

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

**Substantive Meeting
Wednesday 9 August 2023 – Thursday 10 August 2023**

Virtual Meeting

Name of Registrant: George Aroll Innes

NMC PIN 03I0090S

Part(s) of the register: Registered Nurse – Sub part 1
Adult Nursing, Level 1 – 4 September 2006

Relevant Location: Morayshire

Type of case: Conviction

Panel members: Patricia Richardson (Chair, Lay member)
Jonathan Coombes (Registrant member)
Paul Leighton (Lay member)

Legal Assessor: Nigel Pascoe KC

Hearings Coordinator: Stanley Udealor

**Consensual Panel
Determination:** Accepted

Facts proved: Charge 1

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Innes's registered email address by secure email on 5 July 2023.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, and that the meeting was to be held virtually.

In the light of all of the information available, the panel was satisfied that Mr Innes has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

'That you, a registered nurse:

- 1) *On 25 October 2022 at the Inverness Sheriff Court were convicted of the following offence;*
 - a) *Communicated indecently with an older child, attempted to cause an older child to look at a sexual image.*

Contrary to Sections 33 & 34(1) of the Sexual Offences (Scotland) Act 2009.

And in light of the above your fitness to practise is impaired by reason of your conviction.'

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mr Innes.

The agreement, which was put before the panel, sets out Mr Innes' full admissions to the facts alleged in the charges, that his actions led to a conviction, and that his fitness to practise is currently impaired by reason of that conviction. It is further stated in the agreement that an appropriate sanction in this case would be striking-off order.

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 George Aroll Innes, PIN 0310090S ("the Parties") agree as follows:

1. *Mr Innes is content for his case to be dealt with by way of a CPD meeting. Mr Innes is aware of the CPD meeting.*

The charge

2. *Mr Innes admits the following charges:*

That you, a registered nurse;

- 1) *On 25 October 2022 at the Inverness Sheriff Court were convicted of the following offence;*
 - a) *Communicated indecently with an older child, attempted to cause an older child to look at a sexual image.*

Contrary to Sections 33 & 34(1) of the Sexual Offences (Scotland) Act 2009.

And in light of the above your fitness to practise is impaired by reason of your conviction.

The facts

3. *Mr Innes appears on the register of nurses, midwives and nursing associates maintained by the NMC as an Adult Nurse and has been on the NMC register since September 2006.*
4. *Mr Innes was referred to the NMC on 17 September 2022 by an anonymous source and also by NHS Grampian, Scotland, his employers, on 27 October 2022. The referral material provided screenshots of an undated article in the press. The Scottish Press and Journal Evening Express Newspaper reported that a sting operation was undertaken by a group entitled “Paedophile Hunters” based in Scotland. The press reports state that the Registrant had sent sexual messages and indecent images to a decoy profile holding themselves out to be a 14 year old girl.*
5. *The facts concerning the conduct are that the decoy account of a 14 year old girl was set up by this group on 5 June 2022. Mr Innes communicated with the account until 23 June 2022, following which he was identified and arrested by the police.*
6. *Mr Innes sent indecent messages which included the following:*
 - (a) *asking if the decoy wore a school uniform*
 - (b) *on being told that she had just got out of the shower said he was jealous because he was not wrapped around her*
 - (c) *asked the decoy if she was going to go topless while on holiday with her*

parents

(d) asked the decoy if she minded chatting about sex and whether there was anything she wanted to ask him

(e) asked what her bra size was and whether she was wearing underwear

(f) asked her whether she ever thought about sex and looked at herself naked in the mirror

(g) stated that they could do anything she wanted cuddling, touching his penis and asking if she ever touched herself between the legs.

(h) stated that he wanted to see her naked

- 7. Mr Innes sent a number of images to the decoy including images of his naked penis, himself in his underwear and a scar from his hernia operation.*
- 8. The group conducting the sting operation were able to identify and confront Mr Innes at his home address when he opened the door. He replied. "Yeah I shouldn't have done it, I am sorry". Mr Innes then stated that he needed a drink of water and left the open front door. He returned holding a knife in his left hand, the knife had a blade of around 6 to 7 inches in length. He was pointing it towards his chest and moving it in a stabbing motion. The group who were waiting at the door intervened and removed the knife, discarding it in the front garden fearing that Mr Innes would cause harm to himself. The police were alerted and he was arrested.*
- 9. Mr Innes was suspended from duties by his employers on 30 June 2022.*
- 10. On 25 October 2022, Mr Innes admitted at Inverness Sheriff Court an offence under Sections 33 and 34(1) of the Sexual Offences (Scotland) Act 2009 that he communicated indecently with, sending sexual images to a person pretending to be a child.*
- 11. On 28 November 2022, Mr Innes was sentenced to a Community Payback*

Order, and a Supervision Period of 3 years. He was also subject to notification requirements under the Sexual Offences Act 2003 during the currency of the Community Payback Order.

Impairment

12. *The NMC's Guidance at DMA-1 provides that whilst the term impairment is not defined by the legislation, the body of legal cases determines that the question is whether the registrant can practise kindly, safely and professionally. The parties agree that Mr Innes's fitness to practise is currently impaired by reason of his conviction.*
13. *The conduct underlying the conviction reflects a deep-seated attitude in which Mr Innes prioritised his own sexual desires, seeking to pursue a sexual relationship with a person he believed to be a child. Such attitudes are deep seated, difficult to remediate and so he continues to pose a risk to those he cares for in the future. These attitudinal issues traverse actions in private and inhibit kind, safe and professional practice. Such images and messages have the potential to expose those receiving them to the risk of serious harm and as such the attitudinal issues put those in Mr Innes's care at risk of such actions in the future.*
14. *At the relevant time, Mr Innes was subject to the provisions of **The Code: Professional standards of practice and behaviour for nurses and midwives (2015)** ("the Code"). The Parties agree following parts of the Code are engaged in this case:*

"Prioritise People

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and

responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 *treat people with kindness, respect and compassion*

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*

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

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

20.4 *keep to the laws of the country in which you are practising*

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

20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.*

17. The parties agree that Mr Innes's attitude is deep seated, giving priority to his own needs and disregarding the safety of, respect and kindness towards others, including children. The underlying attitude is not limited to practice and is likely to affect those in his care in the future.

18. *The parties also consider that Mr Innes's actions and conviction fail to uphold Paragraph 20 of the Code by bringing the profession into disrepute.*

19. *The parties have considered the factors outlined 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?

15. *Limbs a, b and c are engaged in this case.*

Limb A

16. *Mr Innes's offending behaviour took place in his private life and no patients were exposed to harm. However, the offending is of a sexual nature, demonstrating attitudinal issues of prioritising his own sexual desires over others and placing children at risk of harm.*

17. *The use of sexual images to abuse or exploit children exposes the young and vulnerable to harm. Having pleaded guilty to such sexual offences and being subject to notification requirements under the Sexual Offences Act 2003 highlights the likelihood of the conduct being repeated and the risk of harm he*

poses to those he cares for.

- 18. The conduct also undermines the public trust placed in nurses. Patients are unlikely to access the care of a nurse who has been convicted of such an offence placing them at risk of harm in not seeking medical attention.*
- 19. Children suffer harm as a result of indecent images being made, possessed and distributed. Offences involving indecent behaviour involving children exploit children and amount to an abuse of children. Mr Innes's conduct which resulted in his conviction caused harm to the public. Further, although Mr Innes's offending behaviour took place in his private life, the nature of the conviction is such that Mr Innes's attitude to others, including children, is to prioritise his own sexual desires and so presents an unwarranted risk of harm to those in his care.*

Limb B

- 20. The seriousness of Mr Innes's conduct which resulted in his conviction cannot be overstated.*
- 21. Nurses are placed in a position of trust. Conduct which exploits children and places them at risk of harm undermines that trust and so brings the profession into disrepute.*
- 22. Nurses are required to act in accordance with the laws of the country and a breach of the Code by this conviction and sentence also brings the profession into disrepute.*

Limb C

- 23. Nurses are expected to act with integrity and promote trust. The use of sexual*

messages and images, targeted at a child is exploitative, lacking in integrity and does not promote trust in the profession.

24. The Parties have set out above the relevant sections of the Code they agree have been breached in this case. As such the Parties agree that Mr Innes has breached fundamental tenets of the profession.

Remediation, reflection, training, insight, remorse.

25. The parties also considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;

- Whether the conduct that led to the charge(s) is easily remediable.*
- Whether it has been remedied.*
- Whether it is highly unlikely to be repeated.*

26. The Guidance at FTP-3a identifies the most serious category as concerns which are difficult to put right. This category includes criminal offending relating to accessing, viewing or other involvement relating to images or videos involving child sexual abuse. Mr Innes's conduct and the resulting conviction, therefore, cannot be said to be easily remediable as the serious nature of the conduct and the deep seated attitudinal concerns are unlikely to be addressed through training or supervision.

27. In an email sent to the NMC dated 1 June 2023, Mr Innes expressed that he deeply regretted his actions and is working with the Justice Department on the Moving Forward Making Changes Programme that allows him to reflect on his actions and what measures he could put in place to prevent him offending in the future.

28. Although Mr Innes has expressed some remorse and is taking steps towards

remedying his offending behaviour, conduct of this nature is difficult to remediate. He will also remain subject to supervision under his Community Payback Order until November 2025. As such, it cannot be said that he has addressed the concerns and there remains a high risk of repetition of the conduct in this case.

Public protection impairment

29. A finding of impairment is necessary on public protection grounds.

30. Mr Innes's offending behaviour amounts to the abuse and exploitation of children. Such conduct is serious and likely to be repeated. He is subject to a supervision order for 3 years and notification requirements and so places patients in his care, particularly children, at significant risk of unwarranted harm. In the absence of any evidence to suggest the risk to the public has been addressed and reduced, the risk must be said to remain such that a finding of impairment on public protection grounds is required.

Public interest impairment

31. A finding of impairment is necessary on public interest grounds.

32. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 101 Cox J commented that:

"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”.

33. *Mr Innes’s conduct is extremely serious and involves behaviour which amounts to an abuse of children. Such conduct is capable of seriously damaging public confidence in the nursing and midwifery professions. The subject matter of the conduct is sufficient to engage the public interest alone.*
34. *The conduct has also resulted in a criminal conviction as well. Whilst not all criminal convictions would undermine confidence in nurses and midwives, criminal offending certainly can do so and it certainly does so here, given the nature of the conduct.*
35. *Given the nature of the conduct resulting in a conviction for a serious sexual offence, public confidence in the profession and the NMC as the regulator, would be seriously undermined if a finding of impairment was not made.*
36. *Mr Innes’s fitness to practise is impaired on public protection and public interest grounds.*

Sanction

37. *Article 3(4A) of The Nursing and Midwifery Order 2001 states:-*

“The pursuit by the Council of its over-arching objective involves the pursuit of the following objectives-

(a) to protect, promote and maintain the health, safety and well-being of the public;

(b) to promote and maintain public confidence in the professions regulated under this Order; and

(c) to promote and maintain proper professional standards and conduct for members of those professions

38. *Whilst sanction is a matter for the panel’s independent professional judgement,*

the Parties agree that the appropriate sanction in this case is that of a striking-off order.

39. The aggravating features of the case are as follows (this list is non-exhaustive):

- Children suffer harm as a result of sexual advances and indecent images being created, possessed and distributed.*
- The offence raises significant public protection and public interest concerns as it involves offences of a sexual nature towards children.*
- Mr Innes has demonstrated no evidence of insight.*

40. There are no mitigating features in this case.

41. Seriousness – The Guidance at FTP-3a provides the various categories of seriousness and identifies the most serious category as concerns which are difficult to put right. This category includes criminal offending relating to accessing, viewing or other involvement relating to images or videos involving child sexual abuse. In this case the conduct concerned an attempt to pursue a sexual relationship with a child and whilst not being a criminal offence of accessing and viewing images involving child sexual abuse, the conduct reflects the attitude of sexually exploiting a child and is serious. Consequently Mr Innes’s conduct and conviction falls into the most serious category of concern.

42. To take no further action would not be appropriate. It is rare to take no further action where a finding of impairment has been made. In this case the conduct underlying the conviction is of a serious nature, he is subject to notification requirements and no insight has been shown, thereby presenting both a continued risk to the public and undermining the public’s trust. Some other form of sanction is therefore required.

43. *To impose a caution order would not be appropriate. A caution order imposes no restrictions on a registrant's practice and, therefore, would not protect the public from the risk of harm identified in this case. Further, the nature and seriousness of the conviction are such that a more severe sanction is required in order for the public interest to be addressed. In accordance with the Guidance at SAN-3b a caution order is made for cases at the lower end of the spectrum of impairment. This case is at the higher end of the spectrum of impairment and so a caution order would not be adequate.*
44. *To impose a conditions of practice order would not be appropriate in any event. The Guidance at SAN 3C identifies that protection of patients underlies such a sanction and would be suitable in the following instances:*
- *where there is no evidence of harmful deep seated personality or attitudinal problems,*
 - *where conditions can be created that can be monitored and assessed.*
45. *In this case there is evidence of deep seated personality or attitudinal problems and it is unlikely that suitable conditions for monitoring and assessing can be imposed.*
46. *To impose a suspension order would not be appropriate. As a general rule a registrant should not be permitted to start practising again until they have completed a sentence for a serious criminal offence as set out in the case of (Council for the Regulation of Health Care Professionals v [1] General Dental Council and [2] Fleischmann [2005] EWHC 87 [QB]). The period of sentence in this case (3 years) would exceed the period for which a suspension order can be imposed.*
47. *The Guidance (SAN-3d) provides that a suspension order may be suitable where the nurse has insight and does not pose a significant risk of repeating*

the behaviour. Given the lack of insight demonstrated in this case and the underlying attitudinal issues and so there is a high risk of repetition of the conduct, a temporary removal from the register would not be sufficient to protect the public. Furthermore, the conduct in this case is fundamentally incompatible with ongoing registration and gravely undermines patients' and the public's trust and confidence in nurses and midwives. Given the nature and seriousness of the conviction, a suspension order would fail to address the very significant public interest in this case.

48. NMC guidance makes clear that a striking-off order will very often be the only appropriate and proportionate sanction in cases involving sexual misconduct and that any conviction for indecent images is likely to involve a fundamental breach of the public's trust in nurses and midwives (SAN-2).

49. Mr Innes's conduct and conviction demonstrates a fundamental breach of the public's trust in nurses and raises fundamental questions about his professionalism. Public confidence in the nursing and midwifery professions can only be maintained if he is permanently removed from the register. Mr Innes's behaviour is fundamentally incompatible with him remaining on the register and members of the public would be dismayed if a registered nurse with such a serious conviction were to be allowed to remain on the register.

50. The only appropriate and proportionate sanction is, therefore, that of a striking-off order. A striking-off order is the only sanction that will adequately protect the public address the public interest in this case.

Referrer's comments

51. The NMC contacted the Referrer for their views on the proposed sanction but no response was received.

Interim order

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

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 Mr Innes. The provisional CPD agreement was signed by Mr Innes on 14 July 2023 and the NMC on 20 July 2023.

Decision and reasons on the CPD

The panel decided to accept the CPD. It considered the provisional CPD agreement as a well drafted and comprehensive document. The panel decided not to make any amendment to it.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Innes. 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 professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mr Innes admitted the facts of the charge. Accordingly, the panel was satisfied that the charge is found proved by way of Mr Innes' admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mr Innes' fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mr Innes, the panel has exercised its own independent judgement in reaching its decision on impairment.

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 "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- 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 agreed with the CPD agreement that limbs a, b and c of the Grant test are engaged in this case. It decided that Mr Innes' conduct which led to his conviction, presents an unwarranted risk of harm to patients under his care, brought the nursing profession into disrepute and breached fundamental tenets of the nursing profession.

The panel was of the view that Mr Innes' actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

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

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

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

20.4 keep to the laws of the country in which you are practising

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

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'

In respect of the conviction, the panel considered Mr Innes' conduct to be serious and suggestive of deep-seated attitudinal concerns. It was of the view that, although Mr Innes was taking steps to remediate his conduct, the concerns are difficult to remediate due to the serious nature of his conduct. In light of this, the panel determined that there is a high risk of repetition and there remains a risk of harm to the public. It therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel had regard to the serious nature of Mr Innes' conduct and his conviction. It determined, particularly as it involved sexual offences involving children, that public confidence in the profession would be undermined if a finding of impairment were not made in this case. For this reason, the panel determined that a finding of current impairment on public interest grounds is required. It was of the view that a fully informed member of the public, aware of the proven charge in this case, would be very concerned if Mr Innes were permitted to practise as a registered nurse without restrictions.

In this respect, the panel endorsed paragraphs 12 to 36 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mr Innes' 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:

- Children did suffer harm as a result of sexual advances and indecent images being created, possessed and distributed.
- The offence raises significant public protection and public interest concerns as it involves offences of a sexual nature towards children.
- Mr Innes has demonstrated no evidence of insight

The panel noted that there are no mitigating features in this case.

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, and the public protection issues identified, an order that does not restrict Mr Innes' practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Innes' 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 Mr Innes' registration would be a sufficient and appropriate response. The panel has identified deep-seated attitudinal problems in this case on Mr Innes' part. It was of the view that Mr Innes' conduct and his conviction could not be addressed through retraining and was difficult to remediate. The panel therefore determined that there are no practical or workable conditions that could be formulated, given the nature of the charge in this case. Furthermore, the panel concluded that the placing of conditions on Mr Innes' 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 panel considered the guidance set out by SG detailing which factors make suspension orders appropriate.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Innes' actions is fundamentally incompatible with Mr Innes remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. It would not protect the public nor satisfy the public interest consideration in this case.

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?’*

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order.

Having regard to the matters it identified, in particular the effect of Mr Innes’ actions in bringing the profession into disrepute by adversely affecting the public’s view of how a registered nurse should conduct himself, 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 Mr Innes in writing.

Decision and reasons on interim order

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 Mr Innes' own interest. The panel heard and 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 interests. 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 in order to protect the public and otherwise in the public interest, during any potential appeal period.

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

That concludes this determination.