 3, the panel accepted that this charge was a duplication of charge 4 and therefore deleted it.

In relation to charge 13, the panel was satisfied that the amendment accurately reflects the evidence and is in the public interest.

The panel therefore allowed the amendment to charge 13.

In relation to charge 15, the panel considered the wider context, including the multiple complaints and cross-complaints around this time. It concluded that the amendment provides greater clarity and precision.

The panel therefore allowed the amendment to charge 15.

For the reasons set out above, the panel allowed the applications to amend charges 2, 13 and 15 and the deletion of charge 3.

The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendments being allowed.

Details of charges (as amended the first time)

That you, a registered nurse:

1. On 4 December 2020 failed to handover that Patient A needed platelets.

2. On 15 December 2020 failed to take Patient D's blood sugars at appropriate intervals.

3. This charge has been deleted.

4. On 29 December 2020 labelled a blood sample with the wrong patient's details.

5. On 14 January 2021 failed to take a blood sample from Patient B.

6. On 09 May 2021 failed to do a bed side check before labelling a blood sample.

7. On 26 May 2021 left a patient's room with unlabelled blood samples and handed these to a colleague to label.

8. Attempted to give Patient C intravenous vancomycin at a rate faster than clinically indicated.

9. On 30 January 2023, administered a blood transfusion to a patient at a rate that was faster than clinically indicated.

10. Told Colleague A (Ms Casey) on or around 10 November 2020 that you had been a qualified nurse for 7 years.

11. Told Colleague A (Ms Casey) on or around 10 November 2020 that you were a qualified chemotherapy giver.

12. Your actions at charges 10 and 11 were dishonest in that you sought to mislead Colleague A (Ms Casey) into thinking you had greater experience than was the case.

13. On 6 December 2022 signed off Colleague B (Mr Lorenzo) as competent to give blood transfusions.

14. Your actions at charge 13 were dishonest in that:

a. You knew that you were not authorised to do so.

b. You sought to mislead Colleague B (Mr Lorenzo) that you were authorised to do so.

15. In relation to Colleague A (Ms Casey),

a) In or around January 2021, stood in front of Colleague A (Ms Casey) and blocked their way.

16. In relation to Colleague C:

a) In or around November 2020:

i) Raised your voice.

ii) Stood very close to Colleague C, stood tall and broadened your shoulders.

b) On 3 December 2020:

i) Shouted to Colleague C that you knew what you were doing.

ii) Stood between Colleague C and another person.

17. In relation to Colleagues D (Ms Jena) and E (Ms Clavecilla):

a) On 19 January 2023:

i) Became irritated and aggressive.

ii) Said words to the effect that staff ‘would definitely pay’ for what you implied were ‘lies’.

18. In relation to Colleague C in or around November 2020:

a) Linked arms with Colleague C.

b) Put your arm around Colleague C’s lower waist on more than one occasion.

c) Tried to hug Colleague C.

d) Told Colleague C that you could drop them at home so you could be alone.

19. On 11 May 2021 placed your hand on Colleague F’s knee.

20. Picked up Colleague G.

21. Your actions in charges 18 and/or 19 and/or 20 were sexually motivated, in that you sought sexual gratification from such acts.

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

Background

The charges arose whilst you were employed as a registered nurse by the Royal Marsden Hospital (‘the Hospital’) and The London Clinic (‘the Clinic’).

The alleged concerns are as follows:

1. Unprofessional, intimidating, and inappropriate behaviour with colleagues in that you are alleged to have said or done things to colleagues on multiple occasions which were perceived to be sexual in nature or made them feel uncomfortable and intimidated by you.

2. Dishonesty, including that you intended to create a misleading impression that you had been a qualified nurse for longer than you had in fact been.

3. Failure to act appropriately in response to a deteriorating patient in that:

a) On 4 December 2020, you did not handover that Patient A required platelets.

b) On 15 December 2020, did not take blood sugars for Patient D when it was clinically indicated.

c) On 14 January 2021, you did not take a blood sample for Patient B after being told by the Senior House Officer that the blood sample had haemolysed.

4. Poor medications practice – in that:

a) On multiple occasions, you failed to follow the blood labelling policy.

b) You attempted to give Patient C intravenous vancomycin at a rate faster than clinically indicated.

c) On 30 January 2023, you administered a blood transfusion to a patient at a rate that was faster than clinically indicated.

5. Acting outside scope of competence – signing off a staff member's blood transfusion competency when you were not authorised to do so.

Admissions

The panel heard from Ms Deery who informed it that you made full admissions to charges 2, 4, 7, 9, 13, and 17(a)(ii).

The panel therefore finds charges 2, 4, 7, 9, 13, and 17(a)(ii) proved in their entirety, by way of your admissions.

Decision and reasons on application of no case to answer

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

- Witness 1: Divisional Clinical Nurse Director, Cancer Services at the Royal Marsden Hospital at the time of the incidents.

- Colleague A (Ms Casey): Practice Educator at the Royal Marsden Hospital at the time of the incidents.

- Colleague C: Senior Staff Nurse at the Royal Marsden Hospital at the time of the incidents.

- Colleague D (Ms Jena): Locum Manager at The London Clinic at the time of the incidents.

- Colleague E (Ms Clavecilla): Deputy Manager at The London Clinic at the time of the incidents.

- Colleague F: Deputy Matron at the Royal Marsden Hospital at the time of the incidents.

- Colleague G: Senior Staff Nurse at the Royal Marsden Hospital at the time of the incidents.

After concluding the NMC's witnesses, the panel considered an application from Ms Deery that there is no case to answer in respect of charges 1, 5, 6, 8, 12, 14(a), 14(b), 17(a)(i), and 21. Further, Ms Deery made an application of no case to answer with regards to impairment in relation to charge 15(a), charge 16(b)(ii), and charge 18(c). This application

was made under Rules 24(7) and 24(8) and was provided to the panel by way of written submissions and supplementary oral submissions.

In making her application, Ms Deery referred to the case of *R v Galbraith* [1981] 1 WLR 1039 which sets out two limbs:

> 1) Whether there is any evidence of the complaints raised; if not, the facts should be deemed not to have been proven.
>
> 2) Whether the evidence taken at its highest is such that a jury properly directed could not properly convict upon it; it is the panel's duty in such circumstances to deem the facts not to have been proved.

Ms Deery then took each charge in turn. In relation to charge 1, she submitted that this charge falls under the second limb of *Galbraith*. She submitted that there is no direct evidence of this handover not taking place and there is a lack of documentary evidence that supports a lack of handover. She drew the panel's attention to how a failure in handover is not mentioned within the incident's DATIX. Further, Ms Deery submitted that you accept that Colleague C gave evidence that she was told by night staff that platelets were not given to Patient A as this was not handed over by you. Ms Deery submitted that you also accept there is reference in the Practice Educator book by Ms Casey that the information was 'not handed over', but this again came from night staff. Your position is that evidence in support of this charge is solely hearsay evidence. Ms Deery accepted that hearsay evidence is admissible in these proceedings but submitted that, at its height, this evidence would not allow the panel to find this charge proved.

In relation to charge 5, Ms Deery submitted that this charge falls under the second limb of *Galbraith*. Your position is that the sole evidence of this charge is from Colleague C who stated there was an incident where you were asked by the Senior House Officer ('SHO') to retake Patient B's blood which you did not do. Ms Deery submitted that there is no direct evidence of your failing to take this blood sample. Further, there is no documentary

evidence that supports a failure to take a blood sample; there is no DATIX, patient note, SHO note, or any record of this. Ms Deery submitted that evidence in support of charge 5 is solely hearsay evidence. She accepted that hearsay evidence is admissible in these proceedings but submitted that, at its height, this evidence would not allow the panel to find this charge proved.

In relation to charge 6, Ms Deery submitted that this charge falls under the second limb of *Galbraith*. She submitted that the sole evidence of this alleged clinical incident is from Colleague C who stated in evidence that she sent an email to her manager on 11 May 2021 stating she witnessed you not doing the blood bed-side check two days previously. Despite the email being exhibited, Ms Deery submitted that there is insufficient evidence surrounding the circumstances of this alleged incident given in evidence by Colleague C. Further, there is no supportive documentary evidence, DATIX, contemporaneous note or record of the incident or any discussions with you in relation to it. Ms Deery submitted that, at its height, this evidence would not allow the panel to find charge 6 proved.

In relation to charge 8, Ms Deery submitted that this charge falls under the second limb of *Galbraith*. Your position is that the only evidence of this charge is from Colleague C who stated you had set up the appropriate machine. Ms Deery reminded the panel that Colleague C could not recall in evidence the rate the machine was set to. Ms Deery submitted that the circumstances surrounding this alleged incident are vague in that there is no date identified, no dose identified, and no rates identified by Colleague C. Further, there is no documentary evidence to support this charge. Ms Deery drew the panel's attention to how Patient C's notes have not been provided and the absence of a DATIX or any record of this incident. She also submitted that the Hospital's IV guide booklet exhibited was not the applicable guide at this time. Ms Deery then submitted that Colleague C's oral evidence in relation to this matter was self-contradictory and inconsistent regarding whether the rate was faster or slower than clinically indicated. She submitted that, at its height, this evidence would not allow the panel to find charge 8 proved.

In relation to charge 12, Ms Deery submitted that this charge falls under the second limb of *Galbraith*. She reminded the panel that dishonesty stemming from charges 10 and 11 cannot be presumed; it must be evidenced. She also drew the panel's attention to the wording of the charge and submitted that there needs to be sufficient evidence of dishonesty of both charges 10 and 11 for charge 12 to continue. Ms Deery submitted that the only evidence of dishonesty relating to both charges is a comment from Ms Casey in her witness statement and evidence that she felt you had been dishonest. Ms Casey accepted in evidence that she did not have any proof or knowledge of you purposefully being dishonest to her or misleading her in the meeting on 10 November 2020. Ms Deery also reminded the panel that Ms Casey agreed in evidence that she could not comment on whether you were a qualified chemotherapy giver in a previous Trust. Ms Deery submitted that, at its height, this evidence would not allow the panel to find charge 12 proved.

In relation to charge 14(a), Ms Deery submitted that this charge falls under the first limb of *Galbraith*. She submitted that there is no oral or documentary evidence that would support the assertion that there was dishonesty, or that you knew you were not authorised to sign off Mr Lorenzo. Ms Deery drew the panel's attention to Ms Clavecilla's oral evidence in which she stated that the relevant Blood Transfusion Policy does not refer to the authorisation for signing off blood transfusion competencies. Ms Deery submitted that, at its height, this evidence would not allow the panel to find charge 14(a) proved.
In relation to charge 14(b), Ms Deery submitted that this charge falls under the first limb of *Galbraith*. She submitted that there is no direct or indirect evidence of any discussion between you and Mr Lorenzo. Further, Ms Deery submitted that there is no evidence at all (documentary or oral) that you sought in any way to mislead Mr Lorenzo. Ms Deery submitted that there is no evidence of charge 14(b).

In relation to charge 17(a)(i), Ms Deery submitted that this charge falls under the second limb of *Galbraith*. She submitted that oral evidence from Colleagues D and E support that the content of your comments was aggressive. Ms Deery submitted that there is limited evidence that your behaviour suggested that you were irritated and aggressive. Ms Deery

submitted that, at its height, this evidence would not allow the panel to find charge 17(a)(i) proved.

In relation to charge 21, Ms Deery submitted that this charge falls under the first limb of *Galbraith*. She reminded the panel that sexual motivation and sexual gratification cannot be presumed; they must be sufficiently evidenced by the NMC. Regarding charges 18(a) and 18(b) (both of which are referred to in charge 21), Ms Deery reminded the panel that in evidence Colleague C stated that she did not believe this alleged behaviour to be sexually motivated. Regarding charges 18(c) and 18(d) (both of which are referred to in charge 21), Ms Deery submitted that there is no evidence that this alleged behaviour was sexualised. Further, regarding charge 19 (which is referred to in charge 21), Ms Deery submitted that Colleague F stated in evidence that she did not believe the alleged incident was sexualised. In addition, regarding charge 20 (which is referred to in charge 21), Ms Deery submitted that Colleague G stated in evidence that she did not feel the alleged incident was sexually motivated. As such, Ms Deery submitted that there is no evidence to support charge 21.

Ms Deery then addressed the panel on her application of no case to answer in relation to impairment. She referred to Rule 24(8) which states:

> *'Where an allegation is of a kind referred to in article 22(1)(a) of the Order, the Committee may decide,—*
>
> *(i) either upon the application of the registrant or*
>
> *(ii) of its own volition,*
>
> *to hear submissions from the parties as to whether sufficient evidence has been presented to support a finding of impairment, and shall make a determination as to whether the registrant has a case to answer as to her alleged impairment'.*

Ms Deery invited the panel to find that there is no case to answer with regards to impairment in relation to charge 15(a), charge 16(b)(ii), and charge 18(c). She reminded

the panel that the alleged impairment is that of misconduct. She then referred to the case of *Roylance v GMC* [2000] 1 AC 311 which states that misconduct is:

> '*A word of general effect, involving some act or omission which falls short of what would be proper in the circumstances*'.

Ms Deery further referred to the case of *R (on the application of Remedy UK Ltd) v General Medical Council* [2010] DWHC 1245 (Admin) that found that misconduct:

> *'May involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise'.*

In relation to charge 15(a), Ms Deery submitted that sufficient evidence of misconduct in relation to this charge has not been raised by the NMC. She submitted that the alleged factual circumstances of this charge are that you stood between Ms Casey and another colleague having a conversation; at its height this could not lead to a finding of sufficiently serious misconduct.

In relation to charge 16(b)(ii), Ms Deery submitted that sufficient evidence of misconduct in relation to this charge has not been provided by the NMC. She submitted that the alleged factual circumstances of this charge are that you stood between Colleague C and another colleague having a conversation; at its height this could not lead to a finding of serious misconduct.

In relation to charge 18(c), Ms Deery submitted that sufficient evidence of misconduct in relation to this charge has not been provided by the NMC. She submitted that the alleged factual circumstances of this charge are that you attempted to hug Colleague C who stepped back from said hug; at its height this could not lead to a finding of serious misconduct.

In these circumstances, Ms Deery submitted that charges 1, 5, 6, 8, 12, 14(a), 14(b), 17(a)(i), and 21 under Rule 24(7), and charges 15(a), charge 16(b)(ii), and charge 18(c) in relation to impairment under Rule 24(8), should not be allowed to remain before the panel.

The panel then considered Mr Hoskins' submissions in respect of each of the charges. He outlined the legal framework for the panel to consider when deciding whether there is a case to answer.

In relation to charge 1, Mr Hoskins submitted that the criticism here is an absence of evidence of the nature of the handover. However, he submitted that it cannot reasonably be suggested that no handover took place at all. He submitted that a submission based on what evidence could or should say missed the focus that the panel should have on what evidence it has. Mr Hoskins acknowledged that there was no mention in the DATIX of the handover. He submitted that this neglects the common-sense inference that the DATIX refers to you making a note yourself to hand it over and yet the night nurses were not aware of whether platelets were given or not. Whilst the latter is hearsay, Mr Hoskins submitted that it is not (given the surrounding circumstances of the issue with the patient arising in the first place) unreliable or hearsay that should attach little weight.

Further, Mr Hoskins submitted that there was a delay in the DATIX being completed. He submitted that the delay is a more likely explanation for the omission of the concerns about the handover than the handover itself never having been a concern. On the subject of the patient's notes, Mr Hoskins submitted that it is key to this charge (and sufficient in itself) that your own progress notes record "will discussed (sic) this with the team for transfusion." This entry was verified at 20:11, after the conclusion of the shift and likely after handover. Mr Hoskins submitted that this provides evidence that a handover was in fact given. He submitted that this is supported by the doctor's notes requiring "1 pool of platelets today". Added to this contemporaneous documentation is the hearsay evidence provided by Colleague C and the Practice Educator's handbook. Mr Hoskins submitted that the fact there are two separate instances of people being told strengthens the weight

to be attached to the hearsay. Additionally, the promptness and specificity of the Practice Educator's note, referring directly to a lack of handover, is significant.

Mr Hoskins submitted that the additional evidence drawn from the NMC witness statements is also set out in the draft evidence matrix. There is consistency between Ms Casey and Colleague C when they were asked on multiple occasions about their understanding of this incident. He further submitted that there was nothing in the live evidence of the witnesses which undermined the NMC's case. In terms of your response to this charge, Mr Hoskins submitted that the panel will be aware that the patient's notes were provided to you. Ms Casey gave evidence that she went through the notes with you, and there is no suggestion of you opposing the concerns raised about this patient. At the meeting on 18 December 2021, Ms Casey's note records that "Lawrence was apologetic about this and couldn't recall events or this patient".

As such, Mr Hoskins submitted that charge 1 is not wholly based on hearsay. It includes clear indications from contemporaneous primary documents in your own hand. Even if it were treated as a hearsay charge, the assessment of hearsay evidence and the weight to attach to it does not run contrary to NMC guidance. In any event, it attracts more than sufficient weight to proceed to the next stage.

In relation to charge 5, Mr Hoskins submitted that this charge can be established on the basis of reliable hearsay evidence. He submitted that whilst it is suggested the charge relies only on what the SHO said, as relayed by Colleague C, that evidence is in fact reliable: Colleague C documented the key aspect of her conversation with the SHO on the very day it occurred, 15 January 2021.

Mr Hoskins reminded the panel that Colleague C offered an explanation in her evidence as to why there was no direct statement from the SHO, namely because they left the Trust. Accordingly, the absence of a primary account is an omission rather than an inconsistency, and limb 2 of *Galbraith* is not engaged. Mr Hoskins also submitted that, independent of the SHO's account, there is a duty on nurses to check results daily and act

on abnormal results. This duty was not disputed and is a predicate of the charge. He submitted that Colleague C was clear about this duty in her statement.

Mr Hoskins submitted that focusing on the weight of hearsay evidence at this stage runs contrary to NMC guidance. On any view, there is sufficient evidence for this charge to proceed.

In relation to charge 6, Mr Hoskins submitted that the “no case” argument under limb 2 of *Galbraith* is misconceived. The submission is said to be focused on context of circumstance which is not part of the allegation but rather a matter of misconduct. He further submitted that the application is wrongly focused on the absence of potential evidence rather than the evidence that is actually available.

Mr Hoskins identified the following as relevant:

- This was not the first concern about your labelling of blood and related safety checks.
- The note of concern clearly states the location of the labelling, namely at the nurses’ station.
- Colleague C was clear about the associated risks in her statement.
- The Best Practice Guidance attached by Colleague C supports the allegation and was unchallenged.

Mr Hoskins submitted that these matters are sufficient to provide circumstances around the allegation and give rise to a case to answer. He therefore submitted that the submission under Rule 24(7) should be dismissed.

In relation to charge 8, Mr Hoskins submitted that the “no case” argument in relation to charge 8 is again based on the absence of potential documentation, which misses the point. The allegation is one of attempting to administer vancomycin at the wrong rate, and the evidence is that Colleague C intervened and corrected you at the time. She explained

there was no need for documentation because nothing ultimately happened; she was simply educating you.

Mr Hoskins accepted that there is no evidence of the date, dose, or rate, but submitted this goes to the circumstances rather than the core allegation. The gravamen of the charge is that you attempted to administer the infusion at an inappropriate rate. He pointed out that although the Hospital policy post-dates the incident, Colleague C gave evidence that she was not aware of any changes to the relevant guidance, saying in cross-examination: “I don’t think the rates have changed.” In her earlier account she again referred to the IV guide when the incident was fresher in her mind. What matters, he submitted, is the evidence that what you sought to do was inconsistent with the guide.

Mr Hoskins acknowledged some inconsistencies in Colleague C’s accounts as to whether the rate was too fast or too slow. However, he submitted these were superficial. On close inspection, her live evidence in fact supports the allegation that you sought to set the infusion at a faster rate. He submitted that the weight of the evidence is consistent, and there is sufficient evidence for this charge to proceed.

In the alternative, if the panel considered the lack of clarity around whether the rate was too fast or too slow to be material, Mr Hoskins submitted that the matter could be addressed by amending the charge to allege that you attempted to administer vancomycin at a clinically inappropriate rate. He submitted that such an amendment would not cause prejudice and would properly reflect the gravamen of the allegation.

Mr Hoskins, during his submissions, therefore made an application to amend charge 8 under Rule 28. His proposed amendment was as follows:

> “8. Attempted to give Patient C intravenous vancomycin at a rate ~~faster than clinically indicated~~ that was clinically inappropriate”.

In relation to charge 12, Mr Hoskins submitted that the drafting of this charge should be clarified. As currently worded, the charge requires both charges 10 and 11 to be proved before charge 12 can be found proved. He submitted that, to avoid injustice, the charge should be amended so that it refers to "10 and/or 11."

Mr Hoskins, during his submissions, therefore made a further application to amend charge 12 under Rule 28. His proposed amendment was as follows:

> "12. Your actions at charges 10 and**/or** 11 were dishonest in that you sought to mislead Colleague A (Ms Casey) into thinking you had greater experience than was the case".

Mr Hoskins submitted that the panel's focus should not be on Ms Casey's belief about dishonesty but rather on what you knew at the relevant time. He reminded the panel that dishonesty may be inferred from your state of mind and actions.

Mr Hoskins submitted that Ms Casey's evidence was consistent with her contemporaneous actions: she did not immediately recognise dishonesty, as shown by her initial referral of you for another role, but she did later identify concerns, as evidenced in her email to the RCN on 8 February 2021. The fact that dishonesty was not identified immediately does not mean it was absent.

Mr Hoskins referred to the evidence matrix, which shows clear evidence that you knew the true state of affairs, including:

- Your application form stating you received your degree in 2017, later altered in your aborted application for the matron role.
- Inconsistencies in your accounts given at meetings on 2 February 2022, as noted by Ms Casey.
- Your representations about chemotherapy competence in emails and job documents.
- Your failure to produce supporting documentation.

Mr Hoskins submitted there can be no sensible suggestion that knowingly providing false information about a qualification to administer a toxic drug could be regarded as anything other than dishonest. He submitted that charge 12 should therefore proceed.

In relation to charge 14(a) and (b), Mr Hoskins submitted that there is sufficient evidence to support both limbs of this charge. He referred to the form itself, the absence of any corroborating competencies or supervision records, and the evidence of Ms Clavecilla, who confirmed that your explanation about prior signatures could not be correct. Mr Hoskins submitted that Ms Clavecilla's evidence also confirmed that the documentation relied upon was not consistent with supervision records. Whilst acknowledging that the incorrect date (2023) might suggest a lack of application of mind, Mr Hoskins submitted that this does not undermine the evidence of dishonesty. The charge should therefore proceed.

In relation to charge 17(a)(i) and (ii), Mr Hoskins submitted that the evidence supports a case to answer. He submitted that, while Ms Clavecilla focused on the words alone, Ms Jena's evidence described your tone and behaviour, which she characterised as aggressive and irritated. In Ms Jena's live evidence, she stated that the raised voice and use of words such as "karma" felt threatening. Under cross-examination, she described how staff outside the meeting could hear you and commented, "I wouldn't expect that."

Mr Hoskins submitted that this evidence is consistent with earlier concerns raised about you at the Clinic. He submitted that there is therefore sufficient evidence for charge 17 to proceed.

In relation to charge 21, Mr Hoskins submitted that the focus of charge 21 is on your motivation, not the perception of others. Accordingly, the fact that Colleague C, Colleague F, and Colleague G did not perceive the acts complained of as sexual does not determine the issue. He reminded the panel that motivation can be inferred from the surrounding circumstances. In this case, the inference can properly be drawn from:

- The unusual nature of the actions.
- The absence of any objective or contextual justification.
- The location and nature of the touching (hug, hips, knees), which all have a common sexual aspect.
- The words about being “alone,” which Colleague C immediately connected to marital status.
- The fact that some actions occurred in private (charge 19).

On that basis, Mr Hoskins submitted that there is a case to answer in respect of charge 21.

For the reasons set out above, Mr Hoskins submitted that the evidence relied upon by the NMC is capable of supporting the factual allegations in each charge. Accordingly, the application of no case to answer should be dismissed. In the alternative, if the panel was minded to accept the application in respect of charges 8 or 12, Mr Hoskins submitted that the appropriate course would be to allow the amendments proposed, thereby preserving the gravamen of the allegations without causing prejudice.

Mr Hoskins opposed Ms Deery’s no case to answer application on charges 15(a), 16(b)(ii), and 18(c) in relation to impairment under Rule 24(8). He submitted that these charges should remain before the panel as, if proved, they could amount to misconduct.
Ms Deery opposed Mr Hoskins’ application to amend charges 8 and 12. She submitted that such amendments would not be in the interests of justice and would be wholly unfair to you at this stage of the proceedings.

Ms Deery further submitted that, even if the charges were amended as proposed, this would not alter your position. She maintained that there would still be insufficient evidence to support charges 8 or 12 and therefore the application of no case to answer would remain.

Ms Deery reminded the panel that, whilst it has the power under Rule 28 to amend charges before making findings of fact, it must have regard to the merits of the case and the fairness of the proceedings. In her submission, the proposed amendments could not be made without causing injustice to you. Accordingly, Ms Deery invited the panel to reject the application to amend charges 8 and 12.

The panel took account of the submissions made and accepted the advice of the legal assessor.

In reaching its decision, the panel made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer. The panel also referred to the NMC's guidance on no case to answer (Ref: DMA-6) and applied the following principles:

- The question is whether the evidence, taken at its highest, is such that a properly directed panel could find the charge proved.
- Issues of weight are matters for later stages of the hearing.

Charge 1: On 4 December 2020 failed to handover that Patient A needed platelets

The panel determined that there is a case to answer.

In reaching its decision, the panel had regard to Ms Casey's witness statement dated 20 November 2023 and her oral evidence; Colleague C's witness statement dated 2 February 2024 and her oral evidence; your patient notes dated 4 December 2020; the DATIX relating to the platelet incident; the doctor's notes dated 4 December 2020; the email from Ms Casey dated 18 December 2020; the email from Colleague C dated 12 January 2021; and the Practice Educator notebook extracts.

The panel acknowledged that the evidence from Colleagues A (Ms Casey) and C includes hearsay but reminded itself that weight is a matter for later. It noted that your patient notes record a note to discuss the transfusion with the team. Further, the DATIX relating to the platelet incident, the doctor's notes, the email exchanges, and the Practice Educator's notes all raise concerns about the alleged platelet incident.

For these reasons, the panel determined that there is sufficient evidence on charge 1 for it to proceed.

Charge 5: On 14 January 2021 failed to take a blood sample from Patient B

The panel determined that there is a case to answer.

In reaching its decision, the panel had regard to Colleague C's witness statement dated 2 February 2024 and her oral evidence. It also took into account an email from Colleague C to Colleague F dated 15 January 2021.

The panel acknowledged that the allegation is based on the hearsay evidence of the SHO, as reported by Colleague C. She recorded this information contemporaneously on 15 January 2021 in her email and explained why there is no statement from the SHO (he had left the Trust).

The panel noted that the duty on you to check and act on abnormal results was not disputed and is confirmed in Colleague C's witness statement.

For these reasons, the panel determined that there is sufficient evidence, albeit hearsay, on charge 5 for it to proceed and the weight to attribute to the evidence is at a later stage.

Charge 6: On 09 May 2021 failed to do a bed side check before labelling a blood sample

The panel determined that there is a case to answer.

In reaching its decision, the panel had regard to Colleague C's witness statement dated 2 February 2024 and her oral evidence. It also took into account an email from Colleague C dated 11 May 2021 expressing her concerns that she witnessed you on 9 May 2021 labelling your bloods at the nurse's station and not doing a patient bedside check.

The panel accepted that you had a duty to conduct bedside checks. It noted that Colleague C gave direct oral evidence that she witnessed this incident and followed it up with an email dated 11 May 2021. Further, she exhibited a competency workbook for blood samples (best practice guidance) which confirms the requirement to label blood at the bedside.

For these reasons, the panel determined that there is sufficient evidence on charge 6 for it to proceed.

Charge 8: Attempted to give Patient C intravenous vancomycin at a rate faster than clinically indicated

The panel determined that there is no case to answer.

The panel first considered Mr Hoskins' application to amend the charge to read:

> "8. Attempted to give Patient C intravenous vancomycin at a rate ~~faster than clinically indicated~~ that was clinically inappropriate".

The panel carefully considered this proposal but concluded that it would be inherently unfair to you to amend the charge at this stage. Further, even if the amendment were allowed, there remained no evidence before the panel as to what rate would have been clinically appropriate.

In reaching its decision, the panel found the evidence too vague: there is no date (or even an approximate date), no record of the dose, and no evidence of the rate at which

vancomycin was to be administered. It noted inconsistencies in Colleague C's accounts. Her witness statement dated 2 February 2024 referred to the infusion being faster than the guide indicated, whereas her oral evidence was that it was slower.

The panel noted the local investigation interview with Colleague C dated 15 June 2021 in which she said she was not happy with the rate but gave no clear detail. The interview records that Colleague C stated:

> *'… I asked how I could help so I looked at the vancomycin and I wasn't happy with the rate, I felt it needed a longer time. I changed the rate and the red lumen, I said I changed it as I needed to be happy with the rate. I checked the lines to check they were correct. In the treatment room I said I ran the vancomycin over a longer time as if I was connecting it I needed to be happy with the rate, I said if he wanted to change it, then it was up to him. As far as I know there was no datix. The next day Lawrence was very vocal and said I had connected it wrong and he's the one we always want to blame…'.*

The panel also noted that the Hospital's IV guide produced post-dates the incident and could not be relied upon to determine the clinically appropriate rate at the relevant time.

For these reasons, the panel determined that there is insufficient evidence on charge 8 for it to proceed. Therefore, there is no case to answer.

Charge 12: Your actions at charges 10 and 11 were dishonest in that you sought to mislead Colleague A (Ms Casey) into thinking you had greater experience than was the case

The panel determined that there is a case to answer.

The panel first considered Mr Hoskins' application to amend the charge to read:

"12. Your actions at charges 10 and**/or** 11 were dishonest in that you sought to mislead Colleague A (Ms Casey) into thinking you had greater experience than was the case".

The panel was satisfied that this amendment reflected the NMC's intention and clarified the charge without causing injustice to either party. It therefore accepted the amendment. In reaching its decision on whether there is a case to answer, the panel had regard to Ms Casey's witness statement dated 20 November 2023 and her oral evidence. It also took into account an email from you to Ms Casey dated 3 January 2021.

The panel noted the following:

- Charge 10 alleges that you told Ms Casey on or around 10 November 2020 that you had been a qualified nurse for 7 years.
- Charge 11 alleges you told Ms Casey on or around 10 November 2020 that you were a qualified chemotherapy giver.
- Ms Casey gave both oral and written evidence of this conversation.
- Ms Casey sent an email on 10 November 2020 to Colleague F following the meeting with you to facilitate an informal discussion about a more senior role.
- In addition, you wrote in an email dated 3 January 2021 that you were a qualified chemotherapy giver.

The panel acknowledged that, at the time of the meeting, Colleague C did not consider that you were being dishonest. However, the panel concluded that there was sufficient evidence both from the witness statement and oral testimony of Colleague C as to her later concerns about your honesty in that meeting. These concerns were raised with the RCN in an email dated 8 February 2021.

For these reasons, the panel determined that there is sufficient evidence on charge 12 for it to proceed.

Charge 14: Your actions at charge 13 were dishonest in that:

a) You knew that you were not authorised to do so

b) You sought to mislead Colleague B (Mr Lorenzo) that you were authorised to do so

The panel determined that there is no case to answer.

The panel reminded itself that charge 13 was admitted and alleges that, on 6 December 2022, you signed off Mr Lorenzo as competent to give blood transfusions.

In reaching its decision on charge 14(a), the panel considered that there is no evidence that you knew you were not authorised to sign Mr Lorenzo off as competent. It had regard to the relevant Blood Transfusion Policy which does not address authorisation to sign off.

Ms Clavecilla's witness statement states:

> *'Mr Essilfie would have known that he could not sign off the final assessment for other staff members because it is in the Blood Transfusion Policy'.*

In reaching its decision on charge 14(b), the panel considered that there is no direct or indirect evidence of any discussion between you and Mr Lorenzo, nor was Mr Lorenzo called as a NMC witness.

For these reasons, the panel concluded that there was insufficient evidence to support either limb of charge 14. Therefore, there is no case to answer.

Charge 17(a)(i): In relation to Colleagues D (Ms Jena) and E (Ms Clavecilla):

a) On 19 January 2023:

i) Became irritated and aggressive

The panel determined that there is a case to answer.

In reaching its decision, the panel had regard to Ms Jena's witness statement dated 11 December 2023 and her oral evidence, and Ms Clavecilla's witness statement dated 3 October 2023 and her oral evidence.

The panel noted that both Colleagues D and E described you as coming across as aggressive.

The panel considered that Colleagues D and E's evidence, taken at its highest, is sufficient for this charge to proceed.

For these reasons, the panel determined that there is sufficient evidence on charge 17(a)(i) for it to proceed.

Charge 21: Your actions in charges 18 and/or 19 and/or 20 were sexually motivated, in that you sought sexual gratification from such acts

The panel considered each of the three allegations separately.

The panel determined that there is a case to answer.

In reaching its decision, the panel reminded itself that charge 18 alleges that, in or around November 2020, you linked arms with Colleague C; put your arm around Colleague C's lower waist on more than one occasion; tried to hug colleague C; and told Colleague C that you could drop her at home so you could be alone. The panel considered the nature and location of the touching, the context, and the words used. It concluded that, if proved, these could support an inference of sexual motivation.

The panel then reminded itself that charge 19 alleges that, on 11 May 2021, you placed your hand on Colleague F's knee without good reason and with no suggestion of consent which could support an inference of sexual motivation. Further, charge 20 alleges that you

picked up Colleague G without good reason and with no suggestion of consent which could support an inference of sexual motivation. The panel determined that the evidence thus far adduced is capable of supporting a finding of sexual motivation in respect of charges 19 and 20.

For these reasons, the panel determined that there is sufficient evidence on charge 21 for it to proceed.

No case to answer with regards to impairment in relation to charge 15(a), charge 16(b)(ii), and charge 18(c)

In relation to charge 15(a) which alleges that, in or around January 2021, you stood in front of Ms Casey and blocked her way, the panel considered that there is sufficient evidence as follows:

- Ms Casey's witness statement dated 20 November 2023 (she states *'…Mr Essilfie came over and stood in between us and blocked her…*').
- Ms Casey's oral evidence.
- Ms Casey's local interview dated 15 June 2021.
- Meeting transcript from the second local investigation in which Ms Casey stated: *'we were talking, and he just came and stood right in between us'*.

The panel determined that, if proved, this could amount to misconduct and a potential breach of the NMC Code. For example, paragraph 20.3 as follows:

> *'**20 Uphold the reputation of your profession at all times***
>
> *To achieve this, you must:*
>
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people'*

In relation to charge 16(b)(ii) which alleges that, on 3 December 2020, you stood between Colleague C and another person, the panel considered that there is sufficient evidence as follows:

- Colleague C's witness statement dated 2 February 2024 (she states *'… Mr Essilfie came over and was trying to get my attention. I asked him to wait until I had finished, but he stood in between myself and the person I was talking to…'*)
- Colleague C's oral evidence.
- Meeting transcript from the second local investigation in which Colleague C stated: *'…He physically stood in my way and blocked my way up from getting by him which I told never to do again…'.*
- Colleague C's local interview dated 15 June 2021 in which she stated: *'I said to a colleague I felt like a punch bag that day. He wanted to get my attention straight away. There an even one occasion where he physically stood in front of me when I was talking to another nurse. I said it was inappropriate to physically block my way and I'd get to him. I asked him not to do that again. He physically blocked my way at the nurses station'.*

The panel determined that, if proved, this could amount to misconduct and a potential breach of the NMC Code. For example, paragraph 20.3 as previously quoted.

In relation to charge 18(c) which alleges that, in or around November 2020, you tried to hug Colleague C, the panel considered that there is sufficient evidence as follows:

- Colleague C's witness statement dated 2 February 2024 (she states *'… When Mr Essilfie tried to hug me, I would take a step back and he still went in for the hug…'*)
- Colleague C's oral evidence (she described feeling uncomfortable and the hug being inappropriate)

The panel determined that, if proved, this could amount to misconduct and a potential breach of the NMC Code. For example, paragraph 20.3 as previously quoted.

For all the reasons set out above, the panel determined that there is sufficient evidence with regards to impairment in relation to charge 15(a), charge 16(b)(ii), and charge 18(c) for it to proceed.

Therefore, taking account of all the evidence before it, the panel concluded that there was not a realistic prospect that it would find the facts of charges 8, 14(a) and 14(b) proved. However, the panel concluded that there is sufficient evidence to support charges 1, 5, 6, 12, 17(a)(i), and 21; and charges 15(a), 16(b)(ii), and 18(c) with regards to impairment), at this stage. As such, it was not prepared, based on the evidence before it, to accede to an application of no case to answer in relation to these charges. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

Details of charges (as amended the second time to include the amendment to charge 12)

That you, a registered nurse:

1. On 4 December 2020 failed to handover that Patient A needed platelets.

2. On 15 December 2020 failed to take Patient D’s blood sugars at appropriate intervals.

3. This charge has been deleted.

4. On 29 December 2020 labelled a blood sample with the wrong patient’s details.

5. On 14 January 2021 failed to take a blood sample from Patient B.

6. On 09 May 2021 failed to do a bed side check before labelling a blood sample.

7. On 26 May 2021 left a patient's room with unlabelled blood samples and handed these to a colleague to label.

8. Attempted to give Patient C intravenous vancomycin at a rate faster than clinically indicated.

9. On 30 January 2023, administered a blood transfusion to a patient at a rate that was faster than clinically indicated.

10. Told Colleague A (Ms Casey) on or around 10 November 2020 that you had been a qualified nurse for 7 years.

11. Told Colleague A (Ms Casey) on or around 10 November 2020 that you were a qualified chemotherapy giver.

12. Your actions at charges 10 and/or 11 were dishonest in that you sought to mislead Colleague A (Ms Casey) into thinking you had greater experience than was the case.

13. On 6 December 2022 signed off Colleague B (Mr Lorenzo) as competent to give blood transfusions.

14. Your actions at charge 13 were dishonest in that:

a. You knew that you were not authorised to do so.

b. You sought to mislead Colleague B (Mr Lorenzo) that you were authorised to do so.

15. In relation to Colleague A (Ms Casey),

a) In or around January 2021, stood in front of Colleague A (Ms Casey) and blocked their way.

16. In relation to Colleague C:

a) In or around November 2020:

i) Raised your voice.

ii) Stood very close to Colleague C, stood tall and broadened your shoulders.

b) On 3 December 2020:

i) Shouted to Colleague C that you knew what you were doing.

ii) Stood between Colleague C and another person.

17. In relation to Colleagues D (Ms Jena) and E (Ms Clavecilla):

a) On 19 January 2023:

i) Became irritated and aggressive.

ii) Said words to the effect that staff 'would definitely pay' for what you implied were 'lies'.

18. In relation to Colleague C in or around November 2020:

a) Linked arms with Colleague C.

b) Put your arm around Colleague C's lower waist on more than one occasion

c) Tried to hug Colleague C.

d) Told Colleague C that you could drop them at home so you could be alone.

19. On 11 May 2021 placed your hand on Colleague F's knee.

20. Picked up Colleague G.

21. Your actions in charges 18 and/or 19 and/or 20 were sexually motivated, in that you sought sexual gratification from such acts.

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

Adjournment

The panel decided to adjourn the hearing before you began giving evidence. This was because it was the final scheduled day of the hearing and there was a real risk that your evidence could not be completed in one sitting. It would have been unfair to require you to remain under oath or affirmation until the hearing resumes in September 2026. The panel considered that this would place unnecessary pressure on you, as well as on all parties involved.

Both Mr Hoskins and Ms Deery supported the decision to adjourn for these reasons.

Interim Order

The panel then considered its obligation under Rule 32(5) to decide whether it was necessary to impose an interim order at this stage of the proceedings.

Mr Hoskins made no application for an interim order. He submitted that risk assessments had already been carried out at various points during this case, and that there had been no material change in circumstances to justify an order at this stage.

Ms Deery also submitted that an interim order was unnecessary. She reminded the panel that the incidents under consideration occurred between December 2020 and December 2022, almost three years ago, and that no concerns have been raised since. She referred the panel to your bundle, which contains evidence of reflections, training, and positive testimonials. She informed the panel that you are now employed as a Registered Care Manager at Cecile Healthcare UK Limited. The job description, as outlined in your bundle, demonstrates that this is a management role rather than a clinical one. Ms Deery submitted that there has never been an interim order imposed in this case, nor have any employers placed restrictions on your practice. In these circumstances, Ms Deery's position was that an interim order was not necessary under the statutory grounds.

The panel accepted the advice of the legal assessor.

Having considered the submissions, the panel did not consider an interim order to be necessary. The panel noted that risk assessments have been carried out at various stages of these proceedings and that there has been no material change since the last assessment. In the panel's judgment there are no grounds to restrict your practice at this stage.

The panel therefore determined that an interim order is unnecessary in relation to public protection or the wider public interest.

This hearing resumed on 7 September 2026.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Hoskins on behalf of the NMC and by Ms Deery on your behalf. The panel also heard evidence from you under oath.

The panel also took into account your good character and the two comprehensive bundles of material that you provided. This material included a number of reflective statements, certificates and other material verifying training undertaken, and numerous testimonials from managers, nurses, HCAs, patients and patients' families attesting to your integrity, honesty, accountability and professionalism.

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 accepted the advice of the legal assessor.

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

Charge 1

"That you, a registered nurse:

On 4 December 2020 failed to handover that Patient A needed platelets"

This charge is found proved.

In reaching its decision, the panel took into account Colleague C's witness statement dated 2 February 2024 and her oral evidence, your evidence, the doctor's notes dated 4 December 2020, patient notes for Patient A dated 4 December 2020 written by you, the DATIX relating to platelet incident written on 18 January 2021 and meeting notes of the investigation interview dated 15 June 2021 with Ms Casey. It also took into account the witness statement of Ms Casey dated 20 November 2023, her oral evidence and her email dated 18 December 2020.

The panel first considered whether you were responsible for handing over information about Patient A's need for platelets. There was no evidence to suggest that you were not the nurse allocated to Patient A on 4 December 2020. During your oral evidence, you stated:

"I spoke to the doctors, with platelets it is low, it can bleed and get clots. I think it was about my time to leave the ward and documented everything. I'm not sure. Casting my mind back. What I would have done differently, I have handed it over to staff A to do A, B and C. I don't think I did that. I documented it and make sure the platelet were given at nighttime. Through handover my patient allocated what I need to do. I don't know whether I did handover physically to someone…. I wouldn't

recall the 4/12/20… I documented in my notes, as soon as documented it was in force and it would have been handed over"

The panel understood that, as the outgoing nurse, you were required to ensure that the relevant written records were up to date and to provide an oral handover to the staff commencing the next shift. You accepted that this was the appropriate handover process.

The panel had regard to the contemporaneous clinical records which included a medical entry made at 14:25 on 4 December 2020. The panel considered that this established that Patient A required platelets that day and that this was significant information which should have been communicated to the incoming nursing staff.

The panel also noted that the records were verified by you at 20:11. Even if you had not reviewed the medical entry earlier in the day, the panel was satisfied that you had access to, or had reviewed, the relevant information by that time. You therefore knew, or ought to have known, before the end of your shift that Patient A required platelets.

The panel then considered whether you had handed over that information and had regard to Colleague C's evidence. In her witness statement dated 2 February 2024, Colleague C stated:

'… On 4 December 2020, I had worked the day shift with Mr Essilfie. Platelets had been ordered to be given to Patient A and I told Mr Essilfie this. Patient A was very unwell at the time and was the first critically unwell patient Mr Essilfie had cared for on the Ward… This meant that Patient A needed to be given platelets to improve their count. On 5 December 2020, I was then told by the night staff that they had not been given to Patient A as it had not been handed over. It was only recognised when they checked Patient A's blood that night. Mr Essilfie had not checked his blood results and he had not handed over the information... Mr Essilfie's nurse training would have told him the correct thing he should have been doing and

handing over… I found it difficult to believe that Mr Essilfie could not remember this patient and denied that they needed platelets when he had documented this…'.

The panel noted that Colleague C maintained that account in her oral evidence. It was supported by the contemporaneous patient notes for Patient A dated 4 December 2020, written by you, which recorded Patient A's need for platelets. The panel also considered the DATIX relating to the platelet incident written on 18 January 2021 in relation to the incident on 4 and 5 December 2020. The panel bore in mind that, although the matter was subsequently rectified and Patient A suffered no harm, Colleague C spoke with you afterwards and advised you to reflect on and learn from what had occurred. The practice educators were also informed.

The panel further considered Ms Casey's evidence. Ms Casey had been informed of the incident in her capacity as Practice Educator at the Royal Marsden Hospital at the time of the incidents. In her email dated 18 December 2020 to senior colleagues and copied to you, she detailed the matters discussed with you at your 'overdue 1 month review'. This included the platelet incident on 4 December 2020. She recorded that Patient A had been septic, that the platelets had not been administered and that this had not been handed over to the night staff. She also recorded that you had been apologetic but could not recall the event. Ms Casey reiterates this in the meeting notes dated 15 June 2021. The panel considered this account consistent with Colleague C's evidence and the contemporaneous documentation.

The panel recognised that it had not heard directly from the member of the incoming night staff who would have received the handover. However, it considered that Colleague C's written and oral evidence, Ms Casey's evidence, the clinical records, the Datix report and the subsequent investigation records formed a consistent body of evidence supporting the allegation.

The panel also considered your evidence. You denied the allegation but could not recall the incident in detail. You also said that you did not know whether you had physically handed the information to another member of staff.

The panel identified no evidence of collusion or conspiracy between Colleague C and Ms Casey, and no evidence that materially undermined their accounts. Their evidence about the failure to hand over was consistent with each other and supported by the documentary evidence.

Having considered all the evidence, the panel was satisfied that, on the balance of probabilities, you were responsible for Patient A's care and that you knew, or ought to have known, that Patient A required platelets. As such, the panel determined that, on 4 December 2020, it was more likely than not that you failed to handover that Patient A needed platelets.

Accordingly, the panel found charge 1 proved.

Charge 5

"That you, a registered nurse:

On 14 January 2021 failed to take a blood sample from Patient B"

This charge is found proved.

In reaching its decision, the panel took into account Colleague C's witness statement dated 2 February 2024 and her oral evidence, your evidence and an email from Colleague C to Colleague F dated 15 January 2021.

The panel first considered whether you were responsible for taking a blood sample from Patient B on 14 January 2021. There was no dispute that you were responsible for Patient B's care on that date.

The panel had regard to the evidence of Colleague C. In her witness statement dated 2 February 2024, Colleague C stated:

> *'… There was one other incident on 14 January 2021, where Mr Essilfie was asked to retake a Patient B's blood which he did not do. When I asked him about it on 14 January, he said he had not been told the blood had been haemolysed. Patient B was a transplant patient and was spiking temperatures so getting a blood sample from them was important because this patient had ongoing high blood sugars and was a type 2 diabetic… Mr Essilfie denied he had been told that the blood had haemolysed and needed retaking. The blood results on the system would have said they were haemolysed. As no DATIX was submitted, I have not been able to locate the patient notes relating to this incident… the SHO informed me that they had spoken to Mr Essilfie and asked for them to be retaken…'.*

Colleague C's evidence regarding the request for a blood sample was based upon what she had subsequently been told by the Senior House Officer (SHO), Dr Nanda. The panel noted that it had not received a witness statement from Dr Nanda, who had since left the Trust, and therefore had not heard directly from the individual who was said to have asked you to take the blood sample. Further, there was no Datix report relating specifically to this incident and the relevant patient records had not been located. The panel therefore approached this evidence with appropriate caution.

However, the panel had regard to an email sent by Colleague C on 15 January 2021, the day after the alleged incident. In that email, she raised a number of concerns regarding your care of a new transplant patient. She recorded that a biochemistry result had been contaminated on 14 January 2021 and that a repeat sample had not been sent. Further, Colleague C recorded that she had spoken to the medical team and that Dr Nanda had

informed her that he had asked for a repeat biochemistry sample and had spoken to you directly about this.

The panel considered the timing and content of this email to be significant. It was written the following day and recorded what Colleague C said she had been told by Dr Nanda about the incident. The panel considered that this contemporaneous record provided support for Colleague C's hearsay evidence and reduced the risk that her account had been affected by the passage of time.

The panel also noted that the email contained detail concerning Patient B's clinical condition, including that the patient had been spiking temperatures and was receiving TPN and a morphine PCA. It further recorded that Dr Nanda recognised that he should also have followed up the results later that day. The panel considered that the inclusion of this acknowledgement was relevant when assessing the reliability of the account, as the email did not seek to attribute sole responsibility for the failure to you.

The panel also took account of the wider evidence regarding a registered nurse's responsibility regarding patient's blood samples. It was satisfied that, where a doctor had directly requested that you obtain a repeat blood sample for a patient in your care, you had a responsibility to take the sample or otherwise ensure that the request was appropriately acted upon.

The panel considered your evidence. In your oral evidence, you stated:

> *"As much as I can recollect I know everything that happened. I categorically don't remember that that Dr asked me to take blood and I didn't…Even if I don't, I would have handed over to someone".*

You denied the charge but said that you had no recollection of this particular incident. You told the panel that, had a doctor asked you to take a blood sample, you would have done so. The panel considered that this represented your evidence as to what your usual

practice would have been, rather than a specific recollection of what occurred on 14 January 2021. It therefore did not consider that your evidence displaced the contemporaneous account recorded by Colleague C.

The panel was mindful that there was no direct evidence from Dr Nanda and no contemporaneous patient notes or Datix report available to it. Nevertheless, it considered that the absence of those records was not determinative. Colleague C's email was sent on 15 January 2021, immediately following the incident, and expressly recorded that Dr Nanda had told her that he had spoken directly to you and asked you to obtain the repeat biochemistry sample. The panel had no evidence before it which caused it to doubt that Colleague C had accurately recorded what Dr Nanda told her at the time.

Having considered the evidence as a whole, and notwithstanding the limitations of the hearsay evidence, the panel considered it more likely than not that, on 14 January 2021, you failed to take a blood sample from Patient B.

Accordingly, the panel found charge 5 proved.

Charge 6

"That you, a registered nurse:

On 09 May 2021 failed to do a bed side check before labelling a blood sample"

This charge is found proved.

In reaching its decision, the panel took into account Colleague C's witness statement dated 2 February 2024 and her oral evidence, your evidence and an email from Colleague C to Ms Jemma Woods dated 11 May 2021.

The panel first considered the evidence regarding the correct procedure for taking and labelling blood samples. It noted that you were aware of the requirement to undertake the necessary checks at the patient's bedside and had received training in relation to this. The panel also noted that previous concerns regarding your practice in this area had been addressed through further training. There was therefore no dispute that you understood the correct procedure to be followed.

The panel had regard to Colleague C's witness statement dated 2 February 2024 in which she stated:

> *'… I sent an email to my manager on 11 May 2021 after I had repeatedly asked him to label the bloods and that I had spoken to him… This could lead to a serious incident if the policy was not followed as patient's samples could potentially be labelled with the wrong details leading to incorrect blood results for that patient or blood group'.*

The panel was aware that Colleague C's evidence in relation to this incident was based upon her own direct observations. The panel also had regard to her oral evidence. It considered that she gave a clear and compelling account of what she had observed and remained consistent with the account contained in her witness statement. The panel accepted her evidence in relation to this incident. Colleague C's account was further supported by an email she sent to Ms Woods on 11 May 2021, two days after the incident. In that email, Colleague C raised her concerns and stated:

> *'… I witnessed Lawrence labelling his bloods at the nurses station and not doing a patient bedside check. This has happened on more then one occasion and I have repeatedly asked Lawrence to label bloods in patients room. I spoke to him on this occasion again and asked him to go to the patient room and confirm identity. Lawrence has previously mislabelled patients bloods…'.*

The panel considered the proximity of the email to the incident to be significant. It was satisfied that the email provided contemporaneous support for Colleague C's account of what she had personally observed.

The panel was aware that you had raised a grievance against Colleague C and took this into account when assessing the reliability and weight of her evidence. However, having considered her written and oral evidence together with the contemporaneous email, the panel did not consider that the existence of the grievance undermined her account of this incident.

The panel also considered your evidence. You denied the charge and told the panel that you had carried out the bedside check. You explained that, when taking blood, a cross-match would be undertaken and checks would be made to ensure that it was the correct patient, name and documentation. You stated that you would *"definitely deny"* that you had failed to carry out the required bedside check.

The panel further noted your evidence that you had made errors previously, had subsequently been retrained and did not make similar errors thereafter. However, it considered this assertion in the context of your admission to charge 7, which concerned a further incident on 26 May 2021, only a few weeks later, when you left a patient's room with unlabelled blood samples and handed them to a colleague to label. The panel did not treat your admission to charge 7 as evidence that you must also have acted as alleged in charge 6. However, it considered that the subsequent admitted incident diminished the weight it could attach to your broader assertion that, following retraining, you did not make further errors of this nature.

The panel recognised that the documentary evidence relating specifically to charge 6 was limited. However, it considered the evidence available to be compelling. In particular, Colleague C was a direct witness to the incident and provided a clear and consistent account in both her written and oral evidence. Her account was supported by the email she sent to a senior manager only two days later, in which she documented her concerns.

Having considered all of the evidence in the round, the panel preferred Colleague C's direct and contemporaneously supported account to your denial. It was satisfied, on the balance of probabilities that, on 9 May 2021, you failed to do a bed side check before labelling a blood sample.

Accordingly, the panel found charge 6 proved.

Charge 10

"That you, a registered nurse:

Told Colleague A (Ms Casey) on or around 10 November 2020 that you had been a qualified nurse for 7 years"

This charge is found proved.

In reaching its decision, the panel took into account Ms Casey's witness statement dated 20 November 2023 and her oral evidence, your evidence, the meeting transcript from the first investigation dated 15 June 2021, the meeting transcript from the second investigation, your Band 6 job application which states you qualified in 2017 and your application for the Band 7 post which states you qualified in 2015, Ms Casey's notes from the meeting she had with you and Colleague F dated 2 February 2021 and Colleague F's notes of the same meeting dated 2 February 2021.

The panel had regard to Ms Casey's witness statement dated 20 November 2023, in which she stated:

'… Mr Essilfie told me in our one to one he had been a nurse for 7 years and he left St George's because he was not put forward for a more senior role. He told me he was a chemotherapy giver and had been on a haematology unit previously for over a year… After some errors, senior staff feedback and my own interactions with Mr

Essilfie I had concerns with him telling me he was a nurse for 7 years and looked up his NMC PIN online which had a start date of 2017 so I then asked for his job applications to be reviewed. I was told by my matron [Colleague F] that he had put down different dates for his degree on this documentation… At my meeting with Mr Essilfie on 2 February 2021, he said he had been in healthcare for twelve years. He had told me 7 years previously and I had at this point looked up his PIN which was just over three years old…'.

The panel noted that Ms Casey explained that she met with you shortly after you commenced your role at the Trust in her capacity as a Practice Educator. She told the panel that it was her usual practice to have an informal one-to-one discussion with nurses in order to understand their nursing background and experience.

The panel found that Ms Casey was clear and consistent in her evidence that, during this conversation, you told her that you had been a qualified nurse for seven years. She recalled that you presented as confident regarding your experience and seniority and told her that you had repeatedly been overlooked for Band 7 positions. Ms Casey understood from the conversation that you had significant nursing experience and considered that she could support your career development.

The panel considered it significant that, following this conversation, Ms Casey put your name forward for a more senior role. Ms Casey explained in her oral evidence that she would not have done so had she known that you did not have the level of nursing experience which she understood you to have. She stated that she would not have wished to put you in a position in which you could be embarrassed by being put forward for a role for which you did not have the necessary experience. The panel considered that her subsequent actions were consistent with her account of what she understood you to have told her.

The panel noted that your job application recorded that you had qualified as a nurse in 2017, which you confirmed was the case in your oral evidence. The panel carefully

considered your evidence. You categorically denied telling Ms Casey that you had been a qualified nurse for seven years. You maintained that the discussion concerned the entirety of your experience working within healthcare, including experience acquired before you qualified as a nurse. You told the panel that you would have explained precisely when you were qualified and when you were working in a non-qualified capacity, as you considered all of your healthcare experience to be relevant. You also stated that your registration could readily be checked by reference to your PIN and that you therefore would not have claimed to have been a qualified nurse for seven years.

The panel carefully considered whether there was room for an innocent misunderstanding or misinterpretation during the conversation. In particular, it considered whether you may have referred to your overall experience within healthcare and Ms Casey subsequently understood or recalled this as a statement that you had been a qualified nurse for seven years. However, the panel rejected that possibility. Ms Casey was clear in both her written and oral evidence that the discussion concerned specifically your nursing experience and seniority, rather than your wider experience working in healthcare. She was equally clear that the period discussed was seven years and that she did not recall you discussing another healthcare role which could reasonably have led her to confuse your overall healthcare experience with the period for which you had been a qualified nurse. The panel considered the whole tenor of the conversation to have concerned the length and extent of your experience as a nurse.

The panel also considered that this interpretation was supported by the context and purpose of the meeting. Ms Casey was meeting with you in her professional capacity as a Practice Educator shortly after you had commenced your role, with the purpose of understanding your nursing experience and development needs. Her subsequent decision to put you forward for a more senior role was consistent with her having understood from you that you possessed a significant period of qualified nursing experience. The panel found Ms Casey to be clear, specific and consistent in her recollection of the conversation and accepted her evidence. It considered her subsequent actions to provide further

support for her account. By contrast, the panel did not accept your explanation that Ms Casey had misunderstood a reference to your overall healthcare experience.

Having considered the possibility of innocent misinterpretation carefully, the panel was satisfied that this did not reasonably explain the evidence before it. On the balance of probabilities, the panel determined that you told Ms Casey on or around 10 November 2020 that you had been a qualified nurse for seven years.

Accordingly, the panel found charge 10 proved.

Charge 11

> "That you, a registered nurse:
>
> > Told Colleague A (Ms Casey) on or around 10 November 2020 that you were a qualified chemotherapy giver"

This charge is found proved.

In reaching its decision, the panel took into account Ms Casey's witness statement dated 20 November 2023 and her oral evidence, your evidence, the relevant investigation meeting transcripts, your job application and the documentary evidence relating to your stated chemotherapy and Systemic Anti-Cancer Therapy (SACT) experience and training.

The panel noted that Ms Casey was clear in her written and oral evidence that, during her discussion with you on or around 10 November 2020, you told her that you were a qualified chemotherapy giver. In her witness statement dated 20 November 2023, she stated:

> *'… He told me he was a chemotherapy giver and had been on a haematology unit previously for over a year… Mr Essilfie continually repeated his experience and his*

chemotherapy qualification which we never saw practical proof of from him, despite asking him to bring this in… He continued to state that he was a qualified chemotherapy giver but we could not satisfy this on the documentation he had provided us…'.

The panel accepted Ms Casey's evidence in this regard and considered it consistent with the wider documentary evidence before it. In particular, the panel noted that your job application described you as 'competent in complex care needs and chemotherapy SACT administration'. It also had regard to your email dated 3 January 2021, in which you stated:

'I am a qualified chemotherapy giver already and have completed a degree module in SACT administration'.

The panel considered that this contemporaneous evidence was consistent with Ms Casey's recollection of how you had described your chemotherapy qualifications and experience to her.

The panel also considered your evidence. Although you formally denied the charge, you maintained before the panel that you were a qualified chemotherapy giver. You explained that you had undertaken SACT training and the practical competency process at St George's and believed that St George's held a certificate evidencing this. You stated that the process involved completing the academic component followed by practical competency. Further, when asked in your oral evidence if you had told Ms Casey that you were a qualified chemotherapy giver, you stated that this "will be correct" because you were.

The panel considered that your evidence supported Ms Casey's account that you had described yourself to her as a qualified chemotherapy giver. Your position was that such a description was accurate because you considered yourself to be qualified to administer chemotherapy.

The panel was mindful that there was separate evidence before it concerning whether documentation had subsequently been provided to demonstrate your chemotherapy competence, including the absence of reference to such a qualification within the training record and the request that you provide evidence of your chemotherapy competence. However, the panel considered that the issue for the purposes of charge 11 was whether you told Ms Casey that you were a qualified chemotherapy giver, rather than whether you were in fact appropriately qualified or competent to administer chemotherapy.

Having considered Ms Casey's clear and consistent evidence alongside the documentary evidence and your own evidence that you regarded yourself as a qualified chemotherapy giver, the panel was satisfied that, on the balance of probabilities, you told Ms Casey on or around 10 November 2020 that you were a qualified chemotherapy giver.

Accordingly, the panel found charge 11 proved.

Charge 12

> "Your actions at charges 10 and/or 11 were dishonest in that you sought to mislead Colleague A (Ms Casey) into thinking you had greater experience than was the case"

This charge is found proved in relation to charge 10 only.

In considering dishonesty, the panel had regard to the approach set out in *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67. The panel first considered your actual knowledge or belief as to the facts at the time of the conduct. Having established your state of mind, the panel then considered whether your conduct was dishonest by the objective standards of ordinary decent people.

In reaching its decision, the panel took into account the relevant evidence considered in charges 10 and 11. The panel considered separately whether your conduct in relation to charges 10 and 11 was dishonest.

Charge 10

The panel had already found that, on or around 10 November 2020, you told Ms Casey that you had been a qualified nurse for seven years.

The panel considered your knowledge and belief at the time you made that statement. It had regard to your own evidence and the documentary evidence concerning when you qualified as a nurse. Your application for the Band 6 role recorded that you obtained your BSc qualification in 2017. This was consistent with your evidence that you qualified as a nurse in 2017. Accordingly, at the time of your conversation with Ms Casey in November 2020, you had been qualified as a nurse for approximately three years, rather than seven years.

The panel considered that you must have known when you qualified as a nurse. This was a significant event in your professional career and there was no evidence before the panel to suggest that you were mistaken about the date upon which you qualified. The panel was therefore satisfied that, when you told Ms Casey that you had been a qualified nurse for seven years, you knew that this was not correct.

The panel next considered whether, in making that statement, you sought to mislead Ms Casey into believing that you had greater experience than was in fact the case. It took account of the context in which the statement was made. This was a meeting with Ms Casey shortly after you had commenced your role, during which she, in her capacity as a Practice Educator, sought to understand your professional background, nursing experience and development needs. The panel had accepted Ms Casey's evidence that you presented yourself as confident in your experience and seniority and discussed having been overlooked for Band 7 positions.

The panel considered that you were ambitious and wished to progress professionally. The panel determined that your statement that you had been qualified for seven years had the effect of presenting you as having substantially greater qualified nursing experience than

you actually possessed. It was satisfied that this was not an innocent mistake or misunderstanding, but an exaggeration made with the intention of causing Ms Casey to believe that you had a greater level of qualified nursing experience.

The panel also had regard to the documentary evidence concerning the manner in which you had presented your qualifications and experience on other occasions. It noted that your application for the Band 6 role recorded that you obtained your BSc Nursing qualification in 2017, whereas your subsequent application for a more senior role recorded a date of 2015. The panel also noted differences in the way in which you described your SACT qualification in your written documents, including repeated references to a Level 7 qualification when the certificate before the panel recorded the relevant qualification at Level 6, which is a lower Level. It also took into account that in your second bundle submitted to the panel, you stated that you have a BSc Hons Cancer Care (Systemic Anti-Cancer Therapy). When questioned in oral evidence, you clarified that this was an error and it referred to the Level 6 module you had undertaken in principles of Systemic Anti-Cancer Therapy at the Royal Marsden School between 12 and 28 June 2019 as set out in the certificate you received for that module. The panel also noted that in your written documents you referred to this qualification as one of 'SACT administration' rather than a theory and principles module. The panel further noted that in your application for the Band 7 role you described yourself as a specialist nurse when you were then employed as a staff nurse. Colleague F, who reviewed the application, stated in her witness statement that she did not think you had been truthful with using this terminology.

The panel considered the documentary evidence as part of the overall evidential picture when assessing your explanation and the manner in which you presented your professional qualifications and experience. The panel then considered whether your conduct, in light of its findings as to your knowledge and belief, was dishonest by the standards of ordinary decent people. It was satisfied that deliberately exaggerating the length of time for which you had been a qualified nurse, with the intention of causing a Practice Educator to believe that you possessed greater nursing experience than was actually the case, would be regarded as dishonest by ordinary decent people.

Accordingly, the panel found charge 12 proved in relation to charge 10.

Charge 11

The panel had also found that you told Ms Casey that you were a qualified chemotherapy giver. However, it reached a different conclusion as to whether that statement was dishonest.

The panel noted that you had consistently maintained, both at the time of the events and throughout the subsequent investigation and hearing, that you considered yourself to be a qualified chemotherapy giver. In your email dated 3 January 2021, you stated that you were ‘a qualified chemotherapy giver already’ and had completed a degree module in SACT administration. You maintained the same position in your evidence before the panel.

You explained that you had undertaken the relevant theoretical training at St George’s and thereafter completed practical elements of chemotherapy administration. Your understanding was that this meant that you were qualified as a chemotherapy giver. You maintained that position notwithstanding the concerns subsequently raised regarding evidence of your practical competency and certification.

The panel had regard to Ms Casey’s evidence concerning the process at the Royal Marsden, namely that completion of both the theoretical component and practical competency, with the appropriate sign-off, was required. However, the panel noted that Ms Casey was unable to speak to the precise processes which operated at other Trusts, including St George’s.

The panel considered that there may have been a distinction between what the Royal Marsden required before recognising an individual as competent to administer chemotherapy and what you understood the term ‘qualified chemotherapy giver’ to mean based upon the training and experience you had undertaken at St George’s.

Although there was evidence which called into question whether you had demonstrated the necessary practical competence or provided the required certification to the Royal Marsden, the panel was not satisfied that this established that you knew or believed that your description of yourself as a qualified chemotherapy giver was false.

The panel accepted that, at the time of your conversation with Ms Casey, you genuinely believed that the training and experience you had undertaken at St George's entitled you to describe yourself in those terms. Your continued and consistent assertion throughout the investigation and hearing that you were a qualified chemotherapy giver supported the panel's conclusion that this was a genuinely held belief as opposed to a description which you knew to be untrue.

In these circumstances, the panel could not be satisfied, on the balance of probabilities, that in making the statement at charge 11 you sought to mislead Ms Casey into believing that you had greater experience than was the case. It therefore did not go on to find that your conduct in relation to charge 11 was dishonest.

Accordingly, the panel found charge 12 not proved in relation to charge 11.

Charge 15(a)

"That you, a registered nurse:

In relation to Colleague A (Ms Casey),

a) In or around January 2021, stood in front of Colleague A (Ms Casey) and blocked their way"

This charge is found proved.

In reaching its decision, the panel took into account Ms Casey's witness statement dated 20 November 2023 and her oral evidence, your evidence and the relevant investigation meeting transcripts.

The panel had regard to Ms Casey's witness statement dated 20 November 2023, in which she stated:

> *'… Mr Essilfie came over and stood in between us and blocked her [a colleague]. Mr Essilfie had quite a dominant stance so I could not move past him… I did not expect him to stand in between us and then not move when first asked… I actually thought he was joking to begin with, but once he had continued I realised he was blocking my view on purpose. From memory the conversation was not about anything urgent but I am not sure why he thought it was appropriate to do that…'*

The panel understood Ms Casey's evidence to be that she had been speaking with another colleague when you came over and positioned yourself between them. Ms Casey described your stance as 'dominant' and said that she was unable to move past you. She also recalled that this occurred during the Covid-19 pandemic, when staff were attempting to maintain social distancing, and that you did not move when asked to do so.

The panel considered Ms Casey's oral evidence to be consistent with the account contained in her witness statement. She was able to provide detail regarding the circumstances of the incident, including where it occurred, who was present and what you did.

The panel also had regard to the relevant 2021 investigation meeting transcript. It noted that Ms Casey described the incident during that meeting and recalled being 'a bit taken aback' by your behaviour. She explained that she had initially questioned whether you were joking but concluded that 'it wasn't funny' and described the incident as 'a bit bizarre'. The panel considered that this account was materially consistent with the account she subsequently provided in her witness statement and oral evidence.

The panel recognised that Ms Casey's account was the only direct evidence before it regarding the incident. It also took into account that the matter had not been formally reported at the time and was not raised with you contemporaneously. However, the panel did not consider these matters sufficient to undermine the reliability of her evidence. The panel was also mindful of the suggestion that Ms Casey's evidence formed part of a wider grievance or conspiracy against you. However, it had no evidence before it which demonstrated that her account of this incident had been fabricated or raised as part of any conspiracy. The panel considered her account to have remained materially consistent from the investigation through to her witness statement and oral evidence.

The panel considered your evidence. In oral evidence, you stated:

> *"I don't recollect standing between another colleague to block them. I wouldn't do that. I'm so sorry."*

The panel noted that you did not have a specific recollection of the incident. Your evidence was therefore principally that this was not something you believed you would have done as opposed to a recollection that the incident had not occurred.

In weighing the evidence, the panel considered Ms Casey's specific recollection of the incident to carry greater weight than your lack of recollection and assertion that you would not have behaved in that way. Although her evidence was not independently corroborated by another witness, the panel found her account to be detailed, consistent and credible. It was also materially consistent with the account she had provided during the 2021 investigation.

In these circumstances, the panel was satisfied that, on the balance of probabilities, in or around January 2021 you stood in front of Ms Casey and blocked her way.

Accordingly, the panel found charge 15(a) proved.

Charges 16(a)(i) and (ii)

"That you, a registered nurse:

In relation to Colleague C:

a) In or around November 2020:

i) Raised your voice.
ii) Stood very close to Colleague C, stood tall and broadened your shoulders"

These charges are found NOT proved.

Whilst the panel considered charges 16(a)(i) and 16(a)(ii) together, it determined them separately. In reaching its decision, the panel took into account all of the relevant evidence, including Colleague C's witness statement dated 2 February 2024, her oral evidence and your evidence.

The panel noted that Colleague C stated in her witness statement:

'… he would have an aggressive nature. His tone and demeanour would change. He would raise his voice in an aggressive tone…'

The panel bore in mind that Colleague C described, in general terms, occasions when your tone and demeanour would change. She stated that you would raise your voice and described your physical demeanour, including standing tall, broadening your shoulders and standing close to another person.

However, the panel noted Colleague C's statement was expressed in general terms and did not identify a specific incident in or around November 2020. Colleague C did not

provide a particular date, occasion or example which the panel could identify as the incident alleged within these charges.

The panel could not identify any evidence that Colleague C had been asked directly about a specific incident involving her in November 2020 which corresponded with these charges. The panel was unable to identify a particular incident which had been put to you at the time. It considered that Colleague C's evidence may provide evidence of her general perception of your tone and physical demeanour. However, the charges before it alleged specific conduct towards Colleague C within a particular period. The panel was not satisfied that general evidence regarding your behaviour, without sufficient particularisation of an incident in or around November 2020, was capable of establishing that the specific conduct alleged in these charges occurred.

The panel also considered your evidence. You denied the allegations and told the panel that you did not raise your voice. You acknowledged that you have a naturally loud tone of voice and that the way in which you speak may sometimes be perceived differently by others but maintained that you had not raised your voice or behaved aggressively towards colleagues.

The panel was mindful that the burden of proving the charges rested upon the NMC and that it was not for you to disprove them. In these circumstances, the panel found the evidence relied upon was general in nature and lacked sufficient specificity as to the alleged incident. As such, the panel was not satisfied that, on the balance of probabilities, in or around November 2020, you raised your voice and stood very close to Colleague C, stood tall and broadened your shoulders.

Accordingly, the panel found charges 16(a)(i) and 16(a)(ii) not proved.

Charges 16(b)(i) and (ii)

"That you, a registered nurse:

In relation to Colleague C:

b) On 3 December 2020:

i) Shouted to Colleague C that you knew what you were doing.
ii) Stood between Colleague C and another person"

These charges are found proved.

Whilst the panel considered charges 16(b)(i) and 16(b)(ii) together, it determined them separately. In reaching its decision, the panel took into account all of the relevant evidence, including Colleague C's witness statement dated 2 February 2024, her oral evidence and your evidence.

The panel noted that Colleague C stated, in her witness statement dated 2 February 2024, that:

'On 3 December 2020, I was the nurse in charge. Mr Essifilie was difficult and aggressive to deal with the whole shift. He was acting frustrated as he was quite busy… I was saying to him that a patient with a food allergy had not been communicated to the system… As I was trying to explain this to Mr Essilfie, he shouted that he knew what he was doing and did not need me telling him what to do. This was in the corridor outside patient's rooms. He was loud enough that patients would have been able to hear him, which was inappropriate. I told Mr Essilfie that he did not need to raise his voice at me… I asked him to wait until I had finished, but he stood in between myself and the person I was talking to. I repeatedly asked him to get out of my way and he did…'.

The panel considered Colleague C's account to be detailed and specific. Unlike the evidence it considered in relation to charges 16(a)(i) and (ii), Colleague C was able to identify a particular incident and provide details of the date, location and surrounding

circumstances. She recalled that she was the nurse in charge and described the interaction which preceded you shouting at her, where the incident occurred and her response to your behaviour.

The panel also had regard to the documentary evidence relating to the incident, including the notes of Colleague C's investigation interview dated 15 June 2021. The panel considered that this evidence provided further support for Colleague C's account which meant the incident she described could be linked to 3 December 2020.

The panel considered Colleague C's oral evidence and found that she maintained her account of the incident. It was satisfied that she had a clear recollection of the circumstances in which the incident occurred.

Further, the panel accepted Colleague C's evidence that, while she was attempting to explain matters to you, you shouted that you knew what you were doing and did not need her to tell you what to do. The panel noted her evidence that you spoke sufficiently loudly that patients in the surrounding rooms could have heard you and that she told you that you did not need to raise your voice at her.

Colleague C stated in oral evidence that while she was speaking to another member of staff:

> *"… he came over and, like, stood beside us at first, and then we're in the middle of conversation. And then he tried to interrupt us and then stood in between us….facing me… I asked, I think at least three times I asked him to please remove. Like, please move out of my way"*

The panel found that this recollection was detailed and consistent with Colleague C's written statement.

The panel considered your evidence. You denied that these incidents had occurred. You maintained that you would not shout in those circumstances. You told the panel that you would “stop, listen and establish what needed to be done”, particularly where patient care was concerned. The panel also noted your position that Colleague C had described you as aggressive because of a disagreement and that, in your view, she was seeking to cover up her own mistakes. However, the panel did not identify any evidence that related to this incident which materially undermined Colleague C’s account. You further told the panel that you never stood close to Colleague C and that it was during Covid-19 pandemic time.

The panel found that Colleague C’s evidence was specific and detailed and remained materially consistent in her written and oral evidence. The panel therefore preferred her direct recollection of the incidents to your denial and your evidence as to how you would ordinarily behave.

Accordingly, the panel was satisfied that, on the balance of probabilities, on 3 December 2020 you shouted to Colleague C that you knew what you were doing and found charge 16(b)(i) proved. Further, the panel was satisfied that, on the balance of probabilities, on 3 December 2020 you stood between Colleague C and another person and found charge 16(b)(ii) proved.

Charge 17)(a)(i)

“That you, a registered nurse:

In relation to Colleagues D (Ms Jena) and E (Ms Clavecilla):

a) On 19 January 2023:

i) Became irritated and aggressive”

This charge is found proved.

In reaching its decision, the panel took into account all of the relevant evidence, including Ms Jena's witness statement dated 11 December 2023 and her oral evidence, Ms Clavecilla's witness statement dated 3 October 2023 and her oral evidence, and your evidence.

The panel had regard to Ms Jena's witness statement dated 11 December 2023, in which she stated:

> *'I had told the HR department that I would not meet with Mr Essilfie alone as when I had met him to discuss concerns, he would raise his voice… During the meeting, Mr Essiflie appeared agitated and he was saying words along the lines of 'karma' and that the staff involved 'would definitely pay' for what he implied was 'lies'. This was concerning for me as it came across as aggressive and intimidating, which I was aware had been a previous concern… Mr Essilfie never threatened me directly but he had made me feel uncomfortable at times and I was afraid of him'.*

The panel noted that Ms Jena described attending a meeting with you and Ms Clavecilla following concerns which had arisen regarding blood transfusion competencies. Ms Jena stated that during the meeting you appeared agitated and made comments to the effect that 'karma would come' and that the staff involved 'would definitely pay' for what you suggested were lies. Ms Jena stated that she found the manner in which you spoke concerning and that it came across as 'aggressive and intimidating'. She further stated that, although you did not threaten her directly, you had made her feel uncomfortable, and she was afraid of you.

The panel also considered Ms Clavecilla's witness statement dated 3 October 2023, in which she stated:

> *'… he was very agitated and aggressive. He said in relation to those who had raised concerns that "karma will come" and that the staff "will pay for the lies that they are talking about me" or words to that effect. It was quite intimidating and*

threatening. Mr Essilfie came across as very intimidating in that interaction. It was scary being in that position as I am quite small and Mr Essilfie had a large frame. I was scared during the interaction but he did not make any physical contact or do anything other than those comments… His response was aggressive but Ms Jena and I remained calm… he just acted irritated and aggressive with no insight into the nature of the concerns'.

The panel noted that Ms Clavecilla was present at the same meeting and similarly described you as being 'very agitated and aggressive'. She described the interaction as intimidating and threatening and stated that she was scared during it. Ms Clavecilla was clear that you did not make physical contact with her and that, beyond the comments made, there was no physical conduct. Regardless, she described your response and manner during the interaction as irritated and aggressive.

The panel considered the accounts of Ms Jena and Ms Clavecilla to be materially consistent with one another. Both witnesses were present during the same interaction and independently described you as appearing agitated or irritated and behaving in a manner which they perceived to be aggressive. Their accounts were also consistent as to the context in which this occurred and the nature of the comments you made.

The panel also considered that the words used by you provided relevant context when assessing your manner during the interaction. It did not consider the witnesses' descriptions of your behaviour to be based simply upon their perception of your physical stature. Both witnesses described your manner and the way in which you spoke during the meeting. The panel considered their respective accounts to be mutually corroborative and found no material inconsistency which undermined their evidence on this issue.

The panel took into account your evidence. You told the panel that people had described you as aggressive and that you considered this to be because the allegations against you were false. You also stated that, based on what had occurred, you had changed your

practice and that you now send emails to people if you have concerns rather than speak directly to them.

The panel was mindful that Ms Jena referred in her evidence to previous concerns regarding your manner. However, the panel did not rely upon those previous incidents as establishing that you behaved aggressively on 19 January 2023. It reached its finding on the basis of the evidence concerning the interaction itself, including the direct and materially consistent accounts of Ms Jena and Ms Clavecilla.

In these circumstances, the panel was satisfied that, on the balance of probabilities, during the meeting on 19 January 2023, you became irritated and aggressive.

Accordingly, the panel found charge 17(a)(i) proved.

Charges 18(a) – 18(d)

"That you, a registered nurse:

In relation to Colleague C in or around November 2020:

a) Linked arms with Colleague C.
b) Put your arm around Colleague C's lower waist on more than one occasion.
c) Tried to hug Colleague C.
d) Told Colleague C that you could drop them at home so you could be alone"

These charges are found proved.

Whilst the panel considered charges 18(a) – 18(d) together, it determined them separately. In reaching its decision, the panel took into account all of the relevant

evidence, including Colleague C's witness statement dated 2 February 2024, her oral evidence and your evidence.

The panel noted that Colleague C provided evidence of a number of interactions with you during November 2020 which made her feel uncomfortable. The panel also had regard to the circumstances in which these matters first came to be recorded. It noted that Colleague C raised the matters during the first investigation when responding to questions following a complaint made by you. The panel did not consider the evidence before it to demonstrate that she had raised these matters for the purpose of targeting you. It considered her accounts within the investigation records to be materially consistent with her subsequent witness statement and oral evidence.

Charge 18(a)

The panel had regard to Colleague C's witness statement dated 2 February 2024, in which she stated:

> *'…As we were going down the corridor, Mr Essilfie linked arms with me, which made me feel uncomfortable…'.*

The panel noted that Colleague C was able to identify the circumstances and location in which this occurred and remained consistent and adamant in her evidence that you had linked arms with her.

The panel considered your denial. You told the panel that you would not have behaved in this way, referring to your respect for yourself, your family and your profession, your Christian values and the fact that you are married. You also referred to the incident having occurred during the Covid-19 pandemic and maintained that there would have been no physical contact.

The panel considered that your evidence primarily concerned the reasons why you believed you would not have acted in this manner, however, it did not find your evidence sufficient to undermine Colleague C's specific and consistent recollection of the incident. The panel preferred her evidence and was satisfied, on the balance of probabilities, that you linked arms with Colleague C.

Accordingly, the panel found charge 18(a) proved

Charge 18(b)

The panel had regard to Colleague C's witness statement dated 2 February 2024, in which she stated:

> *'…there were several occasions where we would be going through documents and Mr Essilfie put his arm around my lower waist at a level, which was lower than would be appropriate for a colleague. I could not say how many times this occurred. In the first week Mr Essilfie worked, it happened at least once every shift. This usually happened at the nurse's station and we would either be sitting down or standing up…'.*

The panel noted that this was not described as a single isolated occurrence and that Colleague C gave specific evidence about the nature of the contact, where on her body you placed your arm, the circumstances in which it occurred and the approximate frequency. She explained that there was no need for such physical contact and that it made her feel uncomfortable. The panel also noted that during the earlier investigation she had similarly referred to you putting your hand around her waist at a level lower than she was comfortable with.

The panel considered your denial and your evidence that, as a married man, behaving in this way would amount to betraying your wife and was something you would not do.

However, the panel again considered that this amounted principally to evidence as to why you believed you would not have behaved in that manner.

Having considered the detail and consistency of Colleague C's account, including her earlier account during the investigation, the panel preferred her evidence.
The panel was therefore satisfied, on the balance of probabilities, that you put your arm around Colleague C's lower waist on more than one occasion.

Accordingly, the panel found charge 18(b) proved.

Charge 18(c)

The panel had regard to Colleague C's witness statement dated 2 February 2024, in which she stated:

> *'When Mr Essilfie tried to hug me, I would take a step back and he still went in for the hug…'.*

The panel also noted Colleague C's earlier account during the investigation when she referred to you hugging her without asking and stated that, when she raised the issue with you, you told her that you were 'a hugger' and were not concerned about Covid-19.

The panel considered your evidence that you would not have behaved in this manner, particularly during the Covid-19 pandemic. It also noted your evidence that you would not say that you did not hug anyone.

The panel considered Colleague C's evidence to be clear and materially consistent as to the nature of the interaction. In particular, her recollection that she had raised the physical contact with you and that you responded by describing yourself as 'a hugger' provided further detail and context to her account. The panel preferred her specific recollection to your denial and was satisfied, on the balance of probabilities, that you tried to hug her.

Accordingly, the panel found charge 18(c) proved.

Charge 18(d)

The panel had regard to Colleague C's witness statement dated 2 February 2024, in which she stated:

> *'…I was conversing with him and he asked me how I got to work. I said I drive and he then replied along the lines of if I ever wanted to leave my car at home, he could drop me home so we could be alone. I felt this was a completely unnecessary comment. Mr Essilfie was a married man and it would make no sense for me not to bring my car to work'.*

The panel noted that Colleague C was able to provide the context in which the comment arose, namely a conversation about where she lived and how she travelled to work. In her oral evidence, Colleague C said that this conversation happened on the same day that you linked arms with her and that she had found it "weird" and "a bit odd". The panel also had regard to the relevant investigation record and considered her account in that record to be materially consistent with the account subsequently provided in her witness statement and oral evidence.

The panel considered your evidence. You accepted that you had a conversation with Colleague C about where she lived but denied telling her that you could take her home so that you could be alone. You maintained that you would 'never ever' have made such a comment and again referred to the fact that you were married.

The panel considered that your acceptance that a conversation had taken place concerning where Colleague C lived provided some support for the surrounding context described by her, albeit you denied the material words alleged. Having considered the consistency and specificity of Colleague C's account, including her recollection of the conversation in which the comment arose, the panel preferred her evidence.

The panel was therefore satisfied that, on the balance of probabilities, you told Colleague C that you could drop her at home so that you could be alone.

Accordingly, the panel found charge 18(d) proved.

In reaching its findings on charges 18(a) – 18(d), the panel considered the evidence relating to each allegation separately and did not find one charge proved simply because it had found another proved. However, having assessed all of the evidence, it considered Colleague C to be consistent in her accounts and found no material evidence which undermined her credibility or reliability in relation to these matters.

Therefore, the panel found charges 18(a) – 18(d) proved.

Charge 19

> "That you, a registered nurse:
>
> On 11 May 2021 placed your hand on Colleague F's knee"

This charge is found proved.

In reaching its decision, the panel took into account all of the relevant evidence, including Colleague F's witness statement dated 14 November 2023, her oral evidence and your evidence.

The panel had regard to Colleague F's witness statement dated 14 November 2023, in which she stated:

> *'… As Mr Essilfie was talking, he touched my knee very briefly. I was sat opposite him and our knees were almost touching. He leant forward and for a split second touched me on my knee to emphasise a point. I cannot recall what the point was. A*

few minutes later… he put his whole hand on my knee. This made me feel uncomfortable, not vulnerable or intimidated, just uncomfortable… I then physically lifted his hand and put it back on his own leg. It was a very specific gesture to let him know that it was not ok. I was not bothered or threatened by it and I dealt with it at the time…'.

The panel considered Colleague F's account to be clear, detailed and specific. She described two instances of contact during the meeting, including the second occasion when you placed your whole hand on her knee and she physically removed it and placed it back on your own leg.

The panel also had regard to Colleague F's account during the investigation. When questioned in detail about the physical contact, she described your hand as an open palm resting on top of her knee. She recalled that she had been wearing her uniform trousers and that your palm was in contact with the material covering the top of her knee. She considered that it was likely to have been her right knee, as this would have been the knee closest to you.

The panel noted that Colleague F was able to provide considerable detail regarding the incident. Where she could not remember a particular detail, she said so. For example, she could not recall which hand you had used or whether you had been leaning forward when the contact occurred. The panel considered that she did not seek to elaborate her account or provide detail where her recollection did not permit her to do so. It found this added to the credibility and reliability of her evidence.

The panel further noted that Colleague F was a senior member of staff and that the incident occurred during a meeting between you. It found no evidence that she had colluded with any other witness or had any reason to fabricate the allegation. Her account during the investigation was materially consistent with the evidence she subsequently provided in her witness statement and orally before the panel.

The panel considered your evidence. You denied placing your hand on Colleague F's knee and told the panel that you did not recollect doing so. You emphasised that Colleague F was your manager and questioned why you would place your hand on your manager's knee. You maintained that you were not a 'touchy person' and that you did not touch her knee in any way during the meeting. You also disputed the practicality of the allegation by reference to the seating arrangement in the room and the distance between you.

The panel weighed your denial against Colleague F's evidence. It considered that Colleague F had a clear recollection of the material event and provided specific details about the nature and location of the contact and her immediate response of physically removing your hand from her knee and placing it back onto your own leg. The panel considered this to be a particularly specific feature of her recollection. It took account of your evidence concerning the seating arrangement. However, it noted Colleague F's evidence that you were sitting opposite one another and that your knees were almost touching. When questioned about whether you would have needed to lean forward to reach her knee, she did not seek to speculate and stated that she could not remember. The panel therefore did not consider that the evidence regarding the seating arrangement rendered her account implausible or undermined its reliability.

In these circumstances, the panel preferred Colleague F's detailed and consistent recollection to your denial. The panel was satisfied, on the balance of probabilities, that on 11 May 2021 you placed your hand on Colleague F's knee.

Accordingly, the panel found charge 19 proved.

Charge 20

"That you, a registered nurse:

Picked up Colleague G"

This charge is found proved.

In reaching its decision, the panel took into account Colleague G's witness statement dated 24 November 2023 and her oral evidence, your evidence and the meeting notes dated December 2021 conducted by Colleague G.

The panel had regard to Colleague G's witness statement dated 24 November 2023, in which she stated:

> *'… Mr Essilfie got on the scales and after the patient then did the same. I said I would not be weighing myself. Out of nowhere, Mr Essilfie picked me up from behind and tried to put me on the scales. I was now kicking off the scale as I did not want to be weighed. He put me down… Afterwards, I went to Mr Essilfie and said to him "don't ever do that again". Mr Essilfie replied "what you going to do, get the head of nursing" or words to that effect. This was typical Mr Essilfie and not a reasonable response… It would have been appropriate for him to have apologised for picking me up, which he did not. I am a grown woman, it was completely unprofessional for him to act like this, especially in front of a patient… it was belittling…'*

The panel noted that Colleague G provided a detailed account of the circumstances surrounding the incident and made it clear that she did not wish to be weighed. She stated that you approached her from behind, picked her up and attempted to place her onto the scales. She described resisting because she did not want to be picked up or weighed and subsequently speaking to you about your conduct once the patient had returned to his room.

The panel also had regard to the notes of Colleague G's investigation meeting in December 2021. During that meeting, Colleague G described the incident in materially similar terms. She recalled that, after you and the patient had weighed yourselves, she said that she was 'not being a part of this'. She stated that you then 'literally from behind

just scooped me up to try and put me on the scales'. She described pushing back because she did not want to be weighed in front of the patient or picked up. She further recalled subsequently telling you that your conduct was unacceptable and that 'nobody picks me up'.

The panel considered the December 2021 account to be significant. Both accounts described the scales, the presence of a patient, Colleague G expressly not wanting to be weighed, you picking her up from behind and her subsequently challenging you about what had occurred. The panel also considered Colleague G's oral evidence and found that she remained consistent as to the material allegation that you had picked her up. It considered the level of detail in her evidence, together with its consistency across the investigation meeting, witness statement and oral evidence, to support its reliability.

The panel considered your evidence. You categorically denied picking up Colleague G and maintained that the allegation was untrue. You referred to your working relationship with Colleague G, including that you would make jokes with colleagues, and suggested that her attitude towards you had subsequently changed. You also expressed concern about the way in which your conduct had been scrutinised. The panel weighed your denial against Colleague G's evidence. It found her account to be clear, specific and consistent over time. The panel considered the circumstances she described to be distinctive and was satisfied that she had a clear recollection of the incident. It found no evidence which materially undermined her account or provided a sufficient reason for concluding that she had fabricated the allegation.

The panel also noted that Colleague G did not immediately escalate the incident to management. However, it accepted her explanation that she preferred initially to address matters directly with the individual concerned and would only escalate the matter if the behaviour were repeated. The panel considered this to be consistent with her evidence that, once the patient had left, she spoke to you directly and told you that your conduct was unacceptable. It therefore did not consider the absence of an immediate formal report to undermine her account.

In these circumstances, the panel was satisfied that, on the balance of probabilities, you picked up Colleague G.

Accordingly, the panel found charge 20 proved.

Charge 21

> "Your actions in charges 18 and/or 19 and/or 20 were sexually motivated, in that you sought sexual gratification from such acts"

This charge is found NOT proved.

In reaching its decision, the panel took into account all of the relevant evidence it had considered in relation to charges 18, 19 and 20. It considered each of the incidents individually and the conduct collectively and in its wider context.

The panel found charges 18(a) – (d), 19 and 20 proved. It considered that the conduct contained by those charges was inappropriate, unprofessional and, in a number of respects, overly familiar. The panel was satisfied that the conduct crossed appropriate professional boundaries and, on occasions, caused the colleagues concerned to feel uncomfortable. However, the panel recognised that these findings did not establish that your conduct was sexually motivated as alleged, namely that you sought sexual gratification from the acts.

<u>Charge 18</u>

The panel considered the four proved allegations concerning Colleague C together. It noted that these occurred within a similar period in November 2020 and involved you linking arms with Colleague C, putting your arm around her lower waist on more than one occasion, attempting to hug her and telling her that you could drop her home so that you could be alone.

The panel considered whether, viewed collectively, these interactions supported an inference that you were seeking sexual gratification. It took account of Colleague C's evidence that your conduct made her feel uncomfortable and that she considered aspects of your behaviour to be odd or inappropriate. However, the panel also attached significance to the fact that, when specifically asked about the nature of the conduct during her oral evidence, Colleague C did not consider your actions to have been sexualised.

The panel considered that the conduct demonstrated an inappropriate degree of familiarity and a failure to maintain appropriate professional boundaries. However, having considered the nature of the individual acts, their context and Colleague C's evidence, the panel was not satisfied that the only reasonable inference was that you engaged in the conduct for the purpose of obtaining sexual gratification.

Charge 19

The panel found that you placed your hand on Colleague F's knee. It considered the nature and location of the contact and the circumstances in which it occurred. It also took into account Colleague F's evidence that the contact made her uncomfortable and that she considered it inappropriate. However, when asked whether she considered the conduct to be sexual, Colleague F was clear that she did not view it in that way.

The panel considered that placing your hand on Colleague F's knee was an inappropriate crossing of professional boundaries. However, it was not satisfied that the evidence established that the contact was undertaken for the purpose of sexual gratification.

Charge 20

The panel found that you picked up Colleague G from behind and attempted to place her onto weighing scales. It considered that this was wholly inappropriate and unprofessional conduct, particularly as it occurred in front of a patient and despite Colleague G not wanting to be weighed or picked up.

However, the panel also took account of Colleague G's evidence regarding how she perceived the incident. She did not consider your actions to have been sexualised and did not believe that you had picked her up for the purpose of touching or feeling her in a sexual manner. The circumstances described by Colleague G instead arose in the context of the interaction concerning the weighing scales.

Having considered each incident separately and then having considered the conduct as a whole, the panel determined that there was insufficient evidence from which it could safely infer, on the balance of probabilities, that you sought sexual gratification from the acts. The panel was satisfied that the conduct was significantly inappropriate, unprofessional, overly familiar and crossed professional boundaries. However, those findings were not tantamount with sexual motivation and did not, without sufficient further evidence, establish the particular motivation alleged by the NMC.

Accordingly, the panel was not satisfied, on the balance of probabilities, that your actions in charges 18 and/or 19 and/or 20 were sexually motivated in that you sought sexual gratification from such acts.

The panel therefore found charge 21 not proved.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your misconduct. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as whether a nurse can 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. Firstly, 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Hoskins submitted that the facts found proved amount to misconduct. He referred to the NMC guidance titled *'Misconduct'* (Reference: FTP-2a, last updated on 31 July 2026) and paragraphs 1.2; 3.1, 8, 8.2; 8.5; 8.6, 9.2; 9.3, 10.1, 10.3, 14, 18.1, 19.1, 20.2, 20.3, 20.5, 24 and 25.1 of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

Mr Hoskins submitted that the charges fall into three categories:

1. Clinical concerns (charges 1, 2, 4, 5, 6, 7, 9 and 13).
2. Dishonestly overstating qualifications and experience (charges 10, 11 and 12).
3. Treatment of colleagues (charges 15, 17, 18, 19 and 20).

Mr Hoskins submitted that the context of the conduct was crucial when assessing its seriousness. He submitted that you had yourself accepted the seriousness of some of the allegations, including charge 4. He submitted that you were not a new or inexperienced nurse working outside your previous knowledge or experience and that the clinical concerns could not simply be attributed to deficient knowledge or an identified training need.

Mr Hoskins submitted that there was repetition across the different categories of conduct and that the matters were not isolated slips or oversights. In relation to dishonesty, he

referred to the panel's finding that you had presented yourself as having substantially greater qualified nursing experience than you possessed and had done so intending to cause Ms Casey to believe that you had greater experience. He submitted that the dishonesty concerned a matter central to nursing and had an immediate impact upon colleagues' expectations of your experience, including Ms Casey identifying you as potentially suitable for a more senior position.

In relation to the clinical concerns, Mr Hoskins submitted that there were repeated failings, including recurring concerns relating to blood sampling. He submitted that some concerns had already been brought to your attention and further training had been provided, yet similar conduct was subsequently repeated. He submitted that the clinical failings exposed vulnerable patients to a risk of real harm, referring in particular to the evidence concerning Patient A, who had been described as critically unwell.

In relation to your treatment of colleagues, Mr Hoskins submitted that the conduct involved multiple incidents and affected a number of colleagues, including Ms Casey, Colleague C, Ms Jena, Ms Clavecilla, Colleague F and Colleague G. He submitted that the conduct included inappropriate physical contact and aggressive or otherwise inappropriate behaviour. He submitted that some colleagues described feeling uncomfortable, while Colleague C described the impact upon her as more significant, including feeling like a 'punch bag' and reaching a point where she did not wish to be alone in a room with you.

Mr Hoskins further submitted that the conduct was not confined to one workplace, having occurred both at Bud Flanagan and at the London Clinic. He submitted that this undermined any suggestion that your behaviour towards colleagues was specific to a particular workplace context or arose solely from your concerns about being poorly treated or micromanaged.

Mr Hoskins invited the panel not to view the three categories of concern in isolation. He submitted that there was an interrelationship between the clinical concerns and your treatment of colleagues. In particular, when colleagues sought to address and improve

aspects of your clinical practice, he submitted that this resulted in inappropriate treatment of colleagues and rejection of their concerns, which in turn impeded improvement in your clinical practice. He submitted that this demonstrated a concerning attitude towards receiving and responding to feedback about your practice.

Accordingly, Mr Hoskins submitted that, taken individually and cumulatively, the conduct represented serious departures from the standards expected of a registered nurse.

For these reasons, Mr Hoskins submitted that the facts found proved amount to misconduct.

Ms Deery submitted that the facts found proved do not necessarily amount to misconduct. She reminded the panel that misconduct requires a sufficiently serious departure from the standards expected of a registered professional and that whether the threshold is met is a matter for the panel's professional judgement, having regard to all of the circumstances and the context in which the conduct occurred.

Ms Deery submitted that context was particularly important when considering the clinical charges. She referred to the evidence that, when you commenced work on the Bud Flanagan Ward at the Royal Marsden Hospital, your induction and supernumerary period had been reduced from two weeks to one week. She also reminded the panel of the evidence that the ward was a busy and complex clinical environment.
Ms Deery referred to the contemporaneous notes exhibited by Ms Casey, which recorded *'How can we expect him to have the tools when we haven't given it to him'*, together with Ms Casey's oral evidence that the supernumerary period should have been protected. She submitted that these matters formed important context when assessing the seriousness of the clinical failings and whether they represented conduct sufficiently serious to amount to misconduct.

Ms Deery submitted that some of the clinical charges were more appropriately characterised as poor judgement or deficient professional performance rather than

misconduct. In particular, she referred to charges 1, 2, 4, 5, 6, 7 and 9, which concerned matters including blood sampling, administration, labelling and sign-offs, as well as charge 13 concerning the competency sign-off of a colleague. She invited the panel to consider whether, viewed in their proper context, those failings were sufficiently serious to cross the threshold into misconduct.

In relation to charge 11, Ms Deery referred to the panel's findings at the facts stage in respect of charge 12. She noted that the panel had not found dishonesty proved in respect of your statement that you were a qualified chemotherapy giver, having accepted that this reflected your genuinely held belief. She therefore submitted that charge 11 should not be found to amount to misconduct.

Ms Deery reminded the panel that its assessment of misconduct was a matter of judgement and that each of the charges found proved should be considered on its own facts and in its proper context. She submitted that it was open to the panel to determine that some of the conduct did not reach the degree of seriousness required to amount to misconduct and, in respect of the clinical matters in particular, could instead properly be characterised as deficient performance.

Submissions on impairment

Mr Hoskins 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. He referred the panel to the relevant principles set out in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Hoskins invited the panel to give careful consideration to the extent of your current insight. He submitted that insight was not determined simply by whether allegations had been admitted or denied, but required meaningful reflection upon what had occurred, the

reasons for it and your own role and responsibility. He submitted that there was little evidence of developed insight in this case.

Mr Hoskins submitted that the manner in which you had responded to concerns demonstrated a tendency to focus upon the perceived failings or motivations of those raising concerns rather than upon your own conduct. He referred to the complaints and grievances you had raised against colleagues who had identified concerns about your clinical practice and behaviour. He submitted that the panel had found no evidence of collusion or conspiracy between Colleague C and Ms Casey and had also determined that the existence of your grievance did not undermine the reliability of Colleague C's evidence. He submitted that your continued focus upon the conduct of those raising concerns had prevented meaningful reflection upon the underlying deficiencies in your own practice.

In relation to the clinical concerns, Mr Hoskins referred to your evidence regarding who was best placed to identify areas of your practice requiring improvement and submitted that this, together with evidence concerning the confidence with which you presented yourself, demonstrated limited insight into your clinical failings. He submitted that your written reflections tended to focus upon situational, institutional or structural factors rather than fully acknowledging your own responsibility. He also referred to the panel's findings concerning charges 6 and 7, submitting that your assertion that the relevant error had not been repeated was inconsistent with the subsequent conduct admitted in charge 7 and demonstrated a continuing lack of insight into those failings.

In relation to dishonesty, Mr Hoskins referred to the panel's finding in respect of charges 10 and 12. He submitted that you had continued to deny the underlying factual basis of the dishonesty finding and had maintained your position concerning your qualifications and experience over time. He submitted that this demonstrated limited insight into the seriousness of the dishonesty and gave rise to a continuing concern regarding the risk of repetition.

Mr Hoskins further submitted that you had demonstrated limited insight into the impact of your behaviour upon colleagues. He submitted that you had tended to characterise the concerns as arising from your physical presence, manner of speaking or malicious criticism by others, rather than objectively considering how your own conduct had affected those around you. He submitted that this prevented meaningful reflection upon the concerns regarding your treatment of colleagues.

In relation to remediation and the risk of repetition, Mr Hoskins referred to the relevant considerations identified in *Cohen*. He submitted that the dishonesty and the lack of insight demonstrated potentially deep-seated attitudinal concerns which were more difficult to remediate. He submitted that, although you had provided some written reflections, references and evidence of training, this material had not been tested at this stage of the proceedings and its value in demonstrating remediation was therefore limited. He submitted that there remained a residual risk of repetition across each of the three identified areas of concern, namely clinical practice, dishonesty and treatment of colleagues.

Mr Hoskins also invited the panel to consider impairment on the wider public interest grounds identified in *Grant*. He submitted that, given the scale and repetition of the misconduct, together with the interrelationship between the different areas of concern and the fact that conduct had occurred over time and in different professional settings, a finding of impairment was necessary to uphold proper professional standards and maintain public confidence in the nursing profession and the NMC as its regulator.

Accordingly, Mr Hoskins submitted that your fitness to practise is currently impaired on both public protection and public interest grounds.

Ms Deery first reminded the panel that a finding of misconduct does not necessarily result in a finding of current impairment. She submitted that the panel must assess whether your fitness to practise is impaired as at today's date, looking forward, while having regard to the circumstances of the past conduct.

Ms Deery referred to the relevant considerations in *Grant* and invited the panel to consider the risk of harm to patients, whether the conduct had brought the profession into disrepute or breached fundamental tenets of the profession, and the dishonesty found proved. She submitted that the panel should consider whether the conduct was remediable, whether it had been remedied and the likelihood of repetition, together with the steps you had taken since the events and the evidence of your current practice.

Ms Deery referred to your professional history as set out in your CV. She submitted that, prior to the concerns giving rise to these proceedings, you had an unblemished professional background and had worked across a range of nursing settings, including ITU, A&E, haematology, surgery and NICU, as well as having previously worked as a healthcare assistant.

Ms Deery also invited the panel to have regard to the passage of time. She submitted that the conduct found proved occurred between November 2020 and January 2023 and that a significant period had elapsed since those events. She submitted that you had worked consistently since November 2021 without further concerns being raised in your current employment. She referred to your current role as Registered Care Manager of Cecile Healthcare UK Limited, in which you supervise staff and oversee the provision of personal and domiciliary care. She also referred to your receipt of the London Borough of Bromley Adult Care Awards' Manager Award in Domiciliary Care, Extra Care Housing and Day Support in 2026.

In relation to insight and remediation, Ms Deery referred the panel to your written reflections and submitted that these demonstrated a high level of insight into the concerns raised, engagement with the Code, remorse for your failings and consideration of how similar concerns could be avoided in future. She also referred to your draft action plan, recent reflective case studies, wider reflection upon your nursing career and professional portfolio as evidence of your commitment to accountability, learning and continuous professional development.

Ms Deery reminded the panel that you were entitled to maintain your denial of allegations notwithstanding the panel's findings of fact. She submitted that continued denial did not, of itself, prevent you from demonstrating insight into the concerns or their wider implications.

Ms Deery also referred to the training you had undertaken to strengthen your practice, including training relating to openness and honesty, communication, managing conflict, recording and reporting, professional boundaries, diabetes, duty of candour and communication skills. She submitted that this training was relevant to the areas of concern identified in the proceedings and demonstrated active steps towards remediation.

Ms Deery further invited the panel to consider the substantial body of testimonial evidence, feedback and letters provided on your behalf from colleagues, patients, service users and family members. She submitted that this evidence demonstrated that you were highly regarded by those with whom you currently worked and by those receiving care. In light of the passage of time, your subsequent professional practice, reflections, training, professional portfolio and positive testimonial evidence, Ms Deery submitted that the likelihood of repetition was low and that you were capable of practising safely and effectively. She therefore submitted that there was no current risk to the public requiring a finding of impairment on public protection grounds.

Ms Deery also addressed the wider public interest. She submitted that, having regard to the nature and circumstances of the conduct together with the evidence of your subsequent practice and remediation, public confidence in the profession and proper professional standards would not be undermined if the panel did not make a finding of current impairment.

Accordingly, Ms Deery invited the panel, if it found misconduct, to determine that your fitness to practise is not currently impaired on either public protection or public interest grounds.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor.

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.'* Further, when determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel determined that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

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
9.3 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

10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that the above paragraphs of the Code were engaged in the context of this case.

The panel considered each of the charges found proved individually and in the context of the evidence as a whole. It considered that the charges could broadly be grouped into three areas of concern: clinical practice, dishonesty and your behaviour towards colleagues. The panel carefully considered the seriousness of the conduct within each charge and whether it represented a sufficiently serious departure from the standards expected of a registered nurse so as to amount to misconduct.

The panel also took into account the context advanced on your behalf, including the evidence regarding the reduction in your supernumerary period at the Bud Flanagan Ward and the busy and complex nature of the clinical environment. It bore in mind Ms Casey's evidence regarding the support that ought to have been available to you. However, the panel considered that these matters had to be balanced against your responsibilities as a registered nurse and the nature and seriousness of each of the clinical failings found proved.

Charge 1

The panel determined that charge 1 amounts to misconduct. As the nurse responsible for Patient A's care, you had a fundamental responsibility to ensure that important information concerning the patient's ongoing treatment was communicated effectively at handover. Patient A was critically unwell and required platelets. Your failure to hand over this information created a risk that necessary treatment would be delayed. The panel considered this to be a serious failure in the discharge of a fundamental nursing responsibility and determined that it fell significantly below the standards expected of a registered nurse.

Charge 2

The panel determined that charge 2 amounts to misconduct. You admitted this charge and there was no dispute that monitoring Patient D's blood glucose levels at the appropriate intervals was your responsibility. The panel considered that appropriate monitoring was an important aspect of the patient's clinical care and that your failure to undertake it created a risk of harm to the patient. It therefore considered that this was more than a minor clinical error or isolated lapse in judgement and amounted to a serious departure from the standards expected of a registered nurse.

Charge 4

The panel determined that charge 4 amounts to misconduct. You admitted that you labelled a blood sample with the details of the wrong patient. The panel considered errors involving the identification and labelling of blood samples to be particularly serious because of the potential consequences for patients if samples are attributed to the wrong individual and clinical decisions are subsequently made on that basis.

The panel considered that ensuring a blood sample is labelled with the correct patient details is a fundamental aspect of safe nursing practice. Although the panel had no evidence that actual patient harm resulted on this occasion, the potential consequences were serious. The panel therefore determined that your conduct fell significantly below the standards expected of a registered nurse and amounted to misconduct.

Charge 5

The panel determined that charge 5 amounts to misconduct. You had a responsibility to obtain the requested blood sample and your failure to do so exposed Patient B to a risk of harm through the potential delay in obtaining clinically relevant information and treatment.

The panel also considered the wider context of the clinical concerns and noted that, by this stage, concerns had previously been raised regarding aspects of your practice and steps had been taken to provide further support and training. In all the circumstances, the

panel considered that this omission represented a serious failure to discharge your clinical responsibilities and amounted to misconduct.

Charges 6 and 7

The panel determined that charges 6 and 7 amount to misconduct. Both charges concerned fundamental safeguards associated with the identification and labelling of patient blood samples. The panel considered that carrying out the appropriate bedside checks and ensuring that samples are correctly labelled before leaving the patient are important measures designed to minimise the risk of misidentification and consequent patient harm.

The panel noted that you admitted charge 7 and were aware of the correct procedure that ought to have been followed. It also considered it significant that these incidents occurred against the background of earlier concerns relating to blood sampling and labelling. The panel determined that these were not merely administrative errors but failures to follow important patient-safety procedures. As such, individually, the conduct represented a serious departure from the standards expected of a registered nurse and amounted to misconduct.

Charge 9

The panel determined that charge 9 amounts to misconduct. It noted that you had previously been signed off as competent in blood transfusion administration in February 2022 and therefore were expected to understand and apply the relevant requirements safely.

The panel considered that administering a blood transfusion at a rate faster than clinically indicated exposed the patient to a significant risk of harm. Although there was no evidence before the panel that actual harm resulted, the absence of harm did not diminish the seriousness of the clinical risk created. The panel determined that your conduct

represented a serious departure from the standards expected of a registered nurse and amounted to misconduct.

Charges 10 and 12

The panel had found charge 12 proved in relation to charge 10 only. It determined that your conduct in charges 10 and 12 amounts to misconduct.

The panel had found that you knowingly presented yourself to Ms Casey as having substantially greater qualified nursing experience than you actually possessed and that this was not an innocent mistake or misunderstanding. You intended to cause Ms Casey to believe that you had a greater level of qualified nursing experience than was the case.

The panel considered honesty and integrity to be fundamental requirements of the nursing profession. It considered the dishonesty particularly serious because it related directly to your professional experience and therefore had the potential to influence the level of competence and experience that colleagues understood you to possess.

The panel noted that Ms Casey's understanding of your experience contributed to her considering you suitable for progression to a more senior role. The panel determined that deliberately misleading a professional colleague about the extent of your nursing experience constituted a serious departure from the standards expected of a registered nurse and amounted to misconduct.

Charge 11

The panel determined that charge 11 does not amount to misconduct. The panel had found that you genuinely believed yourself to be a qualified chemotherapy giver. It had therefore not found that your statement to Ms Casey was dishonest or that you intended to mislead her in this respect. In these circumstances and having regard to the panel's findings as to your state of mind at the time, the panel was not satisfied that the making of

this statement represented a sufficiently serious departure from the standards expected of a registered nurse so as to amount to misconduct.

Charge 13

The panel determined that charge 13 does not amount to misconduct. The panel considered the context in which you signed the competency documentation. You were acting as Mr Lorenzo's mentor and understood that, in that capacity, you were entitled to sign off his competency. The panel had no evidence that you deliberately acted outside your authority or knowingly sought to certify a competency which you were not entitled to approve.

The panel considered that you should have ensured that you had the appropriate authority before completing the sign-off and that your failure to do so amounted to poor practice and an error of judgement. However, having considered the circumstances and the evidence before it, the panel was not satisfied that this conduct was sufficiently serious to amount to misconduct.

Charge 15(a)

The panel determined that charge 15(a) amounts to misconduct. It had found that you deliberately positioned yourself in front of Ms Casey and prevented her from moving past you, and that you did not immediately move when asked to do so.

The panel considered that this was inappropriate and unprofessional behaviour towards a colleague in the workplace. It demonstrated a lack of respect for Ms Casey's personal space and professional boundaries and was particularly inappropriate in the context of a healthcare environment during the COVID-19 pandemic. The panel determined that the deliberate nature of the conduct and your failure to move when asked amounted to misconduct.

Charges 16(b)(i) and 16(b)(ii)

The panel determined that charges 16(b)(i) and 16(b)(ii) amount to misconduct. It considered the context in which the conduct occurred. Colleague C had been attempting to explain a new process to you concerning a food allergy when you shouted that you knew what you were doing. You subsequently stood between Colleague C and another person and did not move immediately despite being asked to do so.

The panel considered that registered nurses are expected to communicate effectively, listen to colleagues and respond professionally when information relevant to practice is being communicated. Your conduct demonstrated a failure to engage appropriately with a colleague who was attempting to provide information and a lack of respect for appropriate professional and personal boundaries. Taken in their context, the panel considered these actions to represent a serious departure from the professional behaviour expected of a registered nurse and determined that they amount to misconduct.

Charges 17(a)(i) and 17(a)(ii)

The panel determined that charges 17(a)(i) and 17(a)(ii) amount to misconduct. It noted that you admitted charge 17(a)(ii). It considered that becoming irritated and aggressive towards colleagues and stating that staff would “definitely pay” for what you described as “lies” was wholly inappropriate in a professional workplace. Such conduct was capable of causing colleagues to feel intimidated and undermined the respectful and cooperative working relationships expected between healthcare professionals.

The panel considered the conduct particularly serious when viewed in the context of colleagues seeking to discuss professional concerns with you. It determined that your behaviour fell significantly below the standards of professionalism and respect expected of a registered nurse and amounted to misconduct.

Charges 18(a) – 18(d)

The panel determined that charges 18(a) – 18(d) amount to misconduct. It considered the individual acts. It had found that the conduct was unwanted and caused Colleague C to feel uncomfortable. The panel considered that linking arms with a colleague, repeatedly placing an arm around her lower waist, attempting to hug her and suggesting that you drive her home so that you could be alone demonstrated an inappropriate degree of familiarity and a failure to maintain proper professional and personal boundaries.

The panel was mindful that it had not found the conduct to be sexually motivated. However, the absence of sexual motivation did not render the behaviour professionally acceptable. The panel considered that colleagues are entitled to work in an environment in which their personal space and boundaries are respected and they are not subjected to unwanted physical contact or inappropriate familiarity. The panel determined that, viewed individually, your conduct represented a serious departure from the standards expected of a registered nurse and amounted to misconduct.

Charge 19

The panel determined that charge 19 amounts to misconduct. It had found that you placed your hand on Colleague F's knee and that this caused her to feel uncomfortable, to the extent that she physically removed your hand and placed it back onto your own leg.

The panel considered that this was unwanted, overly familiar and inappropriate physical contact with a professional colleague. Although Colleague F did not describe the conduct as sexual and did not feel intimidated, the panel considered that she should not have been placed in a position where she was made uncomfortable by unwanted physical contact from a colleague. Your conduct crossed appropriate professional and personal boundaries and amounted to a serious departure from the standards expected of a registered nurse.

Charge 20

The panel determined that charge 20 amounts to misconduct. It had found that you approached Colleague G from behind and physically picked her up in an attempt to place her onto weighing scales despite her having indicated that she did not wish to be weighed. The incident occurred in the presence of a patient.

The panel considered that physically picking up a colleague against her wishes was inappropriate, disrespectful of her personal boundaries and wholly unprofessional. The fact that this occurred in front of a patient further heightened the panel's concern, as registered nurses are expected to maintain professional behaviour and appropriate boundaries in the clinical environment. Although the panel had not found that your conduct was sexually motivated, it nevertheless considered the behaviour sufficiently serious to amount to misconduct.

The panel carefully considered the context of the individual charges and did not consider that every instance of poor practice or every proved fact automatically amounted to misconduct. In particular, it determined that charges 11 and 13 did not cross the threshold into misconduct for the reasons set out above.

However, in relation to the remaining charges, the panel considered that the clinical failings involved fundamental aspects of patient safety and, in a number of instances, exposed patients to a risk of harm. The dishonesty concerned your professional nursing experience and was capable of influencing colleagues' understanding of your competence and experience. The conduct towards colleagues involved repeated instances of inappropriate, aggressive or overly familiar behaviour and failures to respect professional and personal boundaries.

The panel also considered the wider pattern and repetition of the conduct. The matters occurred over a significant period and were not confined to a single incident or, in respect of your behaviour towards colleagues, a single workplace. While the panel took account of the contextual matters, including the circumstances of your induction and the pressures of

the clinical environment, it did not consider that these adequately explained or reduced the seriousness of the conduct found proved.

Accordingly, with the exception of charges 11 and 13, the panel determined that your conduct fell seriously short of the standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the 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 28 January 2026) in which the following is stated:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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* in reaching its decision. At 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.'

At 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 concluded that all four limbs of Dame Janet Smith's test, as approved in *Grant*, were engaged in relation to your past conduct. The clinical misconduct placed patients at an unwarranted risk of harm and had the potential to result in actual harm. Your misconduct towards colleagues breached fundamental standards of professional behaviour and had a negative impact upon those concerned. Taken together, the panel considered that your misconduct was capable of bringing the nursing profession into

disrepute and represented breaches of fundamental tenets of the profession. Further, the panel had found that you had acted dishonestly in relation to your nursing experience.

The panel then considered whether you remained liable to act in these ways in the future and, consequently, whether your fitness to practise is currently impaired. In making this assessment, the panel carefully considered the material you had provided. This included:

- Reflective case studies.
- Your professional portfolio.
- Your undated document entitled ‘My Professional Journey’.
- Your undated ‘Professional Portfolio of Nursing Practice’.
- Numerous testimonials.
- Your Continuing Professional Development (CPD) records.
- ‘Exploring the Challenges of CQC Medication Compliance’, dated 25 June 2026.
- ‘Managing Acute Respiratory Illness in the Care Setting’, dated 7 October 2025.
- ‘Personalising Infection Prevention and Control’, dated 8 July 2025.
- ‘Learning Disability and Autism’, dated 2 February 2025.
- ‘Time to Talk’, undated.
- Documentation relating to your Manager Award.
- The CHUL Bromley newsletter.

Regarding insight, the panel had regard to the NMC guidance titled ‘*Insight and strengthened practice’* (Reference: FTP-16, last updated 14 April 2021). It considered the extent to which you had demonstrated an understanding of what had gone wrong, your own responsibility for the misconduct, its impact upon patients, colleagues and the reputation of the nursing profession, and what you would do differently to prevent repetition. The panel also considered whether you had taken sufficient steps to strengthen your practice.

Clinical concerns

The panel considered that the clinical misconduct identified in this case was capable of being addressed through appropriate reflection, training, supervision and practical competency assessment. It therefore carefully considered the steps you had taken since the events.

The panel acknowledged that your reflective material addressed a number of the clinical incidents and included consideration of what had occurred and steps you said you would take to avoid similar incidents in the future. It also recognised that you had undertaken a considerable amount of further learning and training and had continued to work as a registered nurse. In your reflective statement, you apologised for the errors, recognised the seriousness of the concerns and said you took full responsibility for those charges that you had admitted. These were positive steps which the panel took into account.

However, the panel remained concerned that the clinical misconduct found proved arose principally within acute clinical settings and included practical failings relating to blood sampling, blood labelling, patient monitoring and blood transfusion. Since your employment at the London Clinic, you had not demonstrated a sustained period of practice within a comparable acute clinical environment.

The panel considered that much of the training evidence you provided was e-learning and was relevant to your current role but did not sufficiently demonstrate that the specific practical clinical deficiencies identified in this case had been addressed. In particular, the panel had not received sufficient evidence of supervised practice or objective practical competency assessment in the areas giving rise to the misconduct.

The panel also took account of the testimonial evidence provided on your behalf. It acknowledged that this material was positive and demonstrated that you were well regarded by a number of those with whom you currently work. However, the panel considered that much of the evidence did not directly address the specific clinical concerns found proved or demonstrate your current competence within an acute clinical

environment. It also noted that a number of the testimonials were from individuals employed by you and therefore afforded them appropriate weight in that context.

Accordingly, although the panel recognised that you had undertaken reflection and training and had taken some steps towards strengthening your practice, it was not satisfied that the clinical concerns had yet been fully remediated. In the absence of sufficient evidence of relevant supervised practice and practical competency assessment, the panel considered that a risk of repetition remained.

Behaviour towards colleagues

The panel next considered your misconduct towards colleagues. It considered that inappropriate workplace behaviour and failures to maintain professional and personal boundaries were capable of remediation, for example by way of meaningful reflection and increased awareness of the impact of one's behaviour upon others.

The panel acknowledged your positive professional history, the passage of time since the incidents and the positive testimonials and feedback provided on your behalf. It also took account of the relevant training you had undertaken, including training concerning communication, managing conflict and professional boundaries.

However, the panel was not satisfied that you had demonstrated sufficiently developed insight into this aspect of your misconduct. In particular, the panel considered that your reflections did not sufficiently demonstrate that you had stepped back from the events and objectively considered your own role in them or the impact that your behaviour had upon the colleagues concerned. The panel was concerned that your explanations continued, to a significant extent, to focus upon the actions, motivations or perceptions of others rather than demonstrating a full understanding of why your own conduct was inappropriate. In the panel's view, this was indicative of an attitudinal concern which you still needed to demonstrate had been remediated.

The panel also considered that your current working environment provided limited independent evidence by which the behavioural concerns identified in this case could be tested. Although the panel gave weight to the positive evidence concerning your current work, it was not satisfied that the evidence before it demonstrated that the concerns regarding your interactions with professional colleagues had been fully remediated.

Accordingly, the panel determined that, although this area of misconduct was capable of remediation, you had not yet demonstrated sufficient insight or strengthened practice to satisfy it that there was no risk of repetition.

Dishonesty

The panel then considered the dishonesty found proved in relation to your representation to Ms Casey that you had been a qualified nurse for seven years. It recognised that the dishonesty arose from a particular verbal interaction rather than a pattern of separate findings of dishonesty. Nevertheless, it considered the matter serious because the dishonesty related directly to the extent of your professional nursing experience and was intended to cause a professional colleague to believe that you possessed substantially greater qualified nursing experience than was in fact the case.

The panel considered that dishonesty may be more difficult to remediate than clinical failings and requires meaningful insight into why the conduct was wrong, its potential consequences and the importance of honesty and integrity within the nursing profession.

The panel was not satisfied that you had demonstrated sufficient insight into this aspect of your misconduct. You continued to dispute the underlying conduct and the panel had not received a sufficiently developed reflection which engaged with its finding that you had deliberately misrepresented the extent of your qualified nursing experience.

While the panel recognised that you were entitled to maintain your denial of the allegation and that denial did not, of itself, demonstrate an absence of insight, it considered that

there was insufficient evidence before it showing that you had meaningfully reflected upon the implications of the conduct found proved or demonstrated how a similar situation would be approached differently in the future.

The panel therefore considered that this aspect of your misconduct raised an attitudinal concern which had not yet been sufficiently addressed. In the absence of developed insight and remediation in respect of the dishonesty, the panel could not be satisfied that there was no risk of repetition.

The panel considered all of the evidence and gave appropriate weight to the considerable period of time which had elapsed since much of the misconduct, your continued employment, the absence of evidence of further regulatory concerns, the training and reflective material you had provided, your professional portfolio, the positive testimonials and the evidence of your professional achievements. However, these positive factors had to be balanced against the nature and breadth of the misconduct, the repetition of concerns over time, the limited evidence of practical remediation of the clinical failings, and the panel's concerns regarding the extent of your insight into your behaviour towards colleagues and the dishonesty.

The panel therefore determined that there was a risk of repetition across the areas of misconduct identified. In relation to the clinical concerns, repetition would expose patients to an unwarranted risk of harm. The panel was therefore satisfied that a finding of current impairment is necessary on the grounds of public protection.

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 profession and upholding proper professional standards for members of the profession.

The panel considered that the misconduct in this case was wide-ranging and included repeated clinical failings which created a risk of harm to patients, dishonesty concerning your professional nursing experience, and repeated inappropriate behaviour towards professional colleagues. The misconduct occurred over a period of time and, in relation to your behaviour towards colleagues, across more than one professional setting.

The panel considered that members of the public are entitled to expect registered nurses to practise safely, communicate and behave professionally towards colleagues, maintain appropriate professional boundaries and act honestly and with integrity. Notwithstanding the steps you had taken since the events, the panel determined that, given the seriousness and breadth of the misconduct and the outstanding concerns regarding insight and remediation, public confidence in the profession and in the NMC as its regulator would be undermined if a finding of current impairment were not made.

The panel was also satisfied that a finding of impairment was required to declare and uphold proper professional standards.

Accordingly, the panel determined that your fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel considered this case carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that your registration has been suspended.

Submissions on sanction

Mr Hoskins informed the panel that in the Notice of Hearing, dated 20 August 2025, the NMC had advised you that it would seek the imposition of a suspension order if it found your fitness to practise currently impaired.

Mr Hoskins referred the panel to the NMC's sanctions guidance and reminded it that the purpose of sanction is not to punish, but to protect the public, maintain public confidence in the profession and uphold proper professional standards. He submitted that any order imposed should be proportionate and should be the least restrictive order capable of meeting those objectives.

Mr Hoskins submitted that the following aggravating features were engaged in this case:

- There had been deliberate breaches of the Code, particularly in relation to the dishonesty and your inappropriate behaviour towards colleagues.
- There was a pattern of misconduct over a period of time and across different professional settings.
- The misconduct was wide-ranging, encompassing repeated clinical failings, dishonesty and inappropriate behaviour towards colleagues.
- There remained limited insight, particularly in relation to the dishonesty and your behaviour towards colleagues.
- The clinical misconduct had involved vulnerable patients and created a risk of harm.
- Aspects of your behaviour towards colleagues were deliberate and demonstrated a failure to respond appropriately to differences of professional opinion.
- There had been repeated failures to maintain appropriate professional boundaries and work collaboratively with colleagues, affecting a number of individuals.

Mr Hoskins acknowledged that there were mitigating features, including evidence of positive work, your previously unblemished professional history and some evidence of insight and remediation, particularly in relation to the clinical concerns.

Mr Hoskins took the panel through the available sanctions in ascending order of seriousness. He submitted that taking no further action or imposing a caution order would be insufficient given the scale, seriousness and breadth of the misconduct, the panel's findings regarding current impairment and the outstanding risk of repetition.

Mr Hoskins submitted that a conditions of practice order would also be inappropriate. He submitted that, although the areas of concern were capable of remediation, they were too wide-ranging to be adequately addressed through workable and measurable conditions. He further submitted that the panel had identified outstanding concerns regarding insight and your response to previous attempts to address concerns about your practice. As such, he submitted that the panel could not be sufficiently satisfied that conditions requiring further training and reflection would adequately manage the identified risks. He also submitted that the nature of your current working arrangements would make robust monitoring of any conditions more difficult.

Mr Hoskins submitted that the appropriate and proportionate sanction was therefore a suspension order. He submitted that temporary removal from the register was necessary to protect the public while allowing you an opportunity to develop further insight and demonstrate sufficient remediation. He submitted that there remained a realistic prospect that you could return to unrestricted practice in the future if the outstanding concerns were adequately addressed.

Mr Hoskins submitted that a period of 12 months was appropriate given the extent of the work still required in relation to insight and remediation. He submitted that this would provide sufficient time for you to reflect upon the panel's findings and demonstrate meaningful and measurable progress for the benefit of a future reviewing panel.

Mr Hoskins submitted that the panel should nevertheless consider whether a striking-off order was required. He submitted that the NMC considered this case to fall narrowly within the territory of suspension rather than striking off. He submitted that, although the misconduct raised fundamental concerns about your professionalism, it was not fundamentally incompatible with your remaining on the register. He referred in particular to your previously unblemished professional history, the positive evidence regarding aspects of your practice and the evidence of some insight and remediation. He submitted that there remained a realistic path back to unrestricted practice.

Accordingly, Mr Hoskins invited the panel to impose a suspension order for a period of 12 months, with a review before its expiry.

Ms Deery submitted that the appropriate and proportionate sanction in this case was a conditions of practice order. She submitted that such an order would adequately address the concerns identified by the panel and that a suspension or striking-off order would be unnecessary and disproportionate.

Ms Deery reminded the panel that the purpose of sanction is not to punish you but to protect the public and uphold the wider public interest. She submitted that the principle of proportionality should be central to the panel's decision and that any sanction imposed should be the least restrictive order capable of addressing the risks identified.

Ms Deery submitted that the aggravating features in this case were limited to a pattern of misconduct over a period of time and a failure to work collaboratively with colleagues. She did not agree that there had been an abuse of a position of trust, deliberate or reckless conduct placing patients at risk, predatory or premeditated behaviour, or that the vulnerability of patients was engaged as an aggravating feature.

Ms Deery submitted that there was, however, significant mitigation. She referred to your positive professional record and the absence of other regulatory concerns since you became a registered nurse in 2017. She also highlighted your continued and full engagement with the fitness to practise proceedings, including throughout the lengthy period during which the hearing had remained part-heard.

Ms Deery referred to the six admissions you made at the outset of the hearing and to the apologies contained within your reflective material. She submitted that, although the panel had determined that your insight was not yet sufficiently developed, it had not found an absence of insight. She further submitted that your continued denial of certain charges should not be treated as dishonesty during these proceedings, as you remained entitled to

defend the allegations and maintain your position notwithstanding the panel's findings on the balance of probabilities.

Ms Deery referred to your bundle and supplementary bundle, which contained reflective material, evidence of training and a significant number of supportive testimonials from colleagues, service users and their relatives. She also referred to your continued employment as a registered nurse with Cecile Healthcare Limited, where you lead a team of healthcare assistants, liaise with external healthcare professionals and provide clinical care when required. While acknowledging that this was not an acute clinical environment, she submitted that you had continued to practise safely and professionally.

Ms Deery further referred to the training you had undertaken in areas including openness and honesty, communication, managing conflict, recording and reporting, professional boundaries and duty of candour. She submitted that this demonstrated a willingness to learn and respond positively to further training.

In relation to personal mitigation, Ms Deery reminded the panel of the evidence concerning the reduced and unprotected induction and supernumerary period when you commenced employment at the Royal Marsden Hospital. She submitted that a number of the early clinical incidents occurred within the first two months of your employment and submitted that the level of support available to you remained relevant mitigation, notwithstanding the panel's findings regarding your own professional responsibilities.

Ms Deery accepted that taking no further action would not adequately mark the seriousness of the misconduct. She also accepted, in light of the panel's finding of impairment on public protection grounds, that a caution order would be insufficient.

Ms Deery submitted that a conditions of practice order would, however, be appropriate. She submitted that the panel had found aspects of the misconduct capable of remediation and submitted that there were identifiable areas of your clinical practice which could be addressed through further training, supervision and competency assessment, including

matters relating to blood sampling, blood transfusions and diabetic care. She submitted that your previous engagement with training demonstrated your willingness to respond positively to further learning.

Ms Deery submitted that workable and measurable conditions could be formulated which would adequately protect the public. She suggested that these could include requirements to keep the NMC informed of your employment or study, undertake appropriate further training and continue to develop your reflective practice, including through regular written reflections. She submitted that you would comply with any conditions imposed and that such an order would adequately address both public protection and public interest concerns.

Ms Deery submitted that a suspension order would be unnecessary and disproportionate. She submitted that the misconduct was not at the most serious end of the spectrum and did not call into question your suitability to continue practising subject to appropriate restrictions. In relation to the dishonesty, she acknowledged its inherent seriousness but submitted that the panel should consider its particular nature and context. She characterised it as a single dishonest incident arising from one verbal interaction with a colleague and submitted that it was not at the higher end of the spectrum of dishonesty.

Ms Deery also invited the panel to consider the practical consequences of a suspension order. She submitted that your registration was required for your current role at Cecile Healthcare Limited and that you were the only registered nurse working for the company. As such, she submitted that a suspension would therefore have a significant impact upon you professionally and financially, upon the operation of the company and potentially upon the vulnerable service users it supports. She further submitted that suspension would prevent you from demonstrating further remediation through continued practice.

Lastly, Ms Deery submitted that a striking-off order would be wholly disproportionate. She submitted that your conduct was not fundamentally incompatible with remaining on the

register and that the identified concerns were capable of being addressed by a less restrictive sanction.

Accordingly, Ms Deery submitted that conditions of practice order should be imposed and that such an order would adequately address the risks identified while representing the least restrictive and proportionate sanction in all the circumstances.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

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

Before considering the available sanctions, the panel considered the nature and seriousness of the dishonesty found proved. The panel considered that your dishonesty was serious. You had overstated the length of time for which you had been a qualified nurse to a senior professional colleague in a clinical setting. The information related directly to your professional experience and was relevant to the level of competence and experience that your colleague understood you to possess. The panel considered that misrepresenting your professional experience in this way had the potential to create a risk to patients if you were consequently entrusted with responsibilities on the basis of experience which you did not possess.

The panel also considered that you had demonstrated limited insight into the dishonesty and had not provided meaningful reflection, remorse or an apology in respect of this aspect of your misconduct. However, the panel balanced these concerns against the

particular circumstances of the dishonesty. It was a single dishonest representation made during a verbal interaction and there was no evidence that it had been planned or premeditated. The panel considered the dishonesty to have been opportunistic. As such, whilst the panel did not consider the dishonesty to be at the lower end of the spectrum of seriousness, it did not consider it to be fundamentally incompatible with your remaining on the register.

The panel took into account the following aggravating features:

- A pattern of clinical misconduct occurring over a period of time.
- Repeated inappropriate behaviour towards a number of colleagues and across more than one professional setting.
- The impact of your conduct upon colleagues and your failure to work collaboratively and maintain appropriate professional boundaries.
- Limited insight into the impact of your behaviour upon colleagues and your own responsibility for that behaviour.
- Limited insight into the dishonesty found proved.
- Repetition of clinical failings despite concerns having previously been brought to your attention and further training having been provided.
- A reckless element to aspects of your clinical practice, particularly your failure to follow the correct procedures relating to blood sampling and labelling despite your awareness of the procedures and previous retraining.

The panel also took into account the following mitigating feature:

- The training and learning you had undertaken, albeit that much of this consisted of e-learning which had not been supported by objective practical assessment.

Further, the panel noted your expressed willingness to undertake further training and continue to develop your practice, your otherwise positive professional history and the absence of previous regulatory findings, and the admissions you made to some of the

charges at the outset of the hearing. The panel also acknowledged that you had fully engaged with what had been lengthy fitness to practise proceedings (from September 2025), including during the period in which this hearing had remained part-heard. It took your continued engagement into account when considering the appropriate and proportionate sanction.

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

The panel 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 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 and risk of repetition 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 conditions of practice on your registration would be a sufficient and appropriate response. The panel was 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;*

- *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 recognised that there were identifiable aspects of your clinical practice which were capable of being addressed through further training, supervision and practical competency assessment. It also acknowledged your stated willingness to undertake further training and the steps you had already taken to develop your practice. However, the panel considered that the concerns in this case extended beyond distinct areas of clinical competence. They also involved dishonesty and repeated inappropriate behaviour towards colleagues, in respect of which the panel had identified outstanding attitudinal concerns and limited insight. The panel considered that these matters were not readily capable of being addressed or monitored through conditions of practice.

Further, in relation to the clinical concerns, the panel had previously identified that you had not yet demonstrated sufficient practical remediation in an acute clinical setting. There had also been repetition of clinical failings notwithstanding previous concerns and retraining. In these circumstances, the panel was not satisfied that conditions requiring further training, reflection or competency assessment would adequately manage the risk given the attitudinal concerns identified.

Accordingly, the panel determined that it could not formulate practical and workable conditions which would adequately protect the public and address the wider public interest concerns identified in this case. A conditions of practice order would therefore be insufficient.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate in cases where:

- *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 key things to weigh up before imposing this order include (but are not limited to):

- *whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?*
- *will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- *is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- *what would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?*

Below is a non-exhaustive list of circumstances that may make a suspension order an appropriate sanction:

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

evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.

The panel considered that the misconduct was serious and wide-ranging and that the outstanding concerns regarding insight and remediation meant that unrestricted practice would not adequately protect the public. However, the panel was satisfied that your misconduct was not fundamentally incompatible with your remaining on the register. It had previously determined that the clinical and behavioural concerns were capable of remediation. There was also evidence that you had taken some steps towards strengthening your practice, together with positive evidence regarding aspects of your current professional practice. The panel considered that there remained a realistic prospect that, with further developed insight and sufficient evidence of remediation, you could return to unrestricted practice in the future. The panel therefore determined that temporary removal from the register was necessary to protect the public while providing you with an opportunity to develop your insight and demonstrate meaningful remediation.

The panel went on to consider whether a striking-off order would be appropriate and proportionate. It took account of the seriousness and breadth of the misconduct, including the dishonesty. However, the panel considered it significant that the dishonesty consisted of a single, opportunistic verbal representation and was not premeditated. It also took account of your otherwise positive professional history, your engagement with these proceedings and the evidence that the concerns remained capable of being addressed.

In all these circumstances, the panel did not consider your misconduct to be fundamentally incompatible with continued registration. It therefore determined that a striking-off order would be disproportionate at this stage.

Balancing all of these factors, the panel concluded that a suspension order was the appropriate and proportionate sanction.

The panel took account of the submissions regarding the effect that suspension would have upon you, your ability to work as a registered nurse and the operation of Cecile Healthcare Limited. It acknowledged that a suspension order would inevitably have professional and financial consequences for you. However, the panel determined that your interests were outweighed by the need to protect the public and uphold the wider public interest.

The panel considered that a suspension order was also necessary to mark the seriousness of the misconduct, maintain public confidence in the nursing profession and uphold proper professional standards.

The panel determined that a suspension order for a period of 12 months with a review was appropriate and proportionate. It considered that this period would provide you with sufficient opportunity to reflect meaningfully upon the panel's findings, develop your insight and take further steps to demonstrate remediation, whilst adequately marking the seriousness of the misconduct.

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 reflective piece demonstrating developed insight into the dishonesty found proved, including why the conduct was wrong, its potential consequences and how you would approach a similar situation differently in the future.
- Evidence of further reflection upon your inappropriate behaviour towards colleagues, including its impact upon those colleagues and the importance of maintaining appropriate professional and personal boundaries.
- Evidence of your continued engagement with relevant training and steps taken to strengthen your practice.

- Your continued engagement with the NMC.
- Up-to-date testimonials or other independent evidence regarding your professional conduct and development.

This will be confirmed to you in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel 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 your own interests until the suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Hoskins. He submitted that an interim suspension order should be imposed for a period of 18 months to cover the 28-day appeal period and the subsequent period should an appeal be lodged. He submitted that this is necessary for the same reasons as given by the panel regarding the substantive order.

The panel also took into account the submissions of Ms Deery. She submitted that an interim order was not necessary on either public protection or public interest grounds and reminded the panel that the imposition of an interim suspension order should not automatically follow the imposition of a substantive suspension order.

In relation to public protection, Ms Deery acknowledged that the panel had identified a risk of repetition but submitted that this risk was low. She referred to the passage of time since the incidents, which occurred between November 2020 and January 2023, the insight and learning you had demonstrated, the training you had undertaken and the fact that you had

continued to work as a registered nurse without further concerns. She therefore submitted that there was no real risk of harm to people receiving care or members of the public during the appeal period which would necessitate an interim order.

In relation to the public interest, Ms Deery submitted that the substantive suspension order was sufficient to uphold public confidence in the nursing profession. She emphasised that the purpose of an interim order was distinct from that of the substantive sanction and that the panel should consider whether an order was necessary to address the risk arising during the relatively short period in which any right of appeal may be exercised.

Accordingly, Ms Deery submitted that, although an interim order might be considered desirable, it was not necessary and its imposition would be disproportionate in the circumstances of your case.

Decision and reasons on interim order

The panel accepted the advice of the legal assessor.

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 had found that there was a real risk of repetition and therefore a real risk of harm to patients and colleagues if you were permitted to practise unrestricted. Further, the panel was concerned that the attitudinal and behavioural issues including the dishonesty have yet to be addressed and this too poses a risk of harm.

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 cover the likely time taken for an appeal should one be lodged.

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

That concludes this determination.