

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

**Substantive Order Review Hearing
Monday 28 September 2026**

Virtual Hearing

Name of registrant:	Henrietta Barbara Haruperi Gibson-Leigertwood
NMC PIN:	76I3196E
Part(s) of the register:	RN4: Mental health nurse, level 2 (25 January 1979)
Area of registered address:	Kensington and Chelsea
Type of case:	Misconduct
Panel members:	Oluwasola Falola (Chair, Registrant member) Fawzia Zaidi (Registrant member) Fern Basnett (Lay member)
Legal Assessor:	Paul Hester
Hearings Coordinator:	Maya Khan
Nursing and Midwifery Council:	Represented by Anyla Katanolli, Case Presenter
Ms Gibson-Leigertwood:	Present and represented by Thomas Buxton instructed by the Royal College of Nursing (RCN)
Order being reviewed:	Suspension order
Fitness to practise:	Impaired
Outcome:	Suspension order (3 months) under Article 30 (1) of the Nursing and Midwifery Order 2001

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

Mr Buxton, on your behalf, requested that parts of this case be held in private on the basis that proper exploration of your case may involve reference to matters relating to your [PRIVATE] personal circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Katanolli, on behalf of the Nursing and Midwifery Council, supported this application.

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

Having heard that there may be reference to [PRIVATE] and personal circumstances, the panel determined to hold parts of the hearing in private. The panel was satisfied that this course was justified by the need to protect your privacy and that this outweighed any prejudice to the general principle of public hearings.

Decision and reasons on review of the substantive order

The panel decided to extend the suspension order for a further 3 months.

This order will come into effect at the end of 3 November 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 3 months by a Fitness to Practise Committee panel on 3 July 2026. The current order is due to expire at the end of 3 November 2026.

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

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

Details of charge

That you a registered nurse:

1. On 10 November 2022:
 - a) Grabbed Patient A without clinical justification.
 - b) Pulled Patient A by the hair.
 - c) Did not use the de-escalation technique.
2. Recorded an inaccurate entry on the Datix that Patient A had "suddenly attacked" you.
3. Your actions at charge 2 were dishonest in that you sought to represent that Patient A had attacked you when this was not true.

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

The original panel determined the following with regard to impairment:

'The panel was satisfied that all four limbs of the Grant test, in relation to 'the past' were engaged.

In relation to the first limb of the Grant test, the panel found that the patient was put at a risk of both physical and emotional harm as a result of your misconduct. You failed to use appropriate de-escalation techniques, and used physical force against Patient A when it was not warranted to do so, as she posed no risk of harm to you. Further, by inaccurately recording the incident on DATIX, the patient was put at a risk of harm as this record had the potential to influence your colleagues' treatment of and interactions with the patient.

Your misconduct breached the fundamental tenets of the nursing profession, and therefore brought its reputation into disrepute. Further, you acted dishonestly by seeking to represent that the patient had attacked you when this was not true.

In considering whether the four limbs of the Grant test are engaged in relation to 'the future', the panel first considered whether the concerns are remediable. It was satisfied that the conduct, though serious, was remediable and could potentially be addressed through strong insight and reflection, remorse, and strengthening of practice.

The panel took into account that you have demonstrated consistent and genuine remorse throughout these proceedings, and that you appear to accept your role and responsibility in the misconduct, have not attempted to deflect blame, and accepted your conduct once you viewed the CCTV footage. You have shown an understanding of what went wrong, made apologies, and reflected on your misconduct in the three charges. The panel also took into account that you made full admissions at the outset of this hearing and engaged with the disciplinary process.

The panel found that the acts of your misconduct in charges 1 and 2 were remediable. It accepted that your dishonesty in charge 3 is not so easily remediable, but that remediation was possible with an appropriate level of insight and reflection. The panel found that you have made attempts to remediate all three charges. You have demonstrated significant remorse from the time of viewing the CCTV footage throughout the Trust investigation, and during these proceedings.

The panel noted that in your reflective statement, dated 30 June 2026, you stated:

'The next day I wrote a reflective account saying my behaviour had been appalling and that I wanted to apologise to the patient, her family and the Trust. I meant every word of it then, and I mean it now.'

'I have gone back to The Code and read it carefully against what I did. It is not comfortable reading the standards I was meant to uphold and seeing how far short I fell.'

The panel found that you have also demonstrated sufficient insight, in that:

- you made early admissions to all three charges*
- you accepted the concerns at an early stage during both the Trust investigation and during these proceedings*
- you have taken personal responsibility for your actions without apportioning blame on anyone or anything else*
- you have demonstrated an understanding of the risk of harm to Patient A and your colleagues, and the damage caused to the public confidence in the nursing profession*
- you have apologised and cooperated with the Trust's investigation and engaged with the regulatory proceedings*

The panel, however, found that you have not been able to demonstrate sufficient strengthening of practice, as you have not undertaken any paid or unpaid CPD courses, and you have not worked in a clinical or non-clinical setting where you would have been able to put what you have learned from reflections and insight into practice.

The panel noted that your most recent training undertaken was in 2022, which predates the incident in the charges found proved. However, it acknowledged your explanations as to why you have not undertaken more recent training courses. In relation to strengthening of your practice, the panel took into account that you have not had the opportunity to continue working in this area as you have been unable to secure employment under your interim conditions of practice order. It recognised that you have spent time engaging in further reading and associated reflection, including the 'nice guideline' and 'mental health nurse guidelines'. However, the panel was of the view that this further reading was not sufficient to demonstrate strengthened practice.

The panel took into account the positive testimonials provided by you, and that you have 25 years of experience with no previous regulatory concerns. The panel also considered the impact that your personal circumstances and the working environment may have had on you at the time of the incident.

In light of all the above, in relation to all the charges, the panel was satisfied that there is a low, but real risk of repetition.

The panel determined that, in all the circumstances, a finding of impairment is necessary on the ground of public protection.

The panel next considered the impact that not making a finding of impairment would have on the public interest. It bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required due to the serious nature of your misconduct in all three charges found proved. The panel did not find that your conduct was deep-seated or attitudinal. However, your conduct amounted to fundamental breaches of the standards and tenets of the profession. In light of this, the panel was satisfied that confidence in the nursing profession would be seriously undermined if its regulator did not find impairment on the ground of the wider public interest.

The panel therefore concluded that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case, as members of the public and healthcare professionals would be very concerned if a nurse who used physically de-escalation interventions in a situation with a vulnerable patient when it was not warranted, and dishonestly and inaccurately

recorded this incident, were allowed to practise without a finding of impairment. It was satisfied that a finding of impairment would declare proper standards of professional conduct and uphold public confidence in both the nursing profession and the NMC as its regulator.

The panel therefore finds your fitness to practise impaired on the ground of public interest.

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

The original panel determined the following with regard to sanction:

'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case, the dishonest conduct, and the resulting concerns. The panel found no exceptional circumstances that would justify taking no action. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

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

The panel considered that your actions in the charges found proved were together in a one-off, out of character incident, for which you have demonstrated remorse and accepted responsibility. It also took into account that you have worked to remediate the concerns and risks.

However, the panel took into account that the misconduct involved unwarranted, physically aggressive actions towards a vulnerable patient, followed by an inaccurate and dishonest recording of the events. It found that there is a risk to patient and public safety, especially in view of your underdeveloped strengthened practice. The panel therefore determined that a sanction which does not restrict your practise would be insufficient to mark the level of seriousness, and would not adequately protect the public or meet the public interest.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- 'no evidence of deep-seated personality or attitudinal problems*
- identifiable areas of the professional's practice in need of assessment and/or retraining*
- competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- people using services will not be put at risk either directly or indirectly as a result of the conditions*
- conditions can be created that can be monitored and assessed.'*

The panel took into account that the concerns in this case can potentially be addressed through conditions of practice. However, it took into account the submissions made by Ms Herbert, and noted that you stated in evidence that, for

the past three years, you have been unable to secure any employment as a result of the current interim conditions of practice order.

The panel considered the impact of any new or ongoing conditions, and the effect this would have on your realistic ability to return to practice as a registered nurse. The panel were mindful that its duty is to balance this, together with the need to preserve public safety, with regards to further exposure of similar behaviour and to maintain public confidence in the profession generally. The panel concluded that there are no proportionate or workable conditions that could be formulated in this case.

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

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

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

- '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*
- 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.'

Bearing in mind the dishonesty misconduct, the panel had regard to the NMC Sanction Guidance on 'Sanctions for the highest risk cases' (Reference: SAN-4 last updated 28/01/2026). In light of its earlier findings on impairment, and taking this guidance into account, the panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register. The misconduct was a one-off incident, you have engaged with your regulator and these proceedings, there is no evidence of deep-seated attitudinal concerns, demonstrated insight and reflection, taken responsibility for your conduct, and demonstrated genuine remorse.

The panel took into account, however, that you have neither provided evidence of further training, nor demonstrated strengthened practice. It was satisfied that a suspension order for a short period of time would enable you time to fully address and remediate the concerns and risks, namely by undertaking further relevant training courses, reflecting, and undertaking paid or unpaid work.

Furthermore, the panel was satisfied that a suspension order would adequately mark the seriousness of the misconduct in this case, due to the low, but real risk of repetition, and to ensure the safety of the public and maintain public confidence in the nursing profession.

The panel had regard to SAN-2e on imposing a striking off order. It considered whether a striking-off order would be the only appropriate and proportionate sanction. However, taking account of all the information before it, and of the mitigation provided, the panel concluded that this would be disproportionate. The panel acknowledges that a suspension may have a punitive effect, however, it would be unduly punitive in your case to impose a striking-off order.

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

The panel determined to impose the suspension order for a period of three months, to allow you time to undertake relevant training to strengthen your practice, and to further reflect on the concerns.

The panel bore in mind the importance of maintaining public confidence in the profession. The panel also determined that a suspension order of three months adequately marks the seriousness of the conduct, and sends to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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

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:

- *Completion of relevant training courses focussing on:*
 - *Restraint and de-escalation*
 - *Dignity and respect of patients*
 - *Accurate record keeping*
- *An updated reflective piece, which includes:*
 - *Reflections on how you would apply what you have learned through your training to your practice*
 - *The duty of candour*
 - *The impact of your behaviour on others*
- *Up-to-date testimonials*
- *Evidence of any unpaid or paid work*
- *Your continued engagement and attendance with future proceedings'*

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

The panel had regard to all of the documentation before it, including the NMC bundle and your bundle which included a reflective statement, four testimonials, training certificates in 'Record Keeping' dated 13 September 2026, 'Dignity in Care' dated 14 September 2026 and 'Physical Restraint Awareness' dated 12 September 2026. It has taken account of the submissions made by Ms Katanolli and Mr Buxton.

Ms Katanolli outlined the background of the case and reminded the panel of the decision taken at the substantive hearing. She went through the charges found proved at the substantive hearing.

Ms Katanolli submitted that the panel at the original substantive hearing listed recommendations for you to comply with including producing a reflective piece, evidence of formal training and testimonials and evidence of any work paid or unpaid. Ms Katanolli referred the panel to your reflective statement in which you explained the remorse you feel, and the training courses you have undertaken. You also produced testimonials which attest to your good character rather than your clinical practice. Ms Katanolli submitted that you have not produced any testimonials in respect of paid or unpaid work.

Ms Katanolli referred the panel to your reflective statement in which you explained that you have been deeply affected by the repeated rejections from employers and you have been unsuccessful in securing any healthcare assistant roles. Ms Katanolli submitted that although it is acknowledged that you have struggled securing employment, the concern remains that the panel do not have any evidence of any strengthened practice from paid or unpaid work.

Ms Katanolli submitted that in these circumstances, an extension of the suspension order for a short period of three months to allow you to put into practise what you have

stipulated in your reflective statement would be appropriate. She reminded the panel that the charges related to a serious matter, involving actual harm caused to a vulnerable patient.

Ms Katanolli submitted that the panel may consider imposing an interim conditions of practice order and suggested the condition of supervision in light of your reflective statement, remorse and training certificates shown today.

Mr Buxton invited the panel to revoke the suspension order. He submitted that it is important for the panel to note that this is the only time you have appeared before your regulator and you have had 25 years of unblemished nursing practice.

Mr Buxton took the panel through your reflective statement produced today. He submitted that you acknowledge that your actions were inappropriate, fell far below professional standards, and breached basic human dignity. You stated:

- ***'Impact on the Patient:*** *The patient was an older, vulnerable individual with complex mental health needs who depended on me for safety and care. I inflicted physical pain and fear upon her. By pulling her hair and grabbing her, I compromised her physical safety and violated her fundamental right to dignity and respect. The emotional trauma of being subjected to force by a caregiver can exacerbate a patient's mental health condition and destroy their sense of security on the ward.*
- ***Impact on the Patient's Family:*** *Families entrust their loved ones to nurses expecting compassionate, safe care. Learning that a relative was subjected to unjustified force creates immense distress, guilt, and severe anxiety, shaking their trust in the healthcare system.*
- ***Impact on My Colleagues:*** *My colleagues had to witness an unacceptable physical intervention and were forced to step in to protect the patient. This placed an unfair emotional burden on them, disrupted ward safety, and damaged team cohesion. It forced them into a position where they had to manage a crisis created entirely by my failure to de-escalate.*
- ***Impact on the Trust:*** *The Trust was put through the burden of managing a critical incident, conducting formal investigations, and holding disciplinary*

proceedings. My actions undermined the standards of care the Trust strives to maintain.

- ***Impact on the Profession and Public Trust:*** *Public trust in nursing relies on the belief that nurses are compassionate, safe, and honest. Using force against a patient and recording an inaccurate account undermines the integrity of the profession as a whole. Every time a nurse fails in this way, it chips away at public confidence in the NMC register.'*

Mr Buxton took the panel through the testimonials provided today, authored by people that have worked alongside you. He also referred the panel to your completed relevant training.

Mr Buxton submitted that the current suspension order has had a detrimental effect upon your ability to successfully secure employment. He submitted this is why you have been unable to provide any evidence from an employer. He further submitted that there is no new evidence that can be placed before the panel today to show that you have strengthened your practice as you have been subject to a suspension order.

Mr Buxton submitted that the panel have firm evidence that you have a clear understanding of your past actions, you have learned from the past and you have demonstrated insight and remorse. It was his submission, in light of these factors, that the panel ought to be persuaded by all your efforts that you are no longer impaired.

The panel accepted the advice of the legal assessor.

The panel noted it had no new evidence before it today to suggest that you were no longer impaired and considered that there has been no material change since the original substantive hearing.

The panel considered that there are serious concerns identified in your case relating to misconduct in that you failed to use appropriate de-escalation techniques resulting in harm to a vulnerable patient. The panel acknowledged your efforts to comply with the recommendations given to you at the original substantive hearing. It took account of your reflective statement in which you demonstrated insight and remorse, and a good understanding of how your misconduct impacted patients, colleagues and the wider

profession. It took account of the three training certificates and the four testimonials authored by colleagues and noted that they were dated July 2026 and speak to your good character. The panel noted that you have not worked in a clinical setting since 2023. It further noted that you explained in your reflective statement that you have been unable to secure a role in healthcare. You stated:

'I have been deeply affected by the repeated rejections I experienced when seeking work. I must be honest that this remains an ongoing challenge for me. In past attempts to secure clinical, healthcare assistant, or care roles, as soon as recruiters or prospective employers became aware of my registration restrictions communication would cease and I would not hear back. Still feeling the impact of those experiences...and lack of confidence carried over into this suspension, making the prospect of applying feel overwhelming and causing me to hold back from actively searching during this 3-month window.

However, I fully appreciate why the panel requested this evidence. I recognize that I should not have allowed these ongoing fears of rejection to deter me, and that I ought to have been far more proactive in pursuing both clinical and non-clinical opportunities, including voluntary roles, where restrictions might potentially be accommodated. Moving forward, I am actively identifying suitable roles so that I can overcome this barrier, put my learning into practice, and demonstrate my refreshed professional values in a working environment.'

The panel further noted Mr Buxton's oral submissions in which he explained that you faced difficult personal circumstances including a bereavement which impacted your ability to find work.

The panel considered that the regulatory concerns in this case are capable of remediation. However, in the absence of any evidence from an employer in paid or unpaid work reporting that you have demonstrated strengthened practice, the panel determined that there remains a real risk of repetition of the misconduct found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required, as the public's confidence in the NMC would be undermined if a finding of current impairment was not made in the circumstances, especially when a nurse has not produced any evidence of strengthened practice by demonstrating how learning from the concerns identified has been put into practise whether through paid employment or voluntary work.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection and public interest grounds.

Decision and reasons on sanction

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

The panel considered whether to take no further action or to impose a caution order but determined that, due to the seriousness of the case relating to actual harm caused to a vulnerable patient, 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 a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to replace the current order with a caution order.

The panel next considered whether imposing a conditions of practice order on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is mindful that any conditions imposed must be proportionate, measurable and workable. It determined that although the concerns in this case are remediable and you have produced a reflective statement and evidence of relevant training today, the panel was mindful that you have not worked in healthcare setting for three years and are currently unemployed at present. On this basis, the panel concluded that a conditions of practice order would be unworkable in this case at this time.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for a further period of 3 months and considered that that would provide you with sufficient time to secure an appropriate role or other relevant opportunity whether paid or unpaid through which you could

demonstrate strengthened practice and evidence of any remediation to a future reviewing panel. It considered this to be the most appropriate and proportionate sanction available in the circumstances.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 3 November 2026 in accordance with Article 30(1).

Before 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:

- Any evidence of your attempts to secure relevant opportunities and any responses you receive
- Further up to date reflective statement of how any opportunities have strengthened your practice
- Testimonials or feedback from patients, supervisors or colleagues
- Your continued engagement with the NMC and your attendance at a future hearing

This will be confirmed to you in writing.

That concludes this determination.