

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

**Substantive Order Review Hearing
Thursday, 17 September 2026**

Virtual Hearing

Name of Registrant:	Andrew Paul Henson
NMC PIN:	94I1069E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA, Registered Nurse – Adult (22 September 1997)
Relevant Location:	Blackpool
Type of case:	Misconduct
Panel members:	Rachel Onikosi (Chair, lay member) Alison Bielby (Registrant member) Mary Golden (Lay member)
Legal Assessor:	Trevor Jones
Hearings Coordinator:	Yousrra Hassan
Nursing and Midwifery Council:	Represented by Ben Edwards, Case Presenter
Mr Henson:	Present and represented by Nathan Palmer of Blackford
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Not Impaired
Outcome:	Order to lapse upon expiry in accordance with Article 30 (1), on 13 October 2026.

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

At the outset of the hearing, Mr Palmer made a request that this case be held in private on the basis that proper exploration of your case involves a family member's health condition. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Edwards indicated that he supported the application.

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

The panel determined to go into private session only when referring to your family member's health condition as and when such issues are raised in order to protect the privacy of your family member.

Decision and reasons on review of the substantive order

The panel decided to allow for the current suspension order to lapse upon its expiry on 13 October 2026.

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 11 March 2026.

The current order commenced on the 13 April 2026 and is due to expire at the end of 13 October 2026.

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

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

That you a registered nurse:

- 1. In relation to Colleague D made one or more of the following comments:*
 - a. On an unknown date in or around the year 2018, said “your tits look good in that” or words to that effect.*
 - b. On an unknown date in or around the year 2020 said “I’ve got big piping like that” or words to that effect.*
- 2. That your conduct in relation to charge 1 was:*
 - a. Unprofessional*
 - b. A breach of professional boundaries*
- 3. ...*
- 4. Your conduct in relation to charge 1 amounted to intimidating or harassing behaviour in relation to Colleague D and/or:*
 - a. It was unwanted*
 - b. It related to Colleague D’s sex and/or it was of a sexual nature*
 - c. It had the purpose or effect of:*
 - I. Violating Colleague D’s dignity; or*
 - II. Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague D.*
- 5. In relation to Colleague A said/did one or more of the following:*
 - a. On an unknown date prior to 26 March 2021 “what is your favourite sex position” or words to that effect.*
 - b. On an unknown date prior to 26 March 2021 informed them that you were not getting any sex at home.*
 - c. On a date on or prior to 26 March 2021, - removed your wedding ring and said to Colleague A that you “were no longer married” (or words to that effect)*

d. On 26 March 2021:

- I. Suggested that they meet you to discuss mandatory training when this was not the primary motive for inviting them to meet you.
- II. Locked the office door when you and Colleague A were alone in the office.
- III. ...
- IV. Whilst in the office with Colleague A massaged their shoulders.
- V. Whilst in the office with Colleague A placed your hand on their leg.
- VI. Whilst in the office with Colleague A tried to kiss them.

6. That your conduct in relation to charge 5 was:

- a. Unprofessional
- b. A breach of professional boundaries.

7. Your conduct in relation to charge 5 was sexually motivated in that you intended to pursue a sexual relationship with Colleague A and or seek sexual gratification.

8. Your conduct in relation to charge 5 amounted to intimidating or harassing behaviour of Colleague A and/or:

- a. It was unwanted
- b. It related to Colleague A's sex and/or it was of a sexual nature
- c. It had the purpose or effect of:
 - I. Violating Colleague A's dignity; or
 - II. Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

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

The original panel determined the following with regard to impairment:

‘The panel considered the Grant test and determined that patients were put at indirect risk as a result of your misconduct as the conduct created an inappropriate working environment which had the potential to undermine public safety. In particular, the panel considered that behaviour of a sexual nature within a clinical setting has the potential to create a culture in which colleagues feel uncomfortable, distracted, or distressed, which may affect their ability to carry out their professional duties effectively.

The panel also took into account the incident in which inappropriate comments were made in the presence of a sedated patient. The panel considered that engaging in such conversations within a clinical environment was wholly inappropriate and had the potential to distract staff from their professional responsibilities. The panel found that such conduct risks undermining the safe and professional environment required for patient care. The panel found that your actions demonstrated a failure to maintain appropriate professional boundaries and had the potential to negatively affect both colleagues and the safe delivery of patient care.

The panel also found that your conduct, which involved inappropriate conduct of a sexual nature, had breached the fundamental tenets of the nursing profession by failing to promote professionalism and trust, and brought its reputation into disrepute.

The panel next considered the case of Cohen and the question of whether the conduct in this case was capable of remediation. The panel had regard to the guidance which indicates that misconduct of this nature can be more difficult to remediate, particularly where it reflects potential deep-seated attitudinal concerns.

The panel nevertheless considered that the conduct is in this particular case was capable of remediation. It determined that meaningful remediation would require clear insight, genuine remorse, and demonstrable steps to strengthen professional practice.

The panel carefully considered the reflective material and evidence provided by you and determined that your insight is developing. There were aspects in which your reflection appeared to minimise the seriousness of your misconduct, by suggesting that your behaviour may have been misinterpreted. You could also have reflected more fully on the specific charges found proved, and the impact of your behaviour on both of your colleagues. However, the panel was satisfied that you understood what went wrong in the past, understood how you should have acted differently, and understood how you should act in the future to ensure that similar concerns did not arise again.

The panel had regard to the training you have undertaken which is relevant and targeted. It was satisfied that the learning you had undertaken was embedded, as this was supported by the fact that you have worked for over four years without incident, and by the very strong testimonials provided which attest to your professionalism in the workplace.

The panel considered whether the misconduct demonstrated deep-seated attitudinal concerns. It noted that the conduct involved repeated behaviour towards two colleagues. However, the panel took into account the contextual factors surrounding the incidents, including evidence of a workplace culture at the time in which inappropriate banter had occurred. The panel noted that you have significantly adapted your behaviour and communication in the workplace since these events. The panel further noted that since these events you have continued to practise without any further concerns being raised about your behaviour. Taking these matters into account, the panel was satisfied that, while your conduct was inappropriate, the attitudinal issues identified are not deep-seated.

In all the circumstances, including your learning from the significant impact of this case, the panel was satisfied that the risk of repetition was low. It therefore determined that you do not pose an ongoing risk and that a finding of impairment was not required on the grounds of public protection.

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

The panel determined that a finding of impairment is necessary in order to maintain public confidence in the profession and to uphold proper professional standards. The panel determined that the concerns arising from sexual misconduct are inherently serious and require marking with a finding of impairment on public interest grounds.

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 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 a caution order would not be appropriate as your actions were not at the lower end of the spectrum. Your conduct involved sexual harassment of colleagues, and a caution order would not be sufficient to make the seriousness of your misconduct or to uphold standards or maintain confidence in the profession. The panel therefore determined 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 appropriate. The panel was 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 was of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The concerns do not arise from a lack of clinical competence or skills that could be remedied through further training or supervision. Conditions of practice would not be sufficient to mark the gravity of the findings or to address the wider public interest considerations.

In reaching this decision, the panel had regard to the Sanctions Guidance SAN-1, which states:

"Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction."

The panel therefore determined that a Conditions of Practice Order would not be appropriate in the circumstances of 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) in which the following factors on when a suspension order may be appropriate are set out:

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

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

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

The panel was satisfied that in this case the misconduct was not fundamentally incompatible with you remaining on the register. Whilst acknowledging the seriousness of your misconduct, it did not consider that the concerns were deep-seated, because of the learning that you have undertaken since, which you have demonstrated is embedded in your practice, by practising professionally for over four years since the incidents.

The panel was satisfied that a period out of practice would serve both to mark the seriousness of your actions, and to allow you to reflect further on the impact of your behaviour on colleagues and on public confidence in the profession.

The panel considered that your actions were so serious that public confidence in the profession and professional standards could not be maintained if you were able to continue practising without stopping for a period of time.

The panel further considered that despite the seriousness of what happened, you had fully engaged in the proceedings and had shown at least some meaningful insight which evidenced a realistic possibility that you will continue to develop this insight into the impact of your behaviour on colleagues and on public confidence in the profession.

The panel was satisfied that in this case the misconduct was not fundamentally incompatible with you remaining on the register.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the remediation undertaken and your safe and professional practice since, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, 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.'

Decision and reasons on current impairment

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

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

Mr Edwards reminded the panel that a six-month suspension order had been imposed by the panel on the 11 March 2026. He outlined the background to the case and referred the panel to the findings and reasoning of the previous panel.

Mr Edwards submitted that the previous panel had carefully considered your level of insight and had concluded that, although your insight is developing, there remained concerns that your reflections minimised aspects of your conduct and suggested your behaviour may have been misinterpreted.

Mr Edwards acknowledged the further reflective material provided by you for the purposes of this review and the testimonial submitted in your support. He submitted that these materials demonstrated further progress and developing insight. He also recognised, that you had worked for a lengthy period without any further concerns arising, had taken steps to address the matters identified, and had made efforts to improve your behaviour going forward.

However, Mr Edwards submitted that concerns remained within your reflective piece, particularly insofar as you appeared to minimise your behaviour in relation to Colleague A. The NMC's position was therefore that, notwithstanding the progress made, your insight had not yet developed sufficiently for the panel to conclude that your fitness to practise is no longer impaired. Accordingly, Mr Edwards submitted that your fitness to practise currently remains impaired.

Mr Edwards submitted that if the panel find that your fitness to practice is no longer impaired, it could revoke the current order or allow the suspension order to lapse at the end of its term. Mr Edwards further submitted that if the panel determined that your fitness to practice remains impaired, a number of options remained available to it, including extending the existing suspension order or replacing it with another sanction. He submitted that it was ultimately a matter for the panel to determine which sanction, if any, was appropriate and proportionate in all the circumstances.

In relation to sanction, Mr Edwards submitted that the previous panel had determined that a condition of practice order was not appropriate given the nature of the charges found proved. Mr Edwards did not invite the panel to impose a striking-

off order, which he submitted would be disproportionate in light of your developing insight and the progress you had made. If the panel found that your fitness to practise remained impaired, it may consider a further period of suspension to be the appropriate and proportionate course.

The panel also had regard to Mr Palmer's submissions on your behalf. He submitted that the six-month suspension order was a serious sanction and that, in light of your progress since the previous hearing, the order should be allowed to lapse upon its expiry.

Mr Palmer also addressed your personal circumstances under Rule 19. [PRIVATE]

Mr Palmer submitted that the previous panel indicated that a future reviewing panel would be assisted by further detailed reflection addressing the impact of your behaviour on your colleagues and on public confidence in the profession, including reflection upon the specific charges to demonstrate full accountability and ownership of your misconduct. He submitted that you had now undertaken that work and had provided a detailed reflective statement, together with a very positive character reference.

Mr Palmer submitted that your reflective statement demonstrated insight into the impact of your conduct on your colleagues and public confidence in the profession. He highlighted your acknowledgement of a pattern of behaviour and recognition that you needed to consider the impact of your conduct on others, rather than simply your intentions. He submitted that this demonstrated meaningful acceptance of responsibility.

Mr Palmer also referred to your reflections concerning the two colleagues affected by your misconduct. He submitted that you had appropriately acknowledged the impact upon them and, in particular, had recognised the greater gravity of the misconduct.

Mr Palmer submitted that the context of the original misconduct and the purpose served by the suspension order were also important. He noted that you had been registered since 2 September 1997 and had enjoyed approximately two decades of

steady career progression. He submitted that the finding of impairment had principally concerned the wider public interest and the need to uphold the reputation of the profession, rather than any deficiency in your clinical or care-related competence.

Mr Palmer submitted that a significant part of the rationale for the suspension order had now been served. The suspension had publicly marked the gravity of the misconduct and demonstrated the seriousness with which such conduct is regarded by the NMC. Although Mr Palmer acknowledged that the personal hardship caused by suspension was only a minor factor, he submitted that it nevertheless formed part of the overall circumstances that the panel could take into account when considering the position as it now stood.

In conclusion, Mr Palmer submitted that the combination of your detailed reflections, your acknowledgement of the impact of your behaviour, the practical steps identified to prevent repetition, your positive character reference, and the substantial period that has elapsed without any further incident demonstrated that you have developed sufficient insight. He submitted that the public marking and declaratory purpose of the suspension had been achieved and that your fitness to practise was no longer impaired. Accordingly, he invited the panel to allow the suspension order to lapse upon expiry without imposing any further sanction.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had developing insight. At this hearing, the panel considered that you had demonstrated a well-developed understanding of why your conduct was wrong and how it had impacted negatively on your colleagues, patients and the reputation of the nursing profession. In

particular, the panel noted your acknowledgement that your conduct had brought the profession into disrepute and breached fundamental tenets of the profession.

Notwithstanding the reservations Mr Edwards expressed as to your reflective piece. The panel considered that your reflective piece demonstrated a clear understanding of professional boundaries, including the need to be conscious of what constitutes appropriate and inappropriate humour and interactions in the workplace. The panel also noted your recognition of the imbalance of power in relation to Colleague A and Colleague D and your reflection on the impact of your conduct on colleagues and the potential risk to patients. The panel considered that your reflections demonstrated that you had thought carefully about your conduct, understood where you had gone wrong and had taken accountability for your actions.

In its consideration of whether you had taken steps to strengthen your practice, the panel took into account your reflective piece, the relevant and targeted training you had undertaken. The panel also took into account that you were also very clear as to how you would behave going forward using a structured framework to support your thinking and uphold standards of the profession. The panel considered your reflections to be robust and meaningful and found that your insight had developed significantly since the previous hearing. It also took account of the openness and honesty you demonstrated in your reflective piece. The panel found no evidence of deep-seated attitudinal concerns and was satisfied that you had developed the level of insight it would expect to see.

The panel also had regard to the principles in *Cohen v General Medical Council [2008] EWHC 581 (Admin)* when considering whether the concerns identified had been remedied. It noted the mitigating factors identified by the previous panel and considered that you had further strengthened your position during the approximately five months since the suspension order was imposed through continued reflection, the development of insight and remediation. The panel was satisfied that your misconduct was remediable and had now been remedied.

The previous panel determined that the risk of repetition was low and that the public protection limb of impairment was not engaged. At this hearing, the panel received

further evidence of your developed insight, reflection and remediation, together with your information of relevant and targeted training. There was no evidence of any repetition of the conduct. In light of this, the panel determined that you were not liable to repeat matters of the kind found proved. It was satisfied that you were unlikely in the future to breach fundamental tenets of the profession or bring the profession into disrepute in the manner previously identified.

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 not required.

For these reasons, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 13 October 2026.

This will be confirmed to you in writing.

That concludes this determination.