# Nursing and Midwifery Council
# Fitness to Practise Committee

**Substantive Hearing**

**Monday 11 November 2024**

Virtual Hearing

| | |
|---|---|
| **Name of Registrant:** | **Jessica Robinson** |
| **NMC PIN:** | 19A3130E |
| **Part(s) of the register:** | Registered Nurse - Mental Health Nurse<br>September 2019 |
| **Relevant Location:** | Bradford |
| **Type of case:** | Misconduct |
| **Panel members:** | Wayne Miller (Chair, Lay member)<br>Jennifer Childs (Registrant member)<br>Jan Bilton (Lay member) |
| **Legal Assessor:** | Robin Hay |
| **Hearings Coordinator:** | Monsur Ali |
| **Nursing and Midwifery Council:** | Represented by Violet Smart, Case Presenter |
| **Miss Robinson:** | Not present but represented at the hearing by Aparna Rao, Counsel, instructed by Royal College of Nursing (RCN) |
| **Consensual Panel Determination:** | Accepted |
| **Facts proved by admission:** | Charges 1a, 1b, 1c, and 2 |
| **Fitness to practise:** | Impaired |
| **Sanction:** | Suspension order (12 months) |
| **Interim order:** | Interim suspension order (18 months) |

**Details of charge**

That you, a registered nurse,

1) While employed at the Cygnet Hospital Wyke, Bradford (the Hospital), between 24 March 2022 and 16 June 2022:

a) Contacted Patient A on social media

b) Contacted Patient A outside of your employment hours without clinical justification

c) Entered an inappropriate relationship with Patient A

2) Your conduct at Charge 1 breached professional boundaries of Patient A

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

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

Ms Smart, on behalf of the Nursing and Midwifery Council (NMC), made an application that parts of this case may need to be held in private on the basis that proper exploration of Miss Robinson's case involves reference [PRIVATE]. The application was made pursuant to Rule 19 of the Nursing and Midwifery (Fitness to Practise) Rules 2004 (the Rules).

Ms Rao, on your behalf, supported the application.

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

The panel decided to hold parts of the hearing which refer to [PRIVATE] because it concluded [PRIVATE] and that this outweighed any prejudice to the public interest in holding those parts of the hearing in public. However, where there is no reference to [PRIVATE], the hearing would be held in public.

**Consensual Panel Determination**

At the outset of this hearing, Ms Smart informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Miss Robinson.

The agreement, which was put before the panel, sets out Miss Robinson's full admissions to the facts alleged in the charge, and that her fitness to practise is currently impaired by reason of her misconduct. It is further stated in the agreement that an appropriate sanction in this case would be that of a suspension order for a period of 12 months with a review.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

> *'The Nursing & Midwifery Council ("the NMC") and Jessica Robinson ("Ms Robinson"),*
>
> *PIN 19A3130E ("the Parties") agree as follows:*
>
> *1. Ms Robinson is aware of the CPD hearing. She is content for her case to be dealt with by way of a CPD hearing. In light of the CPD agreement, Ms Robinson does not intend to attend the hearing and is content for it to proceed in her absence. Ms Robinson, through her representative will make herself available by telephone should clarification on any point be required, or should the panel wish to*

*discuss any amendment to the provisional agreement. Ms Robinson's representative will attend the hearing.*

*2. Ms Robinson understands that if the panel proposes to impose a greater sanction or make other amendments to the provisional agreement that are not agreed by Ms Robinson, the panel will refer the matter to a substantive hearing.*
*Preliminary issues*

*3. The case is being dealt with by way of a CPD hearing. Although the charges relate to misconduct, [PRIVATE].*

*4. The Parties agree for parts of this agreement to remain private in accordance with Rule 19(3) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ('the Rules').*

*5.* [PRIVATE].

*The charges*
*6. Ms Robinson admits the following charges:*
*That you, a registered nurse,*
*1) While employed at the Cygnet Hospital Wyke, Bradford (the Hospital), between 24 March 2022 and 16 June 2022:*
*a) Contacted Patient A on social media*
*b) Contacted Patient A outside of your employment hours without clinical justification*
*c) Entered an inappropriate relationship with Patient A*

*2) Your conduct at Charge 1 breached professional boundaries of Patient A*

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

*The Facts*

*7. Ms Robinson appears on the register of nurses, midwives and nursing associates maintained by the NMC, as a Registered Mental Health Nurse and has been on the NMC register since 25 September 2019.*

*8. On 15 June 2022, the NMC received a referral from Cygnet Hospital Wyke, Bradford ("the Hospital"). Ms Robinson started her employment at the Hospital on 18 November 2021, having transferred from another Cygnet Hospital where she had worked since 5 November 2020. Ms Robinson began work in the Phoenix Ward ("the Ward") in March 2021 where she was a staff nurse.*

*9. Her roles and responsibilities included leading the shift, allocating tasks to other staff on the Ward, general care of patients including dispensing medications, attending ward rounds and attending discharge co ordinations.*

*10. The Hospital provides inpatient care for men with complex and challenging mental health conditions and who present a risk to themselves and/or others. The Ward is a male acute ward, providing mental health nursing care to informal and detained patients and the Ward has capacity for 19 patients.*

*11. On 14 February 2022, Patient A, a 34-year-old male, was admitted to the Ward following a significant overdose and ligature attempt. He was an informal patient and was deemed to have capacity and had consented to being admitted to the Ward for treatment. Patient A was known to the mental health services and had a diagnosis of bipolar disorder and previous diagnoses of emotionally unstable personality disorder (EUPD) and attention deficit hyperactivity disorder (ADHD). These diagnoses made Patient A extremely vulnerable. Ward manager* […] *confirms that emotionally unstable personality disorder leaves a patient open to manipulation as they are eager to please others, however, they can also seek to manipulate others.*

*12. Patient A was under the care of Ms Robinson whilst he was an inpatient on the Ward.*

*13. Ms Robinson resigned from her position on 16 March 2022, giving 3 months' notice. Her resignation letter stated that it was time for her to move on to her next challenge.*

*The resignation was accepted, the last day and end of notice period being 16 June 2022.*

*14. Patient A was discharged from the Ward on 24 March 2022 with a care plan. He had a social worker in place and had been referred to the community mental health team and 'Inspire', which is a programme to assist with drug and alcohol abuse.*

*15. Whilst employed at the hospital between 24 March 2022 and 16 June 2022, Ms Robinson was in contact with Patient A on social media, contacted him outside of her employment hours without clinical justification and entered an inappropriate relationship with Patient A. This breached professional boundaries.*

*16. Person 1 had been in an on and off relationship with Patient A since 2017* [PRIVATE]*. She was aware of Patient A's mental health problems and that he had been in and out of mental health care. Around the time that Patient A had been admitted to the Hospital, Person 1 ended the relationship.*

*17. She did not have any involvement with Patient A's care whilst he was in Hospital. She thought he was in a safe place and therefore took a step back whilst he was there.*

*18. Person 1 has stated that Patient A attended Person 1's address unexpectedly on 19 or 26 March 2022, following his discharge from the Hospital. He told her that he only wanted Person 1, his mother and sister to know where he was staying and*

*did not want Ms Robinson to know where he was, and he turned his phone off to avoid her messages. Patient A has not given a statement.*

*19. Person 1 received a telephone call from Ms Robinson on 3 May 2022. Ms Robinson asked if Patient A was with her and told her that Patient A had an appointment that day.*

*20. Following the call, Person 1 saved Ms Robinson's number so that she was aware who it was if there was any contact in the future. A text message exchange took place:*

*Person 1 12.36: Don't ring me again ya dog [Laughing emoji and dog emoji]*

*Ms Robinson 12.42: Wont do. Been missing 14 days. We were all worried. Please ask him to get in touch with* [PRIVATE]*.*

*Person 1 12.41: We was with* [PRIVATE] *in pub other night lol / Silly u haha*

*Ms Robinson 12.42: Tell him his girlfriend says you're done.*

*Person 1 12.43: [Two laughing emojis] rebound ya mean / Who give u my number?*

*Ms Robinson 12.44: It's fine. I hope you're both happy together and everyone is glad he's safe and somewhere good. Please look after each other and then hope it all works out.*

*Person 1 12.45: Thanks [Two smiling emojis]*

*Ms Robinson 12.46: Just to let you know he has an appointment today at the mount with* [PRIVATE] *and if he misses it he'll be discharged from the mental health team. Please make sure he goes.*

*Person 1 12.47: Fucking hell had ya like admin [Three laughing emojis] not daft eh*

*Ms Robinson 12.48: No just want him to get better*

*Person 1 12.49: Bit weird u why u ringing me and how u get my number?*

*21. On 11 June 2022, Ms Robinson posted on social media that she was in a relationship with Patient A.*

*22. Person 1 reported the relationship between Ms Robinson and Patient A to the Hospital on 25 May 2022 and sent screenshots of the messages she had received from Miss Robinson in support.*

*23. Following the complaint made by Person 1, an investigation commenced by the Hospital on 25 May 2022 and Ms Robinson was suspended on 26 May 2022 pending the investigation. [PRIVATE]*

*24. The duty to maintain professional boundaries is set out in Cygnet Health's 'Professional Boundaries and Relationships at Work' policy and Cygnet Health Care Professional Boundaries Guidance.*

*25. Ms Robinson's employment terminated on 16 June 2022, her having resigned three months earlier and she was referred to the NMC.*

*26. Ms Robinson posted on Instagram on Father's Day, 19 June 2022 in respect of Patient A, "Happy Father's Day to my amazing partner – who is now being denied access* [PRIVATE] *because he has me as his girlfriend. Not like* [PRIVATE] *ever gave him proper access anyway".*

*27. Person 1 states that Ms Robinson has caused her to distrust the healthcare*

*profession, and it has caused a divide between Patient A and Person 1.*

*Misconduct*

*28. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct: '[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.*

*29. As may the comments of Jackson J in R (Calhaem) v General Medical Council [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin) respectively:*
*'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.*
*And*
*'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners'.*

*30. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to The Code: Professional standards of practice and behaviour for nurses and midwives (2015) ('the Code').*

*31. At the relevant time, Ms Robinson was subject to the provisions of the Code. The Code sets out the professional standards that nurses must uphold. These are the standards that patients and members of the public expect from health professionals.*

*32. The parties agree that the following provisions of the Code have been breached in this case:*

*20 Uphold the reputation of your profession at all times*

*To achieve this, you must:*

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

*20.6 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*

*33. It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, Ms Robinson accepts that the failings set out above are a serious departure from the professional standards and behaviour expected of a registered nurse and the facts in this case do amount to misconduct.*

*34. Nurses must have clear professional boundaries at all times with patients in their care including those who had been in their care in the past, their families and carers. Inappropriate relationships with patients create a real risk of adversely affecting a nurse's objectivity and their ability to make safe and informed clinical decisions, for all patients, based on clinical facts and evidence.*

*35. In this case, it is agreed that Ms Robinson, whilst in a position of trust, entered into an inappropriate relationship with Patient A. She had contact with him on social media and outside her employment hours without clinical justification. Patient A was only known to Ms Robinson as a result of him being a patient at the Hospital who had been in her care. There is a clear breach of professional boundaries and so a serious departure from the Code and the standards expected of a registered nurse as to amount to misconduct. A member of the public would likely find that this conduct was unprofessional and undermines a fundamental tenet of the nursing profession.*

*36. It is agreed that there is an inherent power imbalance in a nurse-patient relationship, which dictates that nurses must maintain professional boundaries. This is primarily to protect the patient's interest but also protects those of the registered professional. When the lines between personal and professional relationships become blurred, it significantly undermines this confidence both as between the nurse and the patient. When professional boundaries are not clear it can have a deleterious effect on a patient's mental health. These failings are likely to cause risk to patients in the future if they are not addressed.*

*Impairment*

*37. It is agreed that Ms Robinson's fitness to practise is currently impaired by reason of misconduct.*

*38. The NMC's guidance1 explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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 professional?"*

*If the answer to the question is yes, then the likelihood is that the professional's fitness to practise is not impaired. Answering this question involves a consideration of both the nature of the concern and the public interest.*

*39. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and families must be able to trust registered professionals with their lives and the lives of their loved one, especially those who are vulnerable. Registered professional must therefore act with integrity at all times.*

*40. The Parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from*

*Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;*
*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 professions 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 professions; and/or*
*d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

*1 DMA-1*
*41. The Parties have also considered the comments of Cox J in Grant at paragraph 101:*

*"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case."*

*42. In this case, it is agreed that limbs (a) (b) and (c) are engaged. Ms Robinson entered into an inappropriate relationship with Patient A who had been a vulnerable patient in her care.*

*Limb (a)*
*43. Ms Robinson's conduct had the potential to put patients at risk of significant harm by not maintaining professional boundaries. Lack of objectivity has the real potential to adversely impact on decision making and the provision of nursing care.*

*44. The potential to put patients at risk of harm in the future and consequent likelihood of the profession being brought into disrepute is significant. As a registered nurse, Ms Robinson was under a duty to maintain professional boundaries and a failure to do so can, and in this case as outlined by Person 1 did, damage confidence in the healthcare profession generally and leads to a diminution in trust between patients, their families and healthcare professionals. Person 1 has stated that Miss Robinson had caused her to distrust the health care profession and caused a divide between her and Patient A.*

*Limbs (b) and (c)*
*45. Maintenance of professional boundaries is a fundamental tenet of nursing. Breaches of professional boundaries place patients at unwarranted risk of harm e.g.' psychological harm and being taken advantage of. Ms Robinson was in a position of power over a vulnerable patient. As a nurse there is a duty to treat people in a way that does not take advantage of their vulnerability. Ms Robinson had a duty to stay objective with clear professional boundaries. Her actions constituted a breach of trust placed in her as a registered professional and by engaging in an inappropriate relationship with Patient A who had been a vulnerable patient and as such misconduct calls into question Ms Robinson's professionalism and trustworthiness in the workplace.*

*46. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated. Remorse, reflection, insight, training and strengthening practice*

*47. It is agreed that by virtue of their agreement to this CPD, Ms Robinson has displayed some insight into her misconduct.*

*Remorse and reflection:*

*48. Ms Robinson has accepted that she engaged with Patient A on social media but that this was after Patient A had been discharged from the Hospital and after she had resigned from the Hospital.*

*49. Ms Robinson accepts that she had a brief relationship with Patient A which ended in June 2022. [PRIVATE]*

*50. Ms Robinson has expressed remorse for the relationship with Patient A. Ms Robinson agrees that she made a significant error in judgement and that the relationship between Patient A and herself was entirely inappropriate and that it should have never happened.*

*51. Ms Robinson has reflected on the concerns in her response to the Case Examiners in a letter dated 23 May 2023 and in two further reflective documents. Ms Robinson accepts that on reflection she exercised poor judgment, and that the relationship ended quickly with Patient A.*

*Insight, training and strengthening practice:*

*52. Ms Robinson has not worked as a nurse since she left the Hospital in March 2022. [PRIVATE]*

*53. As of 10 June 2024, Ms Robinson informed the NMC that she is now employed working in a full-time role in an organisation providing drug and alcohol support. This role involves working with vulnerable members of society. Ms Robinson states that she has undertaken training relating to safeguarding, patient safety and professional boundaries. Whilst this is not a nursing role, it is acknowledged that it is a role within an allied profession, dealing with vulnerable clients.*

*54. A letter has been provided to the NMC from* […] *Team Manager at Calderdale Recovery Steps, Human Kind. She confirms that Ms Robinson is*

*employed by Humankind, a Recovery Navigator and has been employed by them since 22 April 2024 and there have been no issues since the start of her employment and they engage in weekly supervision sessions.*

*55. Ms Robinson has provided a further testimonial from* [Team Manager at Calderdale Recovery Steps] *and a testimonial from her colleague* […] *(registered nurse). The testimonials discuss Ms Robinson's success in her role to date and her openness about the NMC case with her employer, her manager and her colleague.*

*56. Ms Robinson has provided the following certificates to the NMC:*

- *14 May 2024 - Humankind Psychological Safety for Team Success Workshop (1.5 hours)*
- *17 May 2024 – Online training course – Dealing with Stressful Situations*
- *23 April 2024 – Online Safeguarding Awareness Induction Course level 2*
- *29 May 2024 – Online training course - Medication Awareness*
- *10 October 2023 – Online course - Adult Safeguarding in a Secure and Detained Setting*
- *10 October 2024 – SGA Module 1 Online Introduction to Safeguarding level 1 and 2*
- *10 October 2023 – Professional Boundaries e-learning course*
- *10 October 2023 – Self-care and personal wellbeing e-learning course*
- *20 October 2023 – Promoting patient safety through effective communication and teamwork online course*
- *20 October 2023 – Reflection in nursing practice online course*
- *20 October 2023 Safeguarding adults at risk of abuse online course*
- *20 October 2023 – Understanding attitudes and their effects in nursing practice online course*
- *Understanding mental capacity in adults and applying legislation to practice online course*

*57. [PRIVATE]*

*58. Ms Robinson has provided evidence of developing insight, remorse and reflection and she has undertaken online training. It is acknowledged that Ms Robinson has been open with her current employers about this case. It has been discussed by both her and her manager that she flagged a concern about the blurring of boundaries by a client in her current role to her manager. It is acknowledged that this demonstrates her developing awareness of the importance of maintaining professional boundaries and how to deal with any concerns arising. However, at this time there remains insufficient evidence of full remediation. Ms Robinson is yet to provide evidence of a fully developed understanding of how she became involved in the relationship. Her training has been limited to largely online learning courses. Ms Robinson has provided further details of the interactive nature of some of these courses, which included breakout rooms and group discussions. She has explained the financial reasons why further courses have not yet been completed. Whilst the insight and training undertaken by her has not been tested in a nursing setting, it has been tested in her work with vulnerable clients. At this time, further remediation work and strengthened practice is required and therefore there remains a real risk of harm to the public and repetition of the conduct should Ms Robinson be permitted to practise unrestricted.*

*59. The NMC therefore consider that there is a potential risk of harm to the wider public and of repetition due to Ms Robinson's lack of full insight, her inability to undertake sufficient training at present, and her relatively recent return to working with vulnerable clients in an allied role.*

*Public protection impairment*
*60. A finding of impairment is necessary on public protection grounds.*

*61. At present the evidence suggests that Ms Robinson remains a risk to the health, safety or wellbeing of the public in the event of her return to unrestricted*

*practice. Ms Robinson has not fully remediated her practice as she has not demonstrated a safe return to practice. Her insight is still developing.*

*Public interest impairment*

*62. A finding of impairment is necessary on public interest grounds.*

*63. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council*

*(2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*
*"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."*

*64. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*

*65. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

*66. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to*

*uphold proper professional standards and conduct or to maintain public confidence in the profession.*

*67. The concerns in this case are serious, as the evidence suggests that it calls into question Ms Robinson's conduct towards a particularly vulnerable former patient and a breach of a position of trust. Although there are no concerns in relation to Ms Robinson's clinical practice, the conduct raised potential issues about their attitude and professionalism.*

*68. It is agreed that a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession. Ms Robinson's fitness to practice is impaired on public protection and public interest grounds.*

*Sanction*

*69. In conclusion, whilst sanction is a matter for the panel's independent professional judgement, after due consideration and with reference to the NMC Sanctions Guidance, the Parties agree that a 12-month Suspension Order with a review is the proportionate sanction in this case.*

*70. The Parties have considered the NMC guidance (SAN-3c) to assist with the determination of the appropriate sanction.*

*71. The panel will be aware that the purpose of sanctions is not to be punitive but to protect the public and satisfy the wider public interest considerations. Any sanction imposed must do no more than is necessary to meet the public interest and must be balanced against Ms Robinson's right to practice in her chosen career.*

*72. The NMC have considered the following aggravating and mitigating factors:*
*Aggravating factors:*

- *Abuse of position of trust.*

*• Conduct which puts patients at risk of harm.*

*Mitigating factors:*

*• Demonstration of some insight and remorse with early admissions of the facts.*

*• [PRIVATE], although the principle established in Bolton v Law Society 1 WLR 512 makes clear that the reputation of the profession is more important than "the fortunes of any individual member".*

*73. In taking the available sanctions in ascending order, the Parties first considered whether to take no further action (SAN-3a) or make a caution order (SAN-3b). It is agreed that neither of these sanctions would be appropriate in view of the public protection issues identified and they would not reflect the seriousness of the concerns, nor would they maintain the public confidence in the profession.*

*74. Imposing a conditions of practice order would be inappropriate. The nature of the misconduct is attitudinal and cannot be addressed by such an order. This sanction would not reflect the seriousness of the misconduct and therefore public confidence in the professions and professional standards would not be maintained.*

*75. Imposing a suspension order would be the most proportionate sanction. The inappropriate relationship was a breach of boundaries which requires temporary removal from the register. Taking into consideration the sanctions guidance, whilst it cannot be said this was a single instance of misconduct, the inappropriate relationship was limited to a couple of months and there has been no evidence of repetition of behaviour since the incident. Ms Robinson has shown remorse and regret and has shown some insight suggesting that the personality or attitudinal problems are not deep seated.*

*76. The Parties agree that a review of the suspension is necessary given the live public protection concerns and in order to assess Ms Robinson's progress in developing full insight into her behaviour focussing on the fact of the relationship*

*and how this would be avoided in the future and exploring the impact on the patient, the patient's family or patients in general.*

*77. A striking-off order is an available sanction and ultimately sanction remains a matter for the panel. Ordinarily such a sanction would be considered in such a case, however suitable consideration has been given to the training and reflection undertaken by Miss Robinson and therefore the Parties agree on balance that removing Ms Robinson from the register would be disproportionate and is unnecessary in this case. Referrer's comments*

*78. The NMC contacted the referrer by email dated 25 October 2024 seeking comments in respect of the proposed agreed suspension order of 12 months with review. A response was requested by 1 November 2024 and no response has been provided.*

*79. Interim order*

*80. An interim order is required in this case. The interim order is necessary for the protection of the public and is also otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Ms Robinson seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.*

*81. The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'*

Here ends the provisional CPD agreement between the NMC and Miss Robinson. The provisional CPD agreement was signed by Miss Robinson and the NMC on 8 November 2024.

**Decision and reasons on the CPD**

The panel decided to accept the CPD.

The panel accepted the legal assessor's advice.

Ms Smart referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She reminded the panel that it could accept, amend or reject outright the provisional CPD agreement reached between the NMC and Miss Robinson. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the profession and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

Ms Smart said that Miss Robinson and the NMC have reached a provisional agreement acknowledging that her fitness to practice is impaired due to misconduct, specifically her entering a relationship with a former patient. This breach of professional boundaries is seen as a risk to patient safety. Both parties agree that a 12-month suspension order with a review is appropriate, given that the misconduct reflects attitudinal issues that cannot be managed with a conditions of practice order.

Ms Smart submitted that the agreement includes Miss Robinson's insight into her actions, shown by her signing the agreement and submitting supporting documents, including training completed since the incident. She said, however, that the panel itself must determine whether this outcome is necessary and proportionate.

Ms Rao said that Miss Robinson accepts that her conduct was out of character. Her previously excellent record, current non-nursing employment, and thoughtful reflections indicate her recognition of the gravity of her actions and the impact on both the profession and patient care. She has shown insight into her behaviour by reflecting on personal challenges at the time, admitting her mistakes, and committing to ongoing improvement to prevent recurrence.

Ms Rao submitted that a 12-month suspension order, rather than a striking off order, is a balanced response that allows for public protection and acknowledges her active remediation efforts, personal growth, and constructive cooperation with the NMC. Ms Rao submitted that Miss Robinson’s recent reflections demonstrate her progress, understanding of the misconduct’s effect on her profession, and readiness to fully meet professional and clinical expectations upon her return. She said the suspension period will provide the necessary time to validate Miss Robinson’s remediation and ensure her preparedness to uphold the profession's standards.

Miss Robinson has admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Miss Robinson’s admissions, as set out in the signed provisional CPD agreement.

**Decision and reasons on misconduct and impairment**

In respect of misconduct, the panel determined that nurses are expected to maintain clear professional boundaries with patients, including former patients, to uphold trust and ensure safe clinical decision-making. In this case, Miss Robinson’s engagement in a relationship with Patient A—initiated on social media and maintained outside work hours—breached these boundaries, indicated a serious lapse in professional judgment. Such conduct would understandably cause concern to the public, undermining confidence in the profession.

The panel determined that Miss Robinson’s actions created an inappropriate power dynamic, especially as Patient A was an extremely vulnerable individual with mental health issues. Evidence indicates that her contact caused him distress, which reinforces the risks that such inappropriate relationships pose to patients’ well-being. The panel further determined that this behaviour is rightly considered misconduct due to its serious departure from the Code of professional standards.

The panel concluded that such a relationship blurred the line between personal and professional roles, potentially harming patient mental health and eroding the essential trust patients and the public place in the nursing profession. Addressing these boundary violations is essential to safeguarding future patients and preserving the integrity of nursing care.

In regard to misconduct, the panel endorsed paragraphs 28 to 36 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Miss Robinson’s fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Robinson, the panel has exercised its own judgement in reaching its decision on impairment.

Miss Robinson has acknowledged a clear breach of professional boundaries, understanding that her actions put Patient A, a highly vulnerable mental health inpatient, at risk of harm. Evidence shows that her conduct has affected Patient A’s trust in the service, and this undermining of confidence itself presents both an immediate and ongoing risk. Furthermore, as full remediation has not yet been achieved, the risk to patients remains a concern for the future.

Regarding her responsibilities, Miss Robinson failed to uphold a professional and trustworthy standard in a role of significant trust. This lack of professionalism, particularly given the vulnerability of the patient, represents an ongoing risk as she has not yet

developed full insight or remediation. The panel found that her duty to maintain clear professional boundaries was not met, highlighting the seriousness of her misconduct.

The panel determined that, although remediation is difficult due to the attitudinal nature of the issue, Miss Robinson has shown some progress. She has engaged in relevant training, reflected on her errors of judgment, and has provided some mitigation. Her current work in a supportive environment and the positive references provided on her behalf are encouraging. However, more development of insight and strengthening of practice is required. Given these factors, the panel determined that Miss Robinson's fitness to practise is currently impaired on the grounds of public protection and on public interest grounds.

In this respect the panel endorsed paragraphs 43 to 45, 57 to 59 and 67 to 68 of the provisional CPD agreement.

**Decision and reasons on sanction**

Having found Miss Robinson's fitness to practise currently impaired, the panel then considered what sanction, if any, should be imposed. 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 regard to the SG. The decision on sanction is a matter for the panel exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of position of trust with a vulnerable patient
- Conduct which put patients at risk of harm

The panel also took into account the following mitigating features:

- Demonstration of some insight and remorse with early admissions of the facts.

- [PRIVATE] although the principle established in *Bolton v Law Society* 1 WLR 512 makes clear that the reputation of the profession is more important than *“the fortunes of any individual member”*.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the serious nature of the misconduct. 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 serious nature of the misconduct, and the public protection issues identified, an order that does not restrict Miss Robinson’s practice would not be appropriate. 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 determined that Miss Robinson’s misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Robinson’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*

- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel could not identify or formulate any practical or workable conditions, given the nature of the charges. The misconduct identified could not be addressed by retraining.

Furthermore, the panel concluded that the placing of conditions on Miss Robinson's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then considered whether a suspension order would be appropriate as a sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel was satisfied that Miss Robinson's misconduct was not fundamentally incompatible with her remaining on the register.

The panel did consider whether a striking-off order would be appropriate as a sanction but, in the light of the information before it, and of the mitigation provided, it concluded that this would be disproportionate. Whilst the panel acknowledges that a suspension order may have a punitive effect, it concluded that it would be unduly punitive to impose a striking-off order.

Balancing all these factors the panel agreed with the CPD that a suspension order would be the appropriate and proportionate sanction.

Although this order could cause some hardship to Miss Robinson, this is outweighed by the public interest factors.

The panel concluded that this order is 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.

The panel further determined that a suspension order for a period of 12 months was appropriate to mark the serious nature of Miss Robinson's misconduct.

The panel directs that at the end of the period of suspension there should be a review of the order. The reviewing panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A further reflective piece by Miss Robinson addressing the impact her behaviour could have had on the public and the profession
- [PRIVATE]
- Evidence of any further training
- Any testimonial from employer

This decision will be confirmed to Miss Robinson in writing.

**Decision and reasons on interim order**

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required. 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 Miss Robinson's own interests until the suspension sanction takes effect. The panel accepted the advice of the legal assessor.

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

The panel agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover the appeal period.

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

That concludes this determination.