

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

**Substantive Hearing
Monday 9 September 2024– Friday 13 September 2024
Tuesday 17 September 2024,
Thursday 19 September 2024 – Friday 20 September 2024
Tuesday 24 September 2024 – Friday 27 September 2024
Monday 30 September 2024 – 4 October 2024
Monday 18 November 2024 – Tuesday 19 November 2024
Monday 2 December 2024 – Friday 6 December 2024**

Virtual Hearing

Name of Registrant:	Anita George
NMC PIN	05B0702O
Part(s) of the register:	Registered Nurse RN1: Adult Nurse, Level 1 – February 2005
Relevant Location:	Swansea
Type of case:	Misconduct
Panel members:	Anthony Griffin (Chair, lay member) Vivienne Stimpson (Registrant member) Alison Hayle (Lay member)
Legal Assessor:	Gaon Hart
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Uzma Khan, Case Presenter
Mrs George:	Present and represented by Anna Deery, instructed by the Royal College of Nursing (RCN)
No case to answer:	Charges 1(f), 5(b) 5(c) and 5(e)
Facts proved:	Admitted charges: 1(c), 1(d) and 1(j)(i)

Disputed charges: 1(a)(i), 1(a)(ii), 1(a)(iii), 1(b), 1(g), 1(h), 1(i), 1(j)(ii), 1(j)(iii), 1(j)(iv), 1(k), 2, 3, 4, 5(f), 5(g), 6

Facts not proved:

1(e), 1(j)(v), 5(a), 5(d)

Fitness to practise:

Impaired

Sanction:

Striking-off order

Interim order:

Interim Suspension Order (18 months)

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Khan, on behalf of the NMC, to amend the wording of charges 1(b),1(c),1(d),1(e),1(f),1(g),1(h),1(i),1(j)(i), 1(j)(ii), 1(j)(iii), 1(j)(iv), 1(j)(v), 1(k), 2 and 4.

The proposed amendments to all the charges except 1(k) were to change the grammatical tense and to include some new wording. It was submitted by Ms Khan that the proposed amendments would provide clarity and allow the charges to more accurately reflect the evidence in this case. She submitted that the proposed changes remove the ambiguity of the previous wording. Further, Ms Khan submitted that these proposed amendments relating to tense were not unfair or prejudicial to you.

With regards to charge 1(k), Ms Khan submitted that this change in wording is based on an account provided by you in the documents. She submitted that this change will more properly reflect the alleged conduct in charge 1(k), and that, as it is based on your own account, it would not create any prejudice or unfairness to you.

The proposed changes are as follows:

“That you, a registered nurse:

1. Between 2012 and 2016 breached professional boundaries with Patient A by:
 - a. [PRIVATE]
 - i. [PRIVATE]
 - ii. inappropriate; and/or
 - iii. unprofessional

- b. ~~Facilitated~~ **Providing care** for Patient A and Person A **whilst in a personal relationship with Patient A.**
 - c. ~~Entered~~ **Entering** into a tenancy agreement with Patient A's business
 - d. Notwithstanding your agreement at charge 1c above, ~~stayed~~ **staying** in Patient A's property without paying rent
 - e. ~~Facilitated~~ **Accepting** Patient A and Person A's business ~~to provide financial support for~~ **paying your** utility bills
 - f. ~~Facilitated~~ **Facilitating** Patient A to change their will on or around April 2016 to add you as a beneficiary
 - g. ~~Fostered~~ **Fostering** and/or ~~failed~~ **failing** to prevent a relationship of financial dependence on Patient A
 - h. ~~Provided~~ **Providing** care for Patient A knowing you were the beneficiary of a substantial future inheritance
 - i. ~~Abused~~ **Abusing** the position of trust as a registered professional to gain an inheritance from Patient A
 - j. ~~Accepted~~ **Accepting** gifts from Patient A in the form of
 - i. a a car
 - ii. cash on 10 February 2014 **in the sum** of £2,012
 - iii. cash for ~~[Person 1]~~ **Person B** on 27 October 20214 **2014 in the sum** of £2,300
 - iv. shares and/or cash on 25 August 2015 **in the sum** of ~~£9,959.301~~ ~~£9,959.30~~ **£9,959.01**
 - v. airline ticket for ~~[Person 1]~~ **Person B**
 - k. ~~Listed~~ **Listing** yourself **and/or allowing yourself to be listed** as next of kin and/or adoptive daughter in Patient A's medical records
2. Your actions at charges 1 (a) to (k) above were motivated (either wholly or partly) ~~for~~ **by the pursuit of** financial gain

3. Between 2012 and 2016 failed to disclose to your employer the extent of your financial dependency on Patient A and/or as beneficiary of Patient A's will
4. Your conduct at charge ~~4~~ **3** above, was dishonest in that you were attempting to conceal from your employer that you had a financial dependency and/or a beneficiary of Patient A's will. accepted
5. On dates unknown acted in a manner that was unprofessional and/or abusive towards Patient A and Person A, in that you:
 - a. shouted at Patient A
 - b. when Patient A collapsed delayed by 3.5 hours in getting him to hospital
 - c. prevented Patient A speaking with family prior to their death.
 - d. threw a bunch of keys at Person A
 - e. pushed Person A to the floor on 5 December 2016
 - f. excluded Person A from activities with you and Patient A
 - g. were dismissive of Person A
6. On an unknown date left copies of Patient B's bank statements and/or will at Patient A's home, breaching Patient B's confidentiality.

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

The panel heard submissions from Ms Deery, on your behalf. She informed the panel that you are content for charges 1(b),1(c),1(d),1(e),1(f),1(g),1(h),1(i),1(j)(i), 1(j)(ii), 1(j)(iii), 1(j)(iv), 1(j)(v), 2 and 4 to be amended as proposed by Ms Khan. However, Ms Deery strongly opposed any proposed changes to charge 1(k).

Ms Deery submitted that this change is not just a change of wording, but a “*significant change to the substance of the charge*”. She submitted that it is unfair and prejudicial to you for this charge to be amended on the first day of the hearing. Ms Deery also submitted that this amendment was proposed after a discussion with the NMC regarding your position in relation to this charge. She submitted that, although Ms Khan says this is related to your own account, you have not made any such direct comment and there is only a vague reference to this in a meeting contained in the NMC bundle.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules). The legal assessor referred the panel to the matters of *PSA v HCPC & Doree* [2017] EWCA Civ 319, *The Professional Standards Authority for Health and Social Care v The Nursing and Midwifery Council, Ms Winifred Nompumelelo Jozi* [2015] EWHC 764 (Admin), and *Gleeson v SWE* [2024] EWHC 3 (Admin).

The panel accepted the amendments to charges 1(b),1(c),1(d),1(e),1(f),1(g),1(h),1(i),1(j)(i), 1(j)(ii), 1(j)(iv), 2 and 4. It determined that these amendments provided clarity, accuracy, caused no injustice and enabled the charges to more accurately reflect the mischief alleged.

In relation to charge 1(k), the panel considered the objection raised by Ms Deery. It considered whether you would be prejudiced by this late addition of wording in the proposed amendment. The panel acknowledged the objection to charge 1(k), however, the panel felt that this charge could be assessed through the evidence and that the additional wording did not create injustice as the charge could be evidentially proven or not proven. It was of the view that this enhanced charge better particularised the allegation, enabling your defence to be more clearly asserted, ensuring that the panel was able to reach a fully informed decision. The panel did not consider that it was unfair to accept this proposed amendment while considering the

interests of all parties. It concluded that there would be no prejudice or unfairness to you if this amendment were accepted.

The panel, on its own accord, made an amendment to charge 1. It determined to change the tense of '*sent*' to '*sending*' to ensure grammatical clarity and consistency with the other changes made.

The panel was of the view that the amendments, as applied for, were in the interest of justice. 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. It was therefore appropriate to allow all of the amendments to ensure clarity and accuracy.

On day 10 of the hearing, Ms Khan made an application for an additional amendment that had been missed in the first instance. This was to amend charge 1 (j)(4), specifically the sum of money, to read £9959.01. She submitted that this amendment correctly reflects the HMRC document that has been referenced in the evidence.

Ms Deery did not oppose the application.

The panel heard and accepted the advice of the legal assessor on this additional amendment.

The panel accepted this amendment to charge 1(j)(a).

Details of charge (as amended)

“That you, a registered nurse:

1. Between 2012 and 2016 breached professional boundaries with Patient A by:
 - a. [PRIVATE]
 - i. [PRIVATE]
 - ii. inappropriate; and/or
 - iii. unprofessional
 - b. Providing care for Patient A and Person A whilst in a personal relationship with Patient A.
 - c. Entering into a tenancy agreement with Patient A's business
 - d. Notwithstanding your agreement at charge 1c above, staying in Patient A's property without paying rent
 - e. Accepting Patient A and Person A's business paying your utility bills
 - f. Facilitating Patient A to change their will on or around April 2016 to add you as a beneficiary
 - g. Fostering and/or failing to prevent a relationship of financial dependence on Patient A
 - h. Providing care for Patient A knowing you were the beneficiary of a substantial future inheritance
 - i. Abusing the position of trust as a registered professional to gain an inheritance from Patient A
 - j. Accepting gifts from Patient A in the form of
 - i. a car
 - ii. cash on 10 February 2014 in the sum of £2,012
 - iii. cash for Person B on 27 October 2014 in the sum of £2,300
 - iv. shares and/or cash on 25 August 2015 in the sum of £9,959.01
 - v. airline ticket for Person B
 - k. Listing yourself and/or allowing yourself to be listed as next of kin and/or adoptive daughter in Patient A's medical records

2. Your actions at charges 1 (a) to (k) above were motivated (either wholly or partly) by the pursuit of financial gain
3. Between 2012 and 2016 failed to disclose to your employer the extent of your financial dependency on Patient A and/or as beneficiary of Patient A's will
4. Your conduct at charge 3 above, was dishonest in that you were attempting to conceal from your employer that you had a financial dependency and/or a beneficiary of Patient A's will.
5. On dates unknown acted in a manner that was unprofessional and/or abusive towards Patient A and Person A, in that you:
 - a. shouted at Patient A
 - b. when Patient A collapsed delayed by 3.5 hours in getting him to hospital
 - c. prevented Patient A speaking with family prior to their death.
 - d. threw a bunch of keys at Person A
 - e. pushed Person A to the floor on 5 December 2016
 - f. excluded Person A from activities with you and Patient A
 - g. were dismissive of Person A
6. On an unknown date left copies of Patient B's bank statements and/or will at Patient A's home, breaching Patient B's confidentiality.

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

Background

You were working as a registered nurse within the chemotherapy department at Singleton Hospital NHS Trust (the Trust) and became involved with Patient A and Person A around 2012. You moved into their bedsit property after [PRIVATE]. Person A was having mobility problems due to a bad knee and ankle and required surgery. You

began to help Person A and Patient A. Patient A passed away in 2016, and allegations arose surrounding your relationship with Patient A and Person A between 2012 and 2016. Family members of Patient A and Person A reportedly observed alleged an inappropriate financial relationship between yourself and Person A, and allegedly dismissive and unkind treatment of Person A. You were named as a beneficiary of Patient A's will after his passing, and the family allege that you manipulated Patient A who was vulnerable and elderly, and allegedly accepted substantive gifts from him.

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

At the outset of the hearing, Ms Deery made a request that this case be held entirely in private on the basis that the charges against you should be examined in the context that [PRIVATE].

Ms Deery further submitted that your case is inextricably linked [PRIVATE]. Ms Deery submitted that if the panel did not accept the application for the entirety of the hearing to be held in private, then your evidence should be heard in private.

The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Khan indicated that she opposed the application in its entirety. [PRIVATE].
[PRIVATE].

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 reasonable and proportionate to do so and it is justified by the interests of any party or by the public interest, and referred the panel to Article 6 of the European Convention on Human Rights as enacted by the Human Rights Act 1998.

The panel accepted the advice of the legal assessor.

In making its decision, the panel had regard to the NMC guidance, namely CMT-10.

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

The panel, in its consideration of this application, examined whether it was reasonable and proportionate to allow your financial circumstances, particularly relating to your bank statements contained in your defence bundle, to be heard in private session. The panel concluded that it is reasonable and proportionate to allow these matters relating to your finances to be heard in public, as it was clear that this money was being received from someone else, namely Patient A. It was not income received from your workplace, and consisted of payments from someone who the charges allege was in your care. The financial information relates to a lengthy period of time and the panel took into account that you provided the information.

While the panel determined that the financial information should be heard in public session, it considered that any evidence relating to [PRIVATE] should be heard in private session as and when they arise, considering your own interests as balanced against the public interest.

The panel determined that it was not reasonable and proportionate and was not justified by the public interest for [PRIVATE] to be aired in public.

On day 13 of the hearing, during the course of your live evidence, Ms Khan made a Rule-19 application regarding assertions related to [PRIVATE]. Ms Khan submitted that [PRIVATE] are not in a position to give evidence and therefore a Rule-19

application in relation to these matters is necessary to protect their reputation and privacy.

Ms Deery supported this application.

The panel heard the advice of the legal assessor.

The panel determined to go into private if and when matters arise in relation to [PRIVATE] in order to protect their privacy.

Decision and Reasons on application to exclude evidence

Ms Deery made an application to exclude evidence contained in the exhibit bundle. She submitted that evidence provided to the panel must be relevant to the issues and should be fair. She submitted that there are two main areas of concern, namely the [PRIVATE] contained in the exhibit bundle and references to Patient B within some areas of the bundle.

[PRIVATE]

Ms Deery submitted, in relation to references to Patient B, that this is irrelevant. She submitted that Patient B is only relevant in relation to charge 6. She submitted that the evidence related to Patient B is not relevant to any of the charges that the panel have to consider. She submitted that it would not be fair to you, for the panel to consider this evidence.

Ms Khan opposed the application in its entirety. She submitted that [PRIVATE] and references to Patient B should remain in the bundle for the panel's consideration.

[PRIVATE]

Ms Khan submitted that in order for the panel to consider whether a professional relationship existed between you and Patient A, [PRIVATE]. [PRIVATE].

Ms Khan submitted, in relation to the references to Patient B, that the information contained in these references are not only relevant to charge 6 but would provide to the panel important background information. She submitted that, in considering the case as a whole, the references to Patient B have sufficient probative value.

The panel accepted the advice of the legal assessor, who made reference to *O'Brien v Chief Constable of South Wales Police* [2005] UKHL 26, *Director of Public Prosecutions v Kilbourne* [1973] AC 729, 756, *Shagang Shipping Company Ltd v HNA Group Company Ltd* [2020] UKSC 34 and NMC Guidance DMA-6. He also referred the panel to Article 6 of the European Convention on Human Rights.

The panel rejected the application in its entirety.

The panel acknowledged the submissions made by Ms Deery and Ms Khan. The panel first considered the application to exclude [PRIVATE]. In its consideration, the panel carefully examined the relevance [PRIVATE]. [PRIVATE]. The panel determined that the [PRIVATE] are not solely relevant to charge 1(a)(i) and therefore, if you were to make admissions to this charge, the [PRIVATE] would still be relevant for the consideration of 1(a)(ii) and 1(a)(iii).

[PRIVATE].

The panel then considered the application to exclude the references to Patient B in the context of the will and your relationship. The panel determined that the evidence would be relevant in considering charges 2, 4 and 5, and it would provide context and

potential probative value to issues relating to dishonesty and unprofessional behaviour.

In examining the relevance of these references further, the panel noted that its inclusion would allow the panel to have a stronger understanding of the environment and context in which the allegations occurred. In consideration of fairness to you, the arguments against were considered closely and it is accepted that the primary charge relates to the will and not necessarily the relationship. However, due to the relevance of the other charges and overall context, the panel found that it was not too prejudicial to admit the evidence as it stands.

Decision and reasons on application to admit further evidence

Ms Khan made an application to admit two exhibits relating to the statement of Witness 5. She submitted that these exhibits are listed in the index of the exhibits bundle. One is a set of laboratory forms which are associated with the taking of blood from Patient A, and the other is a disciplinary letter that was provided to you, outlining certain allegations and certain admissions that were made by you and outlining the outcome of that particular decision.

Ms Khan informed the panel that in Witness 5's statement, she made reference to this letter. She informed the panel that these two exhibits were excluded from the bundle as having been originally assessed by an NMC reviewing lawyer as irrelevant to the allegations prior to these proceedings. Ms Khan submitted that this was erroneously done and that the evidence ought to remain in the bundle.

Ms Khan submitted that this evidence is relevant to your role and your association with Patient A and that the evidence has genuine probative value. She submitted that admission of these two exhibits would not be prejudicial to you and would be relevant and fair. She informed the panel that the Royal College of Nursing (RCN) have been

on notice regarding these exhibits since January 2023, when they initially formed part of the Case Examiner's decision. She submitted that while considerable time has passed, these documents were not unavailable to the parties to be considered.

Ms Khan submitted that, in addition to these two exhibits, within the statement of Witness 5 there are a number of redactions. She submitted that these redactions go to an explanation in respect of the documentation and are therefore relevant evidence. Ms Khan made an application to allow these areas of the statement to be unredacted.

Ms Deery objected to the application in its entirety. She submitted that this evidence, although relevant, arriving at such a late stage is unfair to you and prejudicial to your case. Ms Deery submitted that if the evidence is admitted, she is seeking an adjournment of these proceedings until Thursday to allow her time to take instruction. She submitted that this evidence goes to the heart of charge 1(b) against you.

The legal assessor referred the panel to *O'Brien v Chief Constable of South Wales Police* [2005] UKHL 26, *Director of Public Prosecutions v Kilbourne* [1973] AC 729, 756, *Shagang Shipping Company Ltd v HNA Group Company Ltd* [2020] UKSC 34, *Sanusi v General Medical Council* [2019] EWCA Civ 1172, *R v Jisl* [2004], EWCA Crim 696 and NMC Guidance DMA-6. He also referred the panel to Article 6 of the European Convention on Human Rights.

The panel accepted the advice of the legal assessor.

The panel accepted the application to allow the evidence to be unredacted. The panel considered that the unredacted exhibits and part of Witness 5's statement are highly relevant to the consideration of the charges and accepted that they have high probative value.

The panel considered that all parties were aware of the content that the NMC is applying to have adduced and has had sight of it before as it was used in the Case Examiner's decision. It took into account that the evidence in its unredacted form was served to you roughly a year ago. The panel also noted that the role that you took throughout is a relevant consideration and that fairness is required to both parties, including the NMC, to present their evidence effectively. The panel also concluded that although the late change should not have occurred, the hearing has not yet commenced, and you will have sufficient time over the next few days to prepare and identify evidence in relation to the additional material. The panel concluded that, in light of this, it would not be unfair, unjust or prejudicial to you if the evidence were to be adduced in its unredacted form.

The panel acknowledged that Ms Deery would need some time to take instruction with the inclusion of this evidence. It noted that she requested an adjournment until Thursday to sufficiently prepare. However, the panel noted that this is day two of the hearing, and that several witnesses have made themselves available to give evidence, some of which are unavailable past Wednesday. In light of this, the panel determined to allow you until 13:00 tomorrow in order to permit Ms Deery to prepare the new evidence and to address it.

Admitted Charges

At the outset of the hearing, the panel heard from Ms Deery, who informed the panel that you made some admissions to charge 1 (a)(i), where you admitted [PRIVATE] but not that they breached professional boundaries, charge 1(c) where you admitted that you entered into a tenancy agreement with Patient A's business, but not that this breached professional boundaries, 1(d) where you admitted that you stayed in Patient A's property without paying rent, but only relating to the second property for a period of 6-months and not that this breached professional boundaries, and 1(j)(i) where you

admitted that you accepted the gift of a car, but not that this breached professional boundaries.

Application to exclude hearsay evidence

On day 10 of the hearing, Ms Deery made an application to exclude inadmissible evidence, Person A's police statement dated 11 August 2017, which is exhibited in Witness 7's evidence. Ms Deery submitted that this piece of evidence is documentary hearsay, in that it is a statement before the panel without the maker of the statement giving oral evidence in these proceedings. She submitted that this requires a formal application to the panel by the NMC to admit it into evidence. However, this hearsay application has not yet been made and the exhibit has nonetheless been included in Witness 7's exhibit bundle.

Ms Deery submitted that this is incorrect procedurally, and submitted that in fairness to you, it should not be exhibited or relied upon by the panel in any way until the NMC decide to make a formal hearsay application. Ms Deery submitted that the panel should put the contents of this exhibit out of their minds until this application is formally made.

Ms Khan supported the application. She submitted that this exhibit was included separately in the hearsay bundle, as it is an effective statement that has been made to the police by Person A, who is now deceased and therefore not in a position to give evidence in these proceedings. Ms Khan submitted that this evidence was always intended to be included within the hearsay bundle and was erroneously included within the exhibit list.

Ms Khan submitted that the panel should put this evidence out of its mind until a formal hearsay application is made by the NMC.

The panel accepted the advice of the legal assessor, who referenced the matters of *Shagang Shipping Company Ltd v HNA Group Company Ltd* [2020] UKSC 34, *Director of*

Public Prosecutions v Kilbourne [1973] AC 729, 756 and *O'Brien v Chief Constable of South Wales Police* [2005] UKHL 26.

The panel accepted the application to temporarily exclude the evidence which was erroneously included in Witness 7's exhibit bundle. The panel determined that it is in the interest of fairness to you that it put this evidence out of its mind, as a formal application to adduce hearsay evidence has not yet been made by the NMC, and for one party to use this evidence in cross-examination, as the NMC wish to do, would be unfair since it has not been used by you as it was deemed hearsay. Therefore, to utilise this evidence before an application has been made would be incorrect procedurally.

Decision and reasons on application of no case to answer

The panel considered an application from Ms Deery that there is no case to answer in respect of all charges against you. This application was made under Rule 24(7).

Ms Deery submitted that, following the conclusion of evidence from the NMC's witnesses, there is either no evidence or some evidence which, when taken at its highest, could not properly result in a fact being found proved against you.

Ms Deery submitted that it is essential that the panel be meticulous in focusing on the precise wording of the NMC's charges against you and reminded the panel that each element of the charges must be evidenced.

Ms Deery submitted that, following the evidence from witnesses, the NMC has failed to sufficiently raise a case to answer against you. She reiterated that each element of a charge must be evidenced in full, or the entire charge cannot be made out. Ms Deery took the panel through each charge individually, and highlighted where the evidence, in her submissions, failed to amount to a case to answer.

Ms Deery submitted that, therefore, none of the charges against you should be allowed to remain before the panel.

The panel noted that with regard to charge 1, Ms Deery highlighted that it is your position that the only way to read the charge was that it must be accepted that there was a professional caring relationship between you and Patient A in order to be proven.

Ms Khan disagreed and indicated that the charge, as written, could be founded in two ways:

- i) That you breached professional boundaries with Patient A by [PRIVATE]; or
- ii) That you breached professional boundaries with Patient A by [PRIVATE]

Ms Khan submitted that the question for the panel is not a matter of whether the NMC have failed to discharge its burden of proof, but consideration as to whether or not it could discharge its burden at the future fact-finding stage. Ms Khan referred the panel to the Galbraith test, in particular, the second limb of the test. Ms Khan submitted that the panel must consider whether, on view of the evidence put before it, it could find the facts proved. She submitted that where the strength or weakness of the evidence depends on the weight that it should be given, a submission that there is no case to answer is likely to fail. She submitted that this is an issue best considered after all of the evidence has been heard.

Ms Khan submitted that the NMC opposes this application, as the evidence is not so unsatisfactory that a panel could not find the allegation or element proved. She submitted that there is nothing before the panel to suggest that the accounts of witnesses are unreliable or that witnesses should be discredited. She submitted that there is in fact a case to answer in respect of all of the charges.

Ms Khan took the panel through each charge individually and highlighted the evidence that, in her submissions, amounted to a case to answer.

The legal assessor referred the parties to NMC guidance in DMA-6, R v Galbraith (1981) 73 Cr.App.R.124, CA.), R v Shippey [1988] Crim LR 767, R(Dr Alan Tutin) v GMC [2009] EWHC 553 (Admin) and Sardar [2016] EWCA Crim 1616.

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

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage.

The panel examined each charge individually in making its decision. It took into account that this is not a fact-finding exercise, and that it was solely considering whether sufficient evidence had been presented, which, when taken at its highest, could allow the panel to come to the conclusion that the charges against you is found proven.

Charge 1:

The panel first considered the stem of the charge. It determined that there is evidence that this was a professional relationship and that you were paid by Patient A to care for Person A and additionally, that there was sufficient evidence that you were, at some stage within the period of the charge, a carer for Patient A. In particular, it noted that Witness 5, in her evidence and her witness statements noted that you acted as a carer, took blood samples from Patient A on at least one occasion by using equipment sourced and obtained by you, and that medication was being given by you to Patient A that was not on his prescribed medication list, according to the evidence provided to the panel to date.

The panel noted that the witnesses generally gave evidence that you were acting as a carer for Patient A and Person A. There is a solicitor's note which specifies an arrangement between yourself and Patient A that you would provide care for Patient A and Person A in exchange for living arrangements. The panel also noted that despite denying your nursing and caring responsibilities, particularly in the W.Parry and Co. Solicitors'

letter (Parry), dated 1 February 2019, there are some references to a transactional relationship of caring and assistance to both Patient A and Person A contained in the later Parry letter dated 23 May 2019.

For the reasons stated the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

1(a) has been admitted by you.

In examining charge 1(b), the panel felt that there was sufficient evidence that you could have been providing care for Patient A and Person A, and that there was evidence from various records of a professional relationship, including the matters set out in charge 1(a). For the reasons stated the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

1(c) has been admitted by you as explained in the admitted charges section above.

1(d) has been admitted by you as explained in the admitted charges section above.

In examining charge 1(e), The panel noted that there is evidence from the Witness 7 of payments for gas, electricity and Virgin Media, that although debateable as to the veracity and clarity of the evidence, covers the relevant charge. Therefore, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon

which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

In examining charge 1(f), the panel noted that there is sufficient circumstantial evidence to consider that you drove Patient A to his solicitors. However, it determined that there is insufficient evidence to establish that you knowingly facilitated Patient A to change his will and/or add yourself as a beneficiary to his will. Although there is some evidence, the panel determined that the NMC's evidence, taken at its highest, is such, considering alternative hypotheses, that if properly directed the panel could not find a charge proven upon it and as such it established that there is no case to answer.

In examining charge 1(g), the panel took into account the potential evidence contained in the Parry solicitors' letters, the witnesses' descriptions of financial statements of support, the gifts listed in HMRC documents, the tenancy agreement between yourself and Patient A, payments into the bank marked for an airline ticket and other expenses and utility bills paid. For the reasons stated, including considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

In examining charge 1(h), the panel noted that there is sufficient evidence which would allow it to make a decision on facts in the later stage of this hearing. In particular, the panel took account of the Parry Solicitors' letter that confirms that you knew you were a beneficiary of Patient A's estate, which aligns with Witness 1's evidence. For the reasons stated, including considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

In examining charge 1(i), the panel took into account that there is some evidence of a potential abuse of position of trust to gain an inheritance, which arises from the witness evidence of both Witness 5 and Witness 7. The panel further noted that there was a concern about this which was raised in a police investigation against you at the time, that Patient A and Person A were vulnerable individuals based on their ages, health and their geographical separation from their immediate family, and that the allegations against you raise a spectre of a pattern of behaviour in relation to patient B and others. The panel also noted that there is evidence provided by Witness 8, that you were giving Patient A medication that was not on his prescribed medication list, according to the evidence provided to the panel to date.

For the reasons stated, including considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

1j(i) has been admitted by you.

In examining charges 1(j)(ii), 1(j)(iii), 1(j)(iv) and 1(j)(v), the panel noted that there is sufficient documentary evidence relating to this charge that could amount to unprofessional and/or abusing behaviour. Specifically, this evidence includes the contract note for a £2300 payment for a car purchase for Person B, a contract note for £2012, a Barclays payment of £2012 from Patient A, HMRC return of estate information, the letters from Parry solicitors, the property rental agreement, and a Barclays Bank statement showing payment for a flight. The panel further noted that there is evidence from Witness 7, and in relation to charge 1(j)(v), no other relevant person was flying at the time, including yourself.

For the reasons stated, including considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their

province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

In examining charge 1(k), the panel had sight of a number of medical records that included your name and described your relationship to Patient A. It noted that these included '*daughter*', '*adopted daughter*', and '*next of kin*'. There is also evidence that you made reference to Witness 2 as '*my brother*'.

For the reasons stated, including considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

Charge 2:

The panel took into account that charge 2 relates to charge 1. This charge specifically relates to a matter that sits within the consideration of the panel as to what motivated your actions. The panel considered that there was a reasonable hypothesis that your actions were motivated by the pursuit of financial gain. It did accept there was at least one alternative potential hypothesis. Therefore, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

Charge 3:

The panel, in examining charge 3, noted that there is evidence in the form of the Standards of Business Conduct, included in the statement of Witness 5. The panel focused on whether there any obligation to disclose to your employer the extent of your financial dependence in accordance with charge 3, having accepted already that there was no evidence of disclosure. The panel took into account the Standards of Business Conduct, in particular the paragraphs 2, 8 and 11, and as such concluded there is sufficient evidence upon which a reasonable panel could make a decision and as such determined to proceed with this charge.

Charge 4:

The panel determined that dishonesty is something to be assessed in the facts stage. It considered that charge 4 was reliant on decisions in relation to charge 3, which it has determined should proceed to the facts stage. Having concluded that a reasonable panel could make a decision, the panel determined to proceed with this charge.

Charge 5:

In examining charge 5(a), the panel took into account the witness evidence from Witness 6 and Witness 8 which suggests that a decision could be made on this charge at the facts stage. The panel therefore concluded that there is sufficient evidence upon which a reasonable panel could make a decision and as such determined to proceed with this charge.

In examining charge 5(b), the panel identified evidence which relates to when Patient A was triaged. However, it took into account that there was no evidence of when yourself and Patient A arrived at the hospital. It noted that the patient details from the Critical Care Department, dated 6 December 2016 and the out of hours summary indicates that at that initial stage, the hospital did not regard Patient A's condition as an emergency one, although the panel noted that this assessment was based upon the information that you supplied in a call to the out-of-hours service. The panel determined that the evidence,

taken at its highest, is such that if properly directed the panel could not find a charge proven upon it and as such it established that there is no case to answer.

In examining charge 5(c), the panel took into account Witness 2's statement which indicated that he did not try to speak to Patient A, as he was arranging flights from Australia to the UK. The panel identified that there was actually some contact with family members, as stated by Witness 8 who, despite initial resistance, was not actually prevented from speaking with Patient A. Person A was present when Patient A died and throughout his final care. Although there is some evidence, the panel determined that the NMC's evidence, taken at its highest, is such that if properly directed the panel could not find a charge proven upon it and as such it established that there is no case to answer.

In examining charge 5(d), the panel took into account that there are differences in evidence provided by witnesses and documents and therefore the panel determined that this evidence can be explored in making a decision on facts at the later stage. For the reasons stated, including considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

In examining charge 5(e), the panel noted that there was some evidence of aggression towards Person A, provided by Witness 7's written statement.

It also noted that there was evidence that the push was referred and not pursued by the police which implied to the panel that it had been reported to them by Person A. The panel determined that there was insufficient evidence around the circumstances of the push and concluded that although there is some evidence, the NMC's evidence, taken at its highest, is such that if properly directed the panel could not find a charge proven upon it and as such it established that there is no case to answer.

In examining charge 5(f), the panel took into account the evidence from Witness 6 and Witness 8 and noted that these witnesses provided considerable evidence of exclusion of Person A. However, the panel focused on whether there was evidence that you were the one responsible for that exclusion and identified that there is some evidence of this in the written statement and evidence of Witness 7, in relation to interactions with neighbours.

Therefore, considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven.

Therefore, they have decided to allow the charge to proceed.

In examining charge 5(g), the panel took into account Witness 6's evidence, and Witness 7's witness statement along with Witness 8's evidence. Witness 7's written statement also details the way in which you informed Person A about Patient A's cancer.

Therefore, considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven.

Therefore, they have decided to allow the charge to proceed.

Charge 6:

In examining this charge, the panel highlighted that there was sufficient evidence to proceed at least under limb two of the Galbraith test. It noted that there was evidence that you had access to the study where the documents were found and that this was not disputed, that you were the beneficiary of Patient B's will, while Patient A was not, that both documents were found in a box with your name on it, that this box contained personal and important belongings including your passport, which the panel noted is a significant document that is usually left in a safe place. The panel noted that while there is evidence

that Patient A may have been acquainted with Patient B, there is no evidence before it currently as to why Patient B would have given Patient A the will and other documents. The panel also took into account that there is evidence that you were in the habit of leaving valuables and parcels at Patient A's house as you did not find your own location safe. Therefore, considering alternative hypotheses, the panel assessed that this charge depends on the view to be taken of the evidence which is within their province, and that, on one possible view of the facts, there is evidence taken at its highest, upon which they could properly come to the conclusion that the charge against you is found proven. Therefore, they have decided to allow the charge to proceed.

After examining each of the charges and the respective evidence, the panel was of the view that, taken at its highest, the NMC evidence is such that if properly directed, the panel could not properly find a charge proven upon it and that there was not a realistic prospect that it would find the facts of charges 1(f), 5(b) 5(c) and 5(e) proved.

The panel was of the view that there is sufficient evidence to support the remaining charges at this stage and, 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 the remaining charges, including those accepted by you at the outset of the hearing. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Khan under Rule 31 to allow the written hearsay bundle to be adduced into evidence. Ms Khan informed the panel that Patient A, Person A and Patient B are not able to give evidence in these proceedings.

Ms Khan referred to Thorneycroft and submitted that, whilst the hearsay bundle does not take the form of direct evidence, the panel is invited to take into consideration what the witnesses have said that they were told in the circumstances that they were by Patient A and Person A. Ms Khan submitted that there is predominantly a familial relationship with

these individuals, and the witnesses have provided the background and context in which that information was given. In particular, Ms Khan submitted that there is an email from Mr 1, and a police statement by Person A.

Ms Khan submitted that this evidence is not the sole and decisive evidence in respect of any of the charges and is additional evidence in the form of witnesses providing their version of events and their accounts.

Ms Khan invited the panel to attach what weight it deems appropriate to the evidence in its consideration.

Ms Deery submitted that you take a neutral position in relation to this application, as you neither support it nor oppose it.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel first considered Person A's police statement. It assessed whether adducing this evidence is relevant and fair.

In making its assessment, the panel considered that Person A was a third-party in this central relationship between yourself and Patient A. She is deceased, and a majority of the evidence before the panel today from witnesses are accounts from Person A heard by others and second-hand information from her. This police statement is the only piece of evidence that comes directly from Person A, and therefore the panel determined that it is relevant.

The panel next assessed fairness and considered that Person A gave evidence to the police in the belief that this information would be used in criminal proceedings against you.

The officers who took her information and statement would have been skilled in their questioning of her. Person A was the wife of Patient A, was present in the family home during the events, and therefore her interpretation of the events given in 2017 which have been signed and dated by her, would be fair to include.

The panel determined that this police statement is not the sole and decisive evidence. The panel have heard from eight other witnesses over the course of these proceedings, who have either witnessed the events or had the belief that aspects of her statements were accurate.

The panel then considered the email from Mr 1, dated 9 June 2017. It first assessed whether this evidence is relevant. The panel took into account that Mr 1 was a family friend of Patient A and Person A. He witnessed the alleged events and was present during the period which the events took place. Additionally, Mr 1 was present at times where the witnesses were not. He knew Patient A and Person A well and would have been able to assess whether things in their lives had changed at that time, their health, and how much care they needed. Patient A and Mr 1 knew each other for over 40 years and his evidence gives additional male context to the circumstances at the time.

The panel assessed fairness and considered that Mr 1 has not said that he is unable to recall events, but rather that he has nothing more that he can add in his recollections. The panel considered that Mr 1 has no reason to lie and has nothing to gain from this account or motivation to fabricate evidence. His evidence creates context to what has already been heard, it goes to the heart of the charges and the panel can weigh this evidence collectively. The panel determined that it is fair to adduce this evidence.

The panel noted that this is not the sole and decisive evidence.

The panel went on to consider the evidence from Ms 1.

In considering the relevance of this evidence, the panel took into account that Ms 1 lived in the local area and builds up the timelines and the changing nature of the relationships between the parties. Her evidence offers a counter point to your explanations of what was occurring in the relationship, and who was isolating who. The panel determined that this evidence is relevant, and that it would be fair to adduce it. It considered that this evidence was not sole and decisive.

The panel noted that you mentioned, in the course of your own evidence before the panel, that there was an alleged relationship between Person A, Patient A and other parties. The panel considered that the truth cannot be rebutted, and that these allegations are derogatory. It considered that it has not been raised before, and that the NMC has not had the opportunity to cross examine on this. Patient A and Person A are not in a position to give evidence on this. Further, it is the sole and decisive evidence. The panel concluded that this should be excluded as it is neither relevant nor fair to be adduced.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Deery, who informed the panel that you made partial admissions to charge 1.

You admitted to charge 1 (a)(i), [PRIVATE], however, you did not admit that they breached professional boundaries. You admitted to charge 1(c), that you entered into a tenancy agreement with Patient A's business, but deny that this breached professional boundaries. You admitted to charge 1(d), that you stayed in Patient A's property without paying rent, but only in relation to the second property for a period of six months. You deny that this breached professional boundaries. You admitted to charge 1(j)(i), that you accepted the gift of a car, but not that this breached professional boundaries.

The panel considered the charges and the evidence carefully, in conjunction with your admissions, and considered the legal advice regarding *PSA v (1) GMC & (2) Lingam* [2023] EWHC 967 (Admin). They took note of the limited nature of the admissions and the

basis on which they were put. The panel took note, during the oral evidence to ensure that they resolved any material issues they had, by questioning as far as they needed to do so, to clarify the central issues arising. The panel therefore finds charge 1(a)(i), 1(c), 1(d) and 1(j)(i) proved.

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 Ms Khan and Ms Deery.

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

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

- Witness 1: Accountant for Patient A
- Witness 2: Son of Patient A and Person A
- Witness 3: Witness 7's sister
- Witness 4: Son-in-Law of Patient A and Person A
- Witness 5: Senior Matron in Cancer Services at Swansea Bay Health Board at the time of the allegations
- Witness 6: Grandson of Patient A and Person A
- Witness 7: Daughter-in-law of Patient A and Person A

- Witness 8: Daughter of Patient A and Person A

The panel also heard evidence from you under oath.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Ms Deery, on your behalf.

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

Charge 1

“Between 2012 and 2016 breached professional boundaries with Patient A
by:

- a. [PRIVATE]
 - i. [PRIVATE]
 - ii. [PRIVATE]
 - iii. unprofessional
- b. Providing care for Patient A and Person A whilst in a personal relationship with Patient A.
- c. Entering into a tenancy agreement with Patient A’s business
- d. Notwithstanding your agreement at charge 1c above, staying in Patient A’s property without paying rent
- e. Accepting Patient A and Person A’s business paying your utility bills
- f. Facilitating Patient A to change their will on or around April 2016 to add you as a beneficiary

- g. Fostering and/or failing to prevent a relationship of financial dependence on Patient A
- h. Providing care for Patient A knowing you were the beneficiary of a substantial future inheritance
- i. Abusing the position of trust as a registered professional to gain an inheritance from Patient A
- j. Accepting gifts from Patient A in the form of
 - i. a car
 - ii. cash on 10 February 2014 in the sum of £2,012
 - iii. cash for Person B on 27 October 2014 in the sum of £2,300
 - iv. shares and/or cash on 25 August 2015 in the sum of £9,959.01
 - v. airline ticket for Person B
- k. Listing yourself and/or allowing yourself to be listed as next of kin and/or adoptive daughter in Patient A's medical records"

Charges 1(a)(i), 1(a)(ii), 1(j)(iii), 1(b), 1(c), 1(d), 1(e), found proved.

The panel first examined the stem of the charge, namely whether there were professional boundaries to be breached between Mrs George and Patient A.

The panel noted that you said there was no agreement between yourself, Patient A and Person A which implies a professional relationship. However, it took into account the witness evidence from the family members of Patient A and Person A, who asserted that there was a verbal contract between you and Patient A and Person A. It also took into account the evidence of Witness 1, who said that he was informed by Patient A that you were acting as carer, and that Patient A wished to reward you for this care. The panel noted the hearsay nature of this evidence and acknowledged its weight accordingly. The panel also took into account the written evidence from Ms 1 and Mr 1, who indicated that

in their view, there was a “caring” relationship. The panel noted the hearsay nature of this evidence and acknowledged its weight accordingly.

The panel considered the credibility of Witness 1. The panel noted that Witness 1 was a professional accountant who has no knowledge of you. His witness evidence in these proceedings has been given as someone working in the course of his business, and the panel saw no evidence to suggest that he would fabricate his evidence. The panel concluded that it has no reason to believe that Witness 1 has discussed his evidence with anyone else. It determined that Witness 1’s evidence is reliable.

The panel took into account the letter from W. Parry Solicitors, dated 23 May 2019, which says you relied on the promise of the house, and acted to your own detriment by providing care and assistance to Person A and Patient A. The panel considered that this demonstrated the transactional nature of your relationship. The panel noted earlier correspondence, dated 1 February 2017, where your solicitor stated that there was no professional relationship of carer or nurse.

The panel took into account that you introduced yourself to the family as a nurse first and foremost, and that although you rely on the fact that there was no written contract, your actions implied that there was a ‘caring’ relationship in that you, for example, took blood from Patient A, arranged for medical equipment to be provided, liaised with the hospital, managed appointments, provided medication, and acted as a nurse tasked with the professional duty of caring for patients. The panel therefore concluded that, on the balance of probabilities, the stem of this charge is found proved. It then moved on to consider the sub charges under charge 1.

Charge 1(a)

Charge 1(a)(i) was admitted by you at the outset of these proceedings, however, on the face of it, the charge is found proved in the context of you being a registered nurse, where it was established that you were providing care and nursing services to Patient A.

[PRIVATE].

Based on the evidence before the panel from the year 2013 onwards, you were in the role of a carer for Person A, paid for by Patient A, and later a carer for Patient A. [PRIVATE]

The panel determined that on the balance of probabilities, it is more likely than not that charge 1(a) is proved.

Charge 1(b)

In establishing the stem of the charge, the panel found, as above, that there is evidence that you were providing care for Person A and Patient A on various occasions.

The panel took into account that you stated on numerous occasions that you and Patient A were only in a personal relationship. However, in your verbal evidence, you accepted that you cared for Person A for six weeks during her ankle surgery.

The panel also took into account Person A's police statement, dated 11 August 2017, where Person A says that you provided care for her. The panel noted that hearsay has less weight, however, this piece of hearsay evidence corroborates other evidence provided by Witness 1, 2, 3, 4, 6, 7, and 8.

In considering your own evidence, and therefore your credibility as a witness, the panel took into account that there were inconsistencies in the information that you provided to others compared to what you told the panel. They also noted that documentary evidence disputed some of your oral and witness testimony, that documents provided by you were incomplete and omitted key details that should have been within your possession (eg. bank statements) and that you had provided inconsistent explanations, while some of your evidence appeared illogical.

You told the panel that you paid bills and saved £10000 for shares, along with sending money home to your family in the sum of approximately £500 per month. You also stated that Patient A provided you with a loan, although this is unclear from the bank statement that you provided. You also stated that on various occasions you enabled Patient A, a wealthy individual, to borrow money from your account. However, the panel noted that you had reduced your work commitments and appeared to have little income to support these financial arrangements.

You changed your story on various occasions in relation to the car and whether you financed it or whether your father did. You told the panel that Patient A told Person A everything, despite there being conflicting accounts to support this. You told the panel that you had nothing to do with the business affairs, but the panel found that you had access to the keys for the business's properties and a business email address in your name. You told the panel that you would never call anyone "sister" or "brother" but family witnesses report that you did. You stated in evidence that you would never list yourself as Patient A's adopted daughter, and later accepted that you had actually done so when speaking to the emergency hospital service. Through your solicitor, you told the family that you had turned down the offer of council accommodation but in your verbal evidence you said you were refused it. You accepted that you took £500 per month from Patient B's account to send to your family, and although allegedly this was agreed by Patient B, the panel found no corroborative evidence for that agreement and concluded that Patient B was vulnerable in any event. The panel also noted your evidence, that you deliberately signed a tenancy agreement with Patient A with an incorrect date in order to facilitate obtaining a visa for Person B.

As a result of the totality of the evidence, the panel determined that your evidence was not as reliable as that of the other witnesses.

The panel therefore concluded that, as a result of your caring relationship with Patient A and Person A, as referenced above, and your admission that you were in a personal relationship with Patient A, on the balance of probabilities, charge 1(b) is proved.

Charge 1(c)

The panel took into account that you made admissions to this charge. However, it also noted that it has seen a copy of the tenancy agreement between yourself and Patient A in evidence, and also noted your admission that this was false and pre-dated in order to facilitate obtaining Person B's visa. Nevertheless, the panel accepted that it was a tenancy agreement which was signed and dated in May 2016.

The panel therefore found this charge proved on the balance of probabilities.

Charge 1(d)

The panel took into account that you made admissions to this charge in relation to a six-month period. It took into account that all of the evidence relevant to this charge appears to be related to the Location 1 property.

The panel therefore found this charge proved on the balance of probabilities.

Charge 1(e)

The panel took into account the documentary evidence before it, namely the Lloyds Bank statement which showed money coming out of your account on 23 January 2017 and the British Gas statement dated 2017, which is stated to be for 'metre reading'. They took note of the table of payments to utility bills provided by Witness 7 but noted that it had been accepted by Witness 7 that this table had errors. Although the panel noted that they had not seen all your bank statements as you admitted to having other accounts, it considered that the burden is on the NMC to prove the charge and on a balance of probabilities, this had not been established.

The panel determined that, on the balance of probabilities, this charge is not proved.

Charge 1(g)

The panel took into account the letter from W. Parry Solicitors, dated 23 May 2019, which says that you were financially dependent on Patient A while providing care:

'Our client relied on those promises [...]. Examples of such include but are not limited to:- (i) providing care and assistance to Patient A and Person A [...]

'Both Patient A and Person A recognised and acknowledged that our client was dependent upon them. She was particularly dependent upon Patient A and our client received financial support and assistance including subsidised rent prior to her occupation of number 1c and rent free accommodation thereafter.'

The panel noted that you did not take action to stop the financial relationship, although there was no evidence before it to suggest that you were actively fostering this relationship. However, it took into account that there is evidence before it that Patient A purchased a car for you and took out a loan for you. The panel also considered the gifts from Patient A listed in his HMRC documents, the rent-free accommodation provided by Patient A, and other expenses. The panel concluded that the above evidence suggests that there was a relationship of financial dependence.

The panel determined that, on the balance of probabilities, this charge is found proved in that you failed to prevent a financial dependence from occurring.

Charge 1(h)

The panel have already established that, on the balance of probabilities, you were providing care to Patient A. It then considered whether you were providing care while knowing that you were a beneficiary of inheritance. The panel also took into account that

you admitted that you knew that the house was being built for you, and yet, it had not been put in your name prior to Patient A's death. The panel was therefore surprised when you indicated that you did not know this would be bequeathed to you. The panel also took into account that Witness 8 said that she knew you were to receive the house, which suggested that it was not being kept a complete secret by Patient A.

The panel took account of the Parry Solicitors' letter that confirms that you knew you were a beneficiary of Patient A's estate, which aligns with Witness 1's evidence. The letter says:

'In fact the gifting of the property to our client was discussed on numerous occasions [...]

The panel therefore determined that, on the balance of probabilities, this charge is found proved.

Charge 1(i)

The panel took into account Patient A and Person A's respective health issues, and that they were elderly and vulnerable. It took into account the significant geographical separation between Patient A and Person A from their adult children, who were situated most of the time in Australia, and the impact that this had on their support network. The panel bore in mind that these factors made them both more vulnerable to potential abuse.

As a registered nurse, you acted in a way that fostered and facilitated a relationship that undermined the essential boundaries that need to be in place between a nurse and a patient, or someone that you care for. The panel also, as above, established that Patient A and Person A were vulnerable, and there is clear evidence from witnesses and from yourself that they placed their trust in you, as did some members of their family. The panel was of the view that you deliberately created conditions that allowed you to abuse the trust placed in you, and that you did that in order to gain an inheritance and other gifts.

The panel was of the view that your actions in this charge fell below the standards expected of a registered nurse, as outlined in the NMC Code of Conduct, namely 17.1, 20.3, 20.5, 20.6, 21.1 and 21.2.

The panel therefore determined that, on the balance of probabilities, this charge is found proved.

Charge 1(j)

The panel took into account, in relation to charge 1(j)(i), that there is evidence of the car being gifted to you by Patient A, a fact which you accepted at the outset of these proceedings.

In examining charges 1(j)(ii) and 1(j)(iii), the panel took into account the contract note for a £2300 payment for a car purchase for Person B, a contract note for £2,012, a Barclays bank payment of £2,012 from Patient A, and an HMRC return of estate information completed by a solicitor. Given this evidence before it, the panel finds 1(j)(ii) and 1(j)(iii) proved on the balance of probabilities.

In examining charge 1(j)(iv), the panel took into account the Parry solicitors' letter which indicates that you had taken a loan from Patient A in a short period of time, of approximately £2,000, which you allegedly repaid '*by standing order*' from your bank account.

The panel noted that in your oral evidence, you told the panel that you paid for £10,000 in shares from your savings. The panel noted that in this time frame, you accepted a car and cash gifts but was of the view that there was insufficient evidence to prove where this money came from. The panel determined that there is evidence that this was a gift from Patient A, based on the HMRC declarations. It took into account that you were only earning around £19,000 per annum, and had reduced your working hours significantly. It also noted that you were receiving £500 per month from Patient B, but that you indicated

that this was being sent to your family. The panel considered its earlier comments in relation to your credibility, and whether it was likely, on a balance of probabilities, that you could save £10,000 in that time period [PRIVATE].

The panel concluded that, on the balance of probabilities, this was a gift from Patient A.

With regard to charge 1(j)(v), the panel took into account the Barclays Bank statement, which showed a redacted screenshot labelled payment of flight for 15 November 2016. The panel noted confusion in the evidence from the relevant bank accounts as to whether you paid for the flight directly, had received the money from Patient A and paid it back, or whether Patient A had paid for it directly. Due to the uncertainty in evidence, the panel found that the NMC has failed to prove charge 1(j)(v).

Charge 1(k)

You accepted in oral evidence that you allowed yourself to be listed as next of kin and/or adoptive daughter in Patient A's medical records. The panel noted the clear evidence of such listing in the medical records and that you had referred to yourself as such in the telephone call to the GP out-of-hours service.

The panel therefore concluded that, on the balance of probabilities, this charge is proved.

Charge 2)

“Your actions at charges 1 (a) to (k) above were motivated (either wholly or partly) by the pursuit of financial gain”

This charge is found proved.

In considering this charge, the panel took into account the oral evidence from witnesses, your own evidence, witness statements, and documentary evidence.

The panel took into account that your actions demonstrate a pattern of behaviour that has become entrenched. It took into account, based on the oral evidence from witnesses and your own evidence, that the financial motive behind your conduct was established. You were a beneficiary of Patient B and Patient A, you gradually reduced your working days from five days a week to three days a week, you stopped paying rent, and there was witness evidence from family witnesses that your attitude toward Person A changed once you were situated at the property.

The panel considered alternative hypothesis, and concluded that, although it may have not begun this way at first, there was an element of motivation in how you acted of on monetary or financial reward. The panel considered matters such as your knowledge that you would receive a house, that your solicitors and the accountant indicated, as stated previously, that you would receive an 'exchange' for your care towards Patient A and Person A. The panel also were of the view that you fostered a relationship of financial dependence on Patient A and Person A and were in receipt of gifts of considerable value and financial support that was being provided to your family and Person B, and concluded on a balance of probabilities, this motivated your actions in charge 1.

The panel therefore concluded that, on the balance of probabilities, this charge is proved.

Charge 3)

“Between 2012 and 2016 failed to disclose to your employer the extent of your financial dependency on Patient A and/or as beneficiary of Patient A’s will”

This charge is found proved.

In examining this charge, the panel took into account Witness 5’ witness statement and oral evidence, your own oral evidence, and the Standards of Business Conduct for Local Health Board (LHB) Staff, 2015, referenced in Witness 5’s witness statement.

The panel first considered whether you had a duty to disclose the relationship between yourself and Patient A. The panel took into account the internal Standards of Business Conduct, which says:

'It is an offence for any member of staff to accept any money, gift or consideration as an inducement or reward from a person or organisation holding or seeking to hold a contract with the LHB. Staff should refuse gifts, benefits, hospitality or sponsorship of any kind which might reasonably be seen to compromise their professional judgment or integrity, or which seeks to exert influence to obtain preferential consideration. Such gifts should be returned and hospitality refused.'

'In case of doubt, staff should seek advice from the Board Secretary/Director of Finance and should report any case where an offer of hospitality is pressed which might be open to objection.'

'Any gifts received in excess of £25 (or several small gifts worth a total of over £100 received from the same or closely related source in a 12 month period) should be recorded in the Gifts and Hospitality Register. The form at Appendix 1 should be completed and forwarded to the Board Secretary for entry into the Register.'

The panel was of the view that there was a clear duty for you to disclose that you, amongst other matters, were a beneficiary of Patient A's will to your employer. It concluded that by not disclosing, you risked bringing the NHS into disrepute. You received several gifts from Patient A, as explored in the previous charges found proved, and did not refuse, register or seek advice around these gifts and Patient A's legacy. These gifts included large loans and a car. You were situated in a property belonging to Person A and Patient A, and did not record this hospitality. In addition, you were in, as Charge 1 found proved, a professional relationship. This element of a professional relationship between yourself and Patient A emphasises your duty to uphold good standing in the profession. The panel acknowledged your oral evidence that in your mind you were simply receiving

gifts from friends or from a partner. However, the panel considered the available evidence from other witnesses and documents, as stated in charge 1, and assessed your credibility on this point. The panel concluded that, you were receiving gifts and a legacy from someone for whom you were caring. The panel concluded that, on the balance of probabilities, you were under a duty to declare such gifts and you intentionally did not declare these gifts, a legacy and hospitality, potentially as you suspected that would get into trouble or because you were embarrassed about your personal relationship with Patient A. In not being candid about the nature and extent of your financial dependence, your employer was not able to appropriately assess the risk for both you and the organisation.

The panel further took into account that both Patient A and Person A were patients of an NHS Trust in which you worked. You were obtaining financial support from Patient A and Person A, demonstrating a substantial amount of financial dependence on them, and it was therefore expected of you as a registered nurse to declare these. Additionally, the panel considered that you collected rent, held property keys and held a business email address, demonstrating the level of both complex relationships and involvement that you had with Patient A and Person A and their business.

The panel have also considered the NMC Code, the panel were also of the view that sections 21.1, 21.2, and 21.3 of the Code apply.

The panel concluded that, on the balance of probabilities, there was a duty to disclose and that you failed to do so. This charge is therefore found proved.

Charge 4)

“Your conduct at charge 3 above, was dishonest in that you were attempting to conceal from your employer that you had a financial dependency and/or a beneficiary of Patient A’s will.”

This charge is found proved.

The panel, in considering whether your conduct was dishonest, took into account Witness 5's oral evidence and your own evidence. The panel noted that you did disclose that there was a friendship between yourself and Patient A, but did not give an accurate representation of the nature of the relationship.

Having decided that charge 3 was proven, the primary question that the panel considered was whether you genuinely believed that you did not need to disclose to your employer, the extent of your financial dependency on Patient A and/or as beneficiary of Patient A's will. The panel considered whether such belief was fair and reasonable according to the standards of ordinary decent people.

The panel assessed your credibility. It considered, for example, that you changed your story on various occasions in relation to the car and whether you financed it or whether your father did or could do so. You told the panel that Patient A told Person A everything, despite there being conflicting accounts to support this. You told the panel that you had nothing to do with the business affairs, but you had access to the keys, collected rents and had a business email address in your personal name for the business. You told the panel that you would never call anyone "sister" or "brother" but there were multiple witness accounts to the contrary. You indicated that you would not list yourself as next of kin, yet it was recorded by the hospital service that you did in a phone call, and you later accepted this in oral evidence. Given these inconsistencies, the panel concluded that you were not entirely a credible witness.

The panel considered that your evidence, that you genuinely believed that you did not have a duty to disclose to your employer, was not credible, and concluded that the failure to disclose to your employer in these circumstances was dishonest. The panel concluded that an ordinary decent person fully apprised of the information before the panel in the course of this hearing, would be of the view that your conduct was dishonest.

The panel concluded that, on the balance of probabilities, this charge is found proved.

Charge 5)

“On dates unknown acted in a manner that was unprofessional and/or abusive towards Patient A and Person A, in that you:

- a. shouted at Patient A
- b. ...
- c. ...
- d. threw a bunch of keys at Person A
- e. ...
- f. excluded Person A from activities with you and Patient A
- g. were dismissive of Person A”

5a)

The panel took into account Witness 6’s oral evidence, where he stated that he did not hear you shout at any stage, but that you sounded very cross and described your tone as ‘short and angry’.

The panel also took into account Witness 8’s witness statement and telephone call, which says that you shouted at Patient A:

‘I saw her mistreat them, when she was angry. With my dad, I saw her get angry. He was slow and she was in a rush, she was yelling at him as she needed to give his mediations [sic]. He was slow and she was angry and yelling.’

The panel noted that you assert that you did not shout at Patient A. Considering the evidence of Witness 6 confirming your evidence, and your dispute with Witness 8’s evidence, the panel therefore concluded that, on the balance of probabilities, the NMC have not proved this charge.

5d)

The panel took into account Witness 8's evidence and witness statement, as well as Person A's police statement, according it the relevant weight as hearsay.

The panel considered that Person A, closer in time to the event, went to the police and had a formal interview, but did not mention an assault in the statement. The panel did consider that this police statement was an account provided by Person A as she remembered it, and that it may be that you threw keys down directly before her, as opposed to "at" her.

The panel also took into account Witness 7's account, which asserted that you threw keys in Person A's face. Witness 8's account of the events states:

'My mum asked her for the keys to the houses, [...] My mum asked her for the keys and she was not happy about that. She threw the keys and they hit my mum in the face. This was around Christmas 2016, when I went back on my own. She threw the keys, screamed and yelled, and I told her to get out. She was just awful.'

The panel noted that Person A and Witness 8 gave different dates in regard to this event, this being Christmas 2016 by Witness 8, and January 2017 in Person A's statement to the police. The panel noted the contrasting direct evidence. It further noted that you have denied that this event occurred, and there has been no support from Person A.

The panel concluded that, on the balance of probabilities, the NMC have not proved this charge.

5f)

The panel took into account the evidence from Witness 6, Witness 7, Witness 8, and Ms 1.

The panel noted that there was clear evidence before it that Person A was excluded from activities with you and Patient A. These included meals at your house, where Person A was not invited, trips to the hospital and the final emergency trip to the hospital with patient A, it therefore focussed on whether you were responsible for this exclusion, or whether Patient A had a role in this exclusion. It took into account, in its assessment of the ordinary meaning of the word, that exclusion requires an active action of removal or prevention.

The panel took into account Witness 6's oral evidence, in which he outlined that you would cook dinner for Patient A, in particular fish, where there was family evidence that Person A did not eat fish. You would allow Patient A to eat this dinner at your home, therefore leaving Person A to eat dinner at her home alone. Witness 6's witness statement says:

'...She would cook Grandad a special diet, which she claimed would cure him. [...] Grandma did not eat fish, so she did not cook it and Anita would claim that the food Grandma was cooking was making him ill. So because of that, there was a bit of a divide and Grandad would go up to Anita's at dinner time to eat with her. Grandma was alone and I kept her company.'

The panel was of the view that there were ways in which you could have included Person A while still cooking meals for Patient A. The panel were of the view that by solely cooking for Patient A, and in particular, cooking food that you knew Person A did not eat, you were directly participating in the exclusion of person A.

Witness 6 also told the panel that you kept Person A "in the dark" and that it seemed as if you "only wanted to take care of" Patient A.

The panel took into account Witness 7's witness statement, which says:

'During this time, we noticed Person A was no longer being included in activities and that Anita was spending more and more time with Patient A.'

The panel also noted, accepting the diminished weight of her hearsay police statement, that Person A detailed that she was excluded from hospital appointments and shopping,

The panel also took into account Ms 1's hearsay statement, which detailed that Person A seemed to become a recluse and rarely went out, while Patient A spent time with you. The panel also noted the evidence of Witness 7 that you specifically said to her that you wouldn't invite person A to a shopping trip as, 'she would take too long'. The panel also noted that when you took Patient A to the hospital in 2016, you were accompanied by Person B, and left Person A alone at home.

The panel noted that you alleged that you were in a personal relationship with Patient A and therefore considered whether it was Patient A who might have excluded Person A. However, the panel was of the view that some of this exclusion could be evidenced as deliberate by you.

The panel therefore concluded that, on the balance of probabilities, this charge is proved.

5g)

The panel took into account Witness 6's oral evidence and witness statement, which outlined that, in his view, you were putting a divide between Patient A and Person A, especially in regard to the "dinner situation". The panel noted evidence from Witness 8 that you said that you would no longer care for Person A because she was 'too difficult'. The panel also took into account the hearsay evidence of Ms 1 that stated that you would pick up Patient A from the gate to the house and not come into the house to pick him up, and by doing so, you deliberately avoided any interaction with Person A. The panel was of the view that there is sufficient evidence of your dismissive behaviour toward Person A.

The panel concluded that, on the balance of probabilities, this charge is found proved.

Charge 6)

“On an unknown date left copies of Patient B’s bank statements and/or will at Patient A’s home, breaching Patient B’s confidentiality.”

This charge is found proved.

The panel took into account that Patient B’s bank statements and Will were in a box, marked with your name, at Patient A’s home office. The box also contained your passport. The panel considered that you would be unlikely to leave a valuable item, such as a passport, in a place unknown to you and that your name on the box and presence of your passport inside of it was an indication that the box and its contents were left by you. You also mentioned in evidence that your personal property was not safe at Location 1, and the panel heard that you were in the habit of leaving valuables and having parcels delivered to Patient A’s house.

The panel took into account Witness 3’s witness statement, which says in relation to this box:

‘This was in a box of Anita’s things and her passport was in it; it was a box of her things.’

You stated that Patient A “took my stuff [...] took the documents from me”. You did not elaborate on the reasons for this. The panel considered that there was evidence that you provided your passport to Patient A in order for him to obtain a visa for Person B.

The panel also noted that there was no evidence before it to suggest that this this box was locked. Person A, in her police statement, said that you had access to the room that the box was contained in. The panel concluded that, on the balance of probabilities, this box contained items left by you.

The panel first considered the bank statements. It took into account the documentary evidence and noted that there is no evidence to outline where exactly the bank statement

came from. The bank statements were paper statements which were sent to the address on the account, in this case, Patient B's address. In your oral evidence, you said that Patient B gave Patient A access to his online banking, and you accepted that this included Patient A transferring considerable sums monthly for your family in India. The panel concluded that there is a possibility that any person with access to those paper copies could have taken them and placed them there.

The panel then went on to consider the copy of the Will. The panel noted that you are named as executor and beneficiary of the Will and Patient A is not mentioned at all. It determined that you would have had access to a copy of the Will. Even if you gave this copy to Patient A for some undetermined reason, you did nothing to prevent it being stored in an unlocked box in Patient A's home, which could demonstrably be accessed by other people. Therefore, the panel determined that you had left the Will in the box and thus breached Patient B's confidentiality. The panel considered whether Patient B could have given Patient A a copy of the Will, and determined, on a balance of probabilities, that it was more likely than not, that you, as executor and beneficiary, provided a copy of the Will, and/or permitted it to be left in Patient A's possession.

The panel concluded that there was ambiguity as to whether patient A could have obtained the bank statements directly from Patient B and whether you had knowledge that they were in the box. Therefore, the panel could not conclude, on a balance of probabilities, that you left the bank statements, breaching Patient B's confidentiality. However, the panel concluded that, as Patient A had no interest in the Will, it was more likely than not that you left Will at Patient A's home and/or permitted the Will to be left at Patient A's home, breaching Patient B's confidentiality.

The panel therefore concluded that, on the balance of probabilities, this charge is proved.

That concludes this determination.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

The panel adopted a two-stage process in its consideration. First, the panel determined whether the facts found proved amount to misconduct. Secondly, as the facts found proved amounted to misconduct, the panel decided whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

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

Ms Khan identified the specific, relevant standards where she submitted your actions amounted to misconduct:

'Breach of Professional Boundaries: 17.1 NMC Code 2015

1. *Charge 1(a)(i): [PRIVATE]. Such actions undermine the integrity of the nursing profession and violate the NMC Code of Conduct, which requires nurses to maintain professional boundaries at all times.*
2. *Charges 1(c) and 1(d): Anita George entered into a tenancy agreement with Patient A's business and stayed in Patient A's property without paying rent. These actions create a conflict of interest and blur the lines between professional and personal relationships, which is unacceptable in the nursing profession.*
3. *Charges 1(j)(i), 1(j)(ii), and 1(j)(iii): Anita George accepted gifts from Patient A, including a car and cash. Accepting such significant gifts from a patient compromises the nurse-patient relationship and can be perceived as exploitative and manipulative.*

Financial Dependence and Gain: 20.3, 20.5, 20.6, 21.1, 21.2, 21.3 NMC Code 2015

4. *Charge 1(g): Anita George fostered and/or failed to prevent a relationship of financial dependence on Patient A. This conduct is exploitative and takes advantage of the patient's vulnerability, which is a serious breach of professional ethics.*
5. *Charge 1(h): Anita George provided care for Patient A knowing she was the beneficiary of a substantial future inheritance. This creates a conflict of interest and raises questions about the nurse's motivations and the integrity of the care provided.*
6. *Charge 1(i): Anita George abused her position of trust as a registered professional to gain an inheritance from Patient A. This is a clear exploitation of the nurse-patient relationship for personal financial gain, which is entirely unacceptable.*

Failure to Disclose and Dishonesty:

7. *Charge 3: Anita George failed to disclose to her employer the extent of her financial dependency on Patient A and/or her status as a beneficiary of Patient A's will. Transparency and honesty are fundamental principles in the nursing profession, and failing to disclose such significant information undermines trust in the nurse's professional integrity.*
8. *Charge 4: This conduct was dishonest as Anita George attempted to conceal her financial dependency and beneficiary status from her employer. Dishonesty in any*

form is a serious breach of the NMC Code of Conduct and damages the reputation of the nursing profession.

Unprofessional and Abusive Conduct:

9. *Charge 5(f): Anita George excluded Person A from activities with Patient A. This conduct is unprofessional and disrespectful, contributing to a hostile and isolating environment for Person A when she was supposed to be caring for her.*

10. *Charge 5(g): Anita George was dismissive of Person A. Such behaviour is unprofessional and undermines the dignity and respect that should be afforded to all individuals under a nurse's care.*

Breach of Confidentiality:

11. *Charge 6: Anita George left a copy of Patient B's will at Patient A's home, breaching Patient B's confidentiality. Maintaining patient confidentiality is a cornerstone of the nursing profession, and breaching this trust is a serious misconduct. All nurses are well aware of their responsibilities in this regard to uphold the sanctity of the nursing profession.'*

Ms Deery referred the panel to *Remedy UK Ltd, Regina (on The Application of) v General Medical Council*: Admin 28 May 2010 [2010] EWHC 1245 (Admin), [2010] ACD 72, [2010] Med LR 330. Ms Deery submitted that most of the charges found proved were not in the exercise of your calling as a nurse. She submitted that you were acting outside of your formal nursing role within the hospital.

Ms Deery submitted that the conduct was not sufficiently serious and could instead fall within the scope of deficient professional performance as opposed to misconduct.

Submissions on impairment

Ms Khan moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession

and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Khan submitted that your actions put Patient A and Person A at emotional and financial risk, eroded public trust, and breached fundamental nursing principles. She submitted that your financial exploitation and personal dependency on Patient A harmed his well-being. She submitted that your conduct breached fundamental tenets of honesty, integrity, transparency and professional boundaries.

Ms Khan submitted that your actions represent continued impairment and a breach of fundamental professional standards. She further submitted that your lack of insight, accountability and remorse, combined with the attitudinal nature of dishonesty, suggests a significant risk of repetition. She submitted that a finding of impairment is necessary to protect the public from harm, uphold professional standards, and maintain public confidence in the nursing profession.

Ms Deery submitted that these charges arose between 2012 and 2016, demonstrating a significant period of time between the charges and present. Ms Deery submitted that the risk of repetition is low given the nature of the charges found proved. She submitted that all of the charges found proved are either directly or indirectly related to your personal life and conduct outside of your formal nursing employment.

Ms Deery submitted that you are in a different place in your personal life and are currently married. Ms Deery referred the panel to your written reflection, which she submitted displays insight and reflection into your conduct.

Ms Deery submitted that you are a good nurse and referred the panel to numerous positive testimonials. She also submitted that there have been no regulatory concerns about your clinical ability and fitness to practise.

The panel accepted the advice of the legal assessor which included reference to relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin), *Cohen v GMC* 2008 EWHC 581 (Admin), *Schodlok v GMC* [2015] EWCA Civ 769, *R (Campbell) v GMC* [2005] 2 All ER 970, *Council for Healthcare Regulatory Excellence V (1) Nursing and Midwifery Council, (2) Paula Grant* [2011] EWHC 927 (Admin), and *Yeong v General Medical Council* [2009] EWHC 1923 (Admin).

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that 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:

‘1.1 Treat people with kindness, respect and compassion

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

17.1 Take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

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

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

20.6 Stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

21.1 Refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment

21.2 Never ask for or accept loans from anyone in your care or anyone close to them

21.3 Act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that through your conduct found proved, you abused a position of trust for financial gain. The panel determined that your actions were a significant departure from what is expected from a registered nurse. The panel, in determining seriousness, referred to the NMC Guidance FtP-3 and FtP-3(a), which included the linked paper titled 'Clear Sexual Boundaries Between Healthcare Professionals and Patients: Responsibilities of Healthcare Professionals', dated January 2008, produced by the Council for Healthcare Regulatory Excellence.

In determining misconduct in charge 1, the panel considered that you failed to maintain professional boundaries with Patient A, who was elderly and vulnerable, and whose adult children were all absent. Your conduct only stopped when Patient A died. [PRIVATE].

In considering misconduct in charge 2, the panel took into account that you were receiving significant sums of money and gifts from Patient A and had a duty as a registered nurse to act with honesty and integrity with financial dealings. It noted that as a registered nurse, you should not accept anything other than trivial gifts from someone for whom you are undertaking caring activities. Given the charges found proved, your motives were clearly financial. The panel determined that the misconduct is very serious, as you took advantage of Patient A and Person A's vulnerability. The panel noted that your intentions may not have started out this way, but this was the outcome which continued for a considerable period of time.

In considering misconduct in charge 3, the panel took into account that you did not take steps to clarify your position as a beneficiary of Patient A's will, or the financial gifts that you were in receipt of. Patient A and Person A were both patients of the Trust, so at the very least you should have had concerns over whether accepting such substantial gifts and a legacy was appropriate. Not only were you not voluntarily transparent, during a formal investigation into your relationship with Patient A, you made no mention of your financial dependency on Patient A to the Trust. By not revealing the full nature of the financial dependencies, you prevented your employers from carrying out the appropriate safeguarding practices and risk assessments that may have been relevant to Patient A and Person A. The panel took into account that you did not take any advice in relation to this, contrary to the internal Standards of Business Conduct of your employer. The panel concluded that this conduct amounted to serious misconduct.

In considering misconduct in charge 4, the panel took into account that you acted dishonestly for a significant financial gain. It was of the view that this conduct fell significantly far below the standards of nursing. As above under charge 3, not only were you not voluntarily transparent, but you were not transparent during the internal investigation. The panel concluded that this amounted to serious misconduct.

In considering misconduct in charge 5, the panel was of the view that the nature of this charge is serious. However, when considering the NMC guidance on seriousness and the

standards required, the panel was of the view that, your conduct did not necessarily reach the level of seriousness required in law.

In considering misconduct in charge 6, the panel took into account that confidentiality is a cornerstone of the nursing profession. It concluded that, by breaching Patient B's confidentiality, as this Will was capable of being accessed by and was accessed by numerous parties, you breached fundamental tenets of the nursing profession relating to confidentiality. The panel noted that the document was not medical in nature but considered that protection of confidentiality is an important requirement of being a professional, and any breach of confidentiality, particularly when relating to another patient for whom you undertake caring activities, is serious. The panel determined that your conduct in this charge amounted to serious misconduct.

The panel found that your actions in charges 1, 2, 3, 4 and 6 did fall seriously short of the conduct and standards expected of a nurse and amounted to serious 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 Fitness to Practise Library, updated on 27 March 2023, which states:

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must 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. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's factors 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 found that limbs (b), (c) and (d) of the Dame Janet Smith factors are engaged, particularly as the panel found no actual clinical harm in the circumstances of this hearing. Through your misconduct, you have brought the profession into disrepute, you have breached fundamental tenets of the nursing profession and acted dishonestly. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. You chose to foster a relationship where you took significant advantage of people for whom you were undertaking caring activities for considerable financial gain, and consequently, there has been a significant impact on Patient A, Person A, their family members, and the nursing profession.

Regarding insight and the potential for remediation, the panel took into account your written reflection, in which you expressed some level of insight. However, the panel considered that it was not highly unlikely that the misconduct may be repeated in the future, as your reflection did not provide sufficient insight to mitigate the risk of repetition. The panel noted that there is no information to suggest that you have apologised to the family members of Patient A and Person A who have been impacted by your misconduct. You provided some context around the misconduct. The panel noted that your reflective statement did not truly accept the fundamental misconduct, including the [PRIVATE] behaviour towards a patient for whom you were undertaking caring activities, the financial gain or the fact that you were in a position of care.

The panel took into account that your misconduct stemmed from opportunistic behaviour and accepted Ms Deery's submission that it took place a long time ago. They took considerable account of [PRIVATE].

The panel noted that you provided evidence of training through certificates. However, the panel concluded that the training reflected the clinical nature of your role, but did not specifically address any identified deficits in relation to the charges found proved.

The panel considered whether the misconduct is capable of remediation, considering how historic the charges found proved are. However, the panel noted that the concerns relate to fundamental trust and honesty issues. It took into account that in your evidence over the course of the hearing, there were inconsistencies, that there was documentary evidence which disputed some of your oral witness testimony and that your evidence was distinct from other, non-family and independent witnesses. The panel considered that it was not highly unlikely that the misconduct would be repeated in light of the above and the nature of the concerns.

In light of the above, the panel determined that there is a risk of repetition. The panel decided that a finding of impairment is necessary on the grounds of public protection.

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

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Submissions on sanction

Ms Khan informed the panel that in the Notice of Hearing, the NMC had advised you that it would seek the imposition of a striking-off order if it found your fitness to practise currently impaired. Ms Khan submitted that your behaviour is incompatible with continuing on the nursing register. She submitted that you exploited vulnerable patients and abused your position of trust for financial gain, you acted dishonestly, breached professional boundaries, and breached confidentiality.

Ms Khan submitted that you have failed to demonstrate any meaningful insight into your actions, remorse, or remediation. She referred the panel to *Cohen v GMC* [2008] EWHC 581 (Admin) and *Yeong v GMC* [2009] EWHC 1923 (Admin). She submitted that your *'deliberate exploitation, dishonesty, and boundary violations in this case leave no room for continued registration.'*

Ms Khan submitted that a caution order, conditions of practice order, or suspension order are not appropriate in this case. She submitted that:

'21. The strike-off order is the most appropriate sanction in this case. The facts proved raise fundamental questions about the registrant's professionalism, her attitude towards patients, and her use of her position for personal and significant financial gain. This raises serious concerns about her honesty and trustworthiness, incompatible with continued registration. Such an order is essential to protect the public from serious risk of harm and uphold professional standards.'

22. The proven misconduct is severe, posing significant risks to patients. The registrant's actions were driven by financial gain, opposing the core values of a compassionate nurse, and significantly benefiting herself while failing to provide adequate care and empathy.'

23. Given the varied and repeated nature of the registrant's misconduct, her dishonesty, the risk to patient safety, and her lack of remorse and insight, the only

appropriate sanction is a striking-off order. This measure is essential to protect the public, maintain confidence in the nursing profession, and uphold the standards expected of registered nurses.

24. *The FTPC must consider the gravity of the evidence and the necessity of ensuring that such behaviour is not tolerated within the nursing profession. A striking-off order adequately addresses the severity of her actions, protecting the public and the profession's integrity.*

25. *Anita George's misconduct severely compromised public trust, violated fundamental professional principles, and demonstrated a lack of insight or remorse. Therefore, a striking-off order is necessary as the only proportionate response. Lesser sanctions would fail to address the need for deterrence, public protection, and maintaining professional standards.'*

The panel also bore in mind Ms Deery's submissions. Ms Deery submitted that a caution order is the most appropriate sanction in this case. She submitted that if the panel do not find that a caution order is appropriate, it is invited to consider a suspension order.

Ms Deery submitted that you have kept up to date with your areas of nursing practice in oncology and elderly care, and you have provided numerous positive testimonials. Ms Deery also submitted that you were facing very difficult personal circumstances at the time of the charges. Ms Deery also submitted that you have been practising as a nurse for eight years since the incident, without any further concerns.

Ms Deery submitted that, in relation to your dishonesty in the charges found proved, there are complexities and circumstances that need to be considered surrounding the dishonesty. Ms Deery further submitted that, in relation [PRIVATE]. Ms Deery also referred to the NMC Guidance:

'17. NMC Guidance (SAN-2) defines sexual misconduct as 'unwelcome behaviour of a sexual nature, or behaviour that can reasonably be interpreted as sexual, which degrades, harms, humiliates or intimidates another'. I would submit that this guidance is not applicable to this matter as the definition of sexual misconduct has not been fulfilled.'

Decision and reasons on sanction

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 has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust in a caring role
- Limited insight into failings
- Reflection fails to address the issue of the caring relationship, the financial dependence and the requirement to be honest to your employer
- Conduct for significant financial gain
- Abuse of trust relating to vulnerable patients
- That the behaviour was initially opportunistic, but it developed into an ongoing pattern of behaviour

The panel also took into account the following mitigating features:

- Demonstrated some insight
- [PRIVATE]

- Some admissions on facts of events, but not the charges
- You kept up-to-date on your training
- You provided several positive testimonials relating to your clinical practice
- The dishonesty occurred in a non-clinical setting
- You have practised for eight years since the events with no similar concerns

The panel took into account that your relationship with Patient A may have impacted your professional judgment. The panel further considered, although it heard no direct evidence from Patient A, the possibility that Patient A was equally engaged in promoting and maintaining the relationship.

The panel considered, with regard to charge 4, the factors in NMC guidance SAN-2, and assessed that, in these circumstances, the factors that make dishonesty more serious include:

- Misuse of power
- Vulnerable victims
- Personal financial gain from a breach of trust
- Systemic or long-standing deception

The relevant which the panel considered, which make your dishonesty less serious, include:

- Opportunistic or spontaneous conduct, at least initially
- That the incidents occurred outside of your Trust-related professional practice

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, 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 took into account that Ms Deery submitted that a caution order is the most appropriate order when considering mitigating features and the unique context surrounding your case.

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 seriousness of the case. 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 is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. The panel considered that the issues which took place over a period of time demonstrated deep-seated attitudinal concerns. Although there were positive testimonials, it was unclear whether the authors of these testimonials were appraised of the allegations. The conduct also took place outside of the Trust setting. Throughout the case, you did not accept that you were acting as a nurse or carer for Patient A. The panel noted that your conduct was related to how you took advantage of two elderly, vulnerable individuals for financial gain. The panel did consider whether conditions could be formulated, but as your conduct related to taking advantage of elderly, vulnerable individuals for financial gain, conditions preventing you from working with any elderly, vulnerable patients would not be measurable or workable. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

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 where some of the following factors are apparent:

- *No evidence of repetition of behaviour since the incident*

The panel accepted that for the last eight years, there have been no similar complaints and that you are a good clinical nurse as evidenced by the testimonials. The panel felt that charge 1 may be a single charge, but your actions continued for a considerable period of time. Your conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel considered that the issues are of a deep-seated attitudinal nature that runs throughout the case and continued into the hearing, where there were inconsistencies in your evidence and a lack of insight. You did not maintain boundaries in your personal and professional life, and took advantage of Person A and Patient A for financial gain.

The panel noted that there were serious breaches of the fundamental tenets of the profession evidenced by your actions.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel took into account NMC Guidance FtP-3(e). The panel considered that your conduct related to a number of incidents which have taken place over an extended period of time. It took into account that, although you have provided written reflections, your insight was insufficient. Your reflection did not demonstrate an understanding of the impact of your actions, and did not mitigate the risk of repetition. The panel noted the seriousness, and that dishonesty is a factor in the charges found proved. There are fundamental concerns in relation to your professionalism, and the panel found that only a strike-off would meet the public interest in relation to the reputation of the profession, which your actions brought into disrepute.

The panel did recognise that you are of previous good character and have had no regulatory concerns over the past eight years since these events, that there are numerous positive testimonials about your current clinical nursing practice, and that a strike-off could have considerable impact [PRIVATE].

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

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

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Khan. She submitted that an interim suspension order is necessary to protect the public during the appeal period. She invited the panel to make the interim order for 18 months.

The panel also took into account the submissions of Ms Deery, who submitted that an interim order is not appropriate in the circumstances of this case. She submitted that there have been no issues with clinical practice and patient safety. She submitted that you have been practising consistently as a nurse with two separate employers for eight years since the incident.

Ms Deery submitted that the substantive order is enough to uphold the public confidence in the nursing profession and imposing an interim suspension order would then be disproportionate.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel considered that an interim suspension order for a period of 18 months is proportionate for the reasons identified by Ms Khan.

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

That concludes this determination.