

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

**Substantive Meeting
Thursday, 14 March 2024**

Virtual Meeting

Name of Registrant:	Joy Elizabeth Anne Lewis
NMC PIN	82I0003W
Part(s) of the register:	Registered Nurse – RN1, Adult Nurse (November 1985) RM, Midwife (October 1990)
Relevant Location:	Devon
Type of case:	Misconduct
Panel members:	Ashwinder Gill (Chair, lay member) Janet Fitzpatrick (Registrant member) Rachel Cook (Lay member)
Legal Assessor:	Michael Levy
Hearings Coordinator:	Muminah Hussain
Facts proved:	Charges 1 & 2
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 that the Notice of Meeting had been sent to Mrs Lewis's registered email address by secure email on 21 December 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, the time, date and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Mrs Lewis 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 28 May 2021, took for yourself 3 boxes of codeine belonging to Royal Devon and Exeter NHS Foundation Trust which you were not entitled to take for yourself
2. Your actions at charge 1 above were dishonest in that you knew you were not entitled to take the items for yourself

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

Background

Mrs Lewis started working at Royal Devon and Exeter NHS Foundation Trust (the Trust) on 9 October 2016.

The alleged facts are that on 28 May 2021, Mrs Lewis was preparing to undertake a medication round on the Ward. Supervisor 1 noticed Mrs Lewis had a box of codeine in her pocket. Mrs Lewis told Supervisor 1 she was simply transferring the box to the trolley.

Supervisor 1 was concerned this explanation lacked credibility and noted Mrs Lewis had taken the item from the patients' 'to take out' (TTO) cupboard not the stock cupboard. She asked Mrs Lewis to put the medication back, when Mrs Lewis was putting the medication back Supervisor 1 noticed that she put back three boxes in total. The incident was then investigated by the Trust.

Despite initially telling Supervisor 1 it was an error of judgement and that Mrs Lewis didn't know why she was taking them, Mrs Lewis later admitted, within her Trust investigatory interview on 6 July 2021 and at her disciplinary hearing on 9 September 2021, that it [PRIVATE].

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case which included a bundle and part of an audio recording of the Trust disciplinary hearing on 9 September 2021.

The panel was aware that the burden of proof rests on the Nursing and Midwifery Council (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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Supervisor 1 – Clinical Nurse
Manager at the Trust (at the time of
the concerns)

- Witness 2: Senior Nurse at the Trust (at the time
of the concerns)

- Witness 3: Clinical Matron at the Trust (at the time of the concerns)

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the evidence provided by the NMC.

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

Charge 1

“That you, a Registered Nurse,

- 1. On 28 May 2021, took for yourself 3 boxes of codeine belonging to Royal Devon and Exeter NHS Foundation Trust which you were not entitled to take for yourself”*

This charge is found proved.

In reaching this decision, the panel took into account Supervisor 1’s witness statement and email dated 30 May 2021, the documentation supporting the Trust’s investigation, the audio recording disciplinary hearing and Mrs Lewis’s email dated 6 February 2023.

Supervisor 1’s witness statement reads:

“On 28 May 2021, Joy was working her normal late shift 12pm to 8pm...

I don’t recall what I said to Joy exactly but I could see the end of the drug box out of her trouser pocket. This was a box of codeine tablets. I asked Joy what was going on and why she had drugs in her pocket. I can’t recall her response exactly but she appeared very flustered told me she was going to put them in the trolley. However, the trolley draw was open and I could see the drug box in Joy’s pocket. It didn’t make sense for her to not put the drug box in the trolley draw.

As you go into the treatment room, we've got ward stock and TTO (to take out medicines for patients). Joy had taken the codeine from the TTO cupboard not the ward stock cupboard...

I thought Joy had only put 1 box of codeine in her pocket but as she was placing in back in the cupboard I saw that she had two more boxes in her pocket. Initially, I was like 'you shouldn't put drugs in your pocket' but when I saw that it was 3 boxes I knew something was wrong.

To my knowledge I saw that Joy had put 3 boxes back in the cupboard. I didn't check if she had any more on her. These boxes looked intact but they weren't taped so I wouldn't know if Joy had taken any of the codeine tablets out."

Supervisor 1's email dated 30 May 2021 stated:

"On Friday night (28/5/21) I was working a late shift. I was supervising a member of staff (Registered Nurse Joy Lewis) on a short shift as part of a phased return to work but also because there are ongoing performance issues. At approx 5.30 Joy and I started to do the drug round, we finished one patient with no problems and as the patient required a change of her buprenorphine patches we made our way to the treatment room. I needed to get the CD keys so I told Joy to meet me in the treatment room. She had another set of keys with her as needed for the COW and patient lockers. When I came back into the treatment room Joy was adjusting her work trousers and closing the cupboard with the TTOs in, but I could see out of her trouser pockets a pack of codeine. I made it obvious that I was looking at her trousers but she said nothing. I gave her the red keys to get the patches out for the patient. Before we got the drugs out I said to Joy, what have you got in your trouser pocket, you look suspicious and you are behaving weirdly. She said it's a box of codeine for the drug trolley as we are not allowed to keep on the trolley anymore. I said but your trolley is right here why would you put it in your pocket and not straight on the trolley. She said I don't know. I then pulled out the top drawer of trolley and there were 2 boxes of codeine (30 and 15) so it was not needed. I told her to put it back in the drawer and that she should never put drugs in her pocket because she could be accused of stealing. With that she removed the box from her pocket and a

further 2 boxes from the other pocket which I believe she thought I did not see her doing.”

The Panel also had sight of the Trust’s DATIX incident review form dated 2 June 2021 completed by Supervisor 1 which contained the same information as within Supervisor 1’s email dated 30 May 2021.

The panel determined that these were consistent pieces of evidence from Supervisor 1 who was a first-hand witness to the theft. The email was dated 30 May 2021, which was two days after the incident had taken place and the DATIX incident review form was also completed within days of the incident (2 June 2021).

The Trust’s investigation stated:

“[Supervisor 1] states this was Codeine, what is your response to this please?

Yes that’s correct, I took them.

[Supervisor 1] states these tablets were from the TTO cupboard, what is your response to this please?

Yes they were.

[Supervisor 1] states these drugs could not have been for the WOW trolley as they were 3 packets of equal strength, 30mg, what is your response to this please?

I did not know that.

[Supervisor 1] states that she instructed you to return the tablets to the cupboard and when you did you took the one packet out of her trousers and [Supervisor 1] noticed you take 2 more packets from your other pocket and then put all three back in the cupboard. What is your response to this please?

That’s correct.

Why did you have them in your pockets?

I was going to take them home. I was relieved when [Supervisor 1] found out because it stopped me doing it.

Q: *Your intention was to steal the Codeine?*

Yes.”

During the course of the disciplinary hearing on 9 September 2021, Mrs Lewis stated:

“... not know why I did what I did, but I did and there’s no going back now.”

In Mrs Lewis’s email dated 6 February 2023, she stated:

“I am now trying to rebuild my life but still finding it hard to come to terms with what actually happened and what I did.”

The panel noted that Mrs Lewis had made consistent admissions, both in the Trust’s investigation interview and the disciplinary hearing.

Taking into account the witness statement of Supervisor 1, the email dated 30 May 2021, the DATIX incident review form and the comments made by Ms Lewis within her investigation interview and disciplinary hearing, the panel therefore finds charge 1 proved.

Charge 2

“That you, a Registered Nurse,

- 2. Your actions at charge 1 above were dishonest in that you knew you were not entitled to take the items for yourself”*

This charge is found proved.

In reaching this decision, the panel referred to the case of *Ivey v Genting Casinos (UK)* [2017] UKSC 67. It also took into account the Trust's investigation interview and 'Making decisions on dishonesty charges and the professional duty of candour' (DMA-8) guidance from the NMC.

The Panel adopted a two-stage approach to charge 2. Firstly, to ascertain (subjectively) the state of the Ms Lewis's mind as to the facts in charge 1. Secondly, to determine whether Ms Lewis' conduct was dishonest by applying the objective standards of ordinary decent people.

Within Mrs Lewis's Trust's disciplinary interview, on 6 July 2021 it is stated:

"Q: Your intention was to steal the Codeine?"

Yes."

The panel determined that Mrs Lewis's state of mind was to steal medication for her personal use.

In relation to the second stage, the Panel found Ms Lewis's conduct was inherently dishonest by the objective standards of ordinary decent people.

The panel therefore finds charge 2 proved.

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 Mrs Lewis's 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 suitability to remain on the register unrestricted.

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 must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Lewis's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015' ("the Code") in making its decision.

The NMC identified the specific, relevant standards where Mrs Lewis's actions amounted to misconduct:

"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”

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mrs Lewis’s fitness to practise impaired on the grounds that:

“When determining whether the Registrant’s fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

- 1. has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- 2. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- 3. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*
- 4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.*

It is the submission of the NMC that 1-4 can be answered in the affirmative in this case.

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.

The NMC consider the registrant has displayed some, but limited insight.

The NMC take this view because the Registrant made early admissions but has otherwise not demonstrated insight.

No reflective piece, testimonials, or evidence of training have been received.

The NMC is not aware of the Registrant working since the incident.

The NMC consider there is a continuing risk to the public due to the registrant's lack of full insight. It cannot be said that a similar incident would not take place in future employment in nursing.

Public interest

24. 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.”

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.

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.

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.

The NMC consider that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior.

The registrant's conduct engages the public interest because it was an instance of dishonesty in relation to controlled drugs in committed in the course of clinical practice. Those elements also make this an instance of dishonesty at the higher end of the spectrum.

There is at present no evidence of remediation and a risk of repetition therefore remains as well as the high risk of harm to the reputation of the profession remains.

The actions raise fundamental questions about the trustworthiness of the Registrant.”

The panel accepted the advice of the legal assessor which included reference to a number of 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), and *General Medical Council v Meadow* [2007] QB 462 (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 Mrs Lewis's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Lewis's actions amounted to a breach of the Code. Specifically:

“18.4 take all steps to keep medicines stored securely

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 ...

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

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 dishonesty, as stated in the Sanctions Guidance (SG) is difficult to remediate and amounts to misconduct.

Taking into account the panels finding of dishonesty, it determined that Mrs Lewis’s actions did fall seriously short of the conduct and standards expected of a nurse and midwife and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Lewis’s fitness to practise is currently impaired.

The panel is of the view that Nurses and midwives 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 and midwives with their lives and the lives of their loved ones. To justify that trust, nurses and midwives 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 "test" as set out above.

The panel finds that all four limbs of the Dame Janet Smith's test were engaged. Mrs Lewis's actions put patients at unwarranted risk of harm by taking medication that was intended for patients, her misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute and involved dishonesty. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel noted that Mrs Lewis had demonstrated remorse for her actions in her Trust interviews. However, the panel considered that Mrs Lewis had limited insight given that she has not engaged with the NMC. Ms Lewis's engagement with the NMC is limited to one brief email dated 6 February 2023. The panel considered that theft was one of the highest forms of dishonesty. The panel also referred to DMA-8. It determined that Mrs Lewis's actions meant patients could have been put at harm as they may not have been given the medication which was prescribed for them. The panel has no new information on what Mrs Lewis is currently doing, and what she would have done differently. The panel therefore determined that there remained a risk of repetition and 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, taking into account the finding of dishonesty, 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 Mrs Lewis's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Lewis off the register. The effect of this order is that the NMC register will show that Mrs Lewis has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the SG published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 21 December 2023, the NMC had advised Mrs Lewis that it would seek the imposition of a striking-off order if it found Mrs Lewis's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Lewis's 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:

- Theft from a clinical ward

- Theft of relatively large quantity; three boxes
- Theft of medication for patient use, in that these were drugs prescribed for patients to take home (TTO)

The panel also took into account the following mitigating features:

- Early admissions in the Trust's investigation
- Mrs Lewis stated remorse within the Trust's investigation
- This was a one-off incident

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 Mrs Lewis's 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 Mrs Lewis's 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 Mrs Lewis's 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. Furthermore, the panel concluded that the placing of conditions on Mrs Lewis's 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:

- *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;*
- ...
- ...

Whilst the panel recognised that the conduct was a 'one-off' incident, the panel has found dishonesty which is a significant departure from the standards expected of a registered nurse and midwife. The panel had no evidence of Mrs Lewis's current attitude, her behaviour since the incident nor her current insight. Within the Trust's disciplinary hearing, Mrs Lewis indicated that she no longer wished to continue to practice as a nurse.

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

The panel then went on to consider 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?*

The panel considered that Mrs Lewis's actions were significant departures from the standards expected of a registered nurse and midwife, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Lewis's actions were serious and to allow her 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 determined 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 Mrs Lewis's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse and midwife should conduct herself, 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 and midwife.

This will be confirmed to Mrs Lewis 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 Mrs Lewis's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that:

“If a finding is made that the registrant’s fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed the NMC consider an interim order in the same terms as the substantive order, or of suspension in the event that the substantive order is for striking-off, should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

If a finding is made that the registrant’s fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registrant the NMC consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.”

Decision and reasons on interim order

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 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 therefore imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.