

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

**Substantive Hearing
Monday 15 – Thursday 25 April 2024
Monday 29 April – Wednesday 1 May 2024**

Virtual Hearing

Name of Registrant: Anne Love Woods

NMC PIN 04B0205S

Part(s) of the register: Nurses part of the register Sub part 1
RNMH: Mental health nurse, level 1 (21 February 2007)

Relevant Location: South Ayrshire

Type of case: Misconduct

Panel members: Des McMorrow (Chair, Registrant member)
Melanie Lumbers (Registrant member)
Caroline Taylor (Lay member)

Legal Assessor: John Donnelly

Hearings Coordinator: Opeyemi Lawal

Nursing and Midwifery Council: Represented by Tope Adeyemi, Case Presenter

Mrs Woods: Not present and unrepresented (Present on 23 April 2024, as requested in order to make submissions after the close of NMC case)

Facts proved by admission: 1a, 1b and 8 in its entirety

Facts proved: Charges 1d, 2a, 2b, 4a, 4b, 5, 6a and 7

Facts not proved: Charges 1c (i-iii), 3, 6b, 9, 10 and 11

Fitness to practise: Impaired

Sanction: **Suspension order (6 months)**

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

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Woods was not in attendance and that the Notice of Hearing letter had been sent to Mrs Woods' registered address by recorded delivery and by first class post on 14 March 2024.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Mrs Woods' registered address on 18 March 2023.

Ms Adeyemi, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Woods right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Woods has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Woods

The panel next considered whether it should proceed in the absence of Mrs Woods. It had regard to Rule 21 and heard the submissions of Ms Adeyemi who invited the panel to continue in the absence of Mrs Woods. She submitted that Mrs Woods had voluntarily absented herself.

Ms Adeyemi referred the panel to the email from Mrs Woods' NMC case manager, dated 12 April 2024, which summarised their telephone conversation in that she is

content for the hearing to proceed but will address the panel after the evidence has been given by the witnesses.

Mrs Woods had the opportunity to speak with the legal assessor and the case presenter, who explained the process of the hearing and the implications of only joining after witnesses have given their evidence. Mrs Woods was content to proceed in her absence.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mrs Woods. In reaching this decision, the panel has considered the submissions of Ms Adeyemi and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Woods;
- Mrs Woods has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Witnesses are due to attend to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; it has already been over five years since the incident and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Woods. The panel will draw no adverse inference from Mrs Woods' absence in its findings of fact.

Details of charge

That you, a registered nurse, whilst working in the Child and Adolescent Mental Health Team:

1. In relation to Patient F:
 - a. Between August 2018 and 18 January 2019, failed to submit the "*Request for Assistance*" paperwork in order to refer them to the Social Work Team.
 - b. On a date on or around October 2018 and/or 17 Jan 19 informed Patient F's mother that you had made a referral to the Social Work Team when you had not submitted the appropriate paperwork.
 - c. When providing information to the Department of Work and Pensions ("DWP"):
 - i. Provided information about an assessment that was incomplete;
 - ii. Provided information that was out of date;
 - iii. Failed to inform them that Patient F had been assessed for ADHD and autism in April 2018.
 - d. Told Patient F's mother on 17 January 2019 that you had not heard from the DWP when you had spoken to them on 10 January 2019.
2. Did not ensure that a medication review was conducted on being informed by Patient A's mother:
 - a. On 12 November 2018 that Patient A's medication was not being given consistently.
 - b. On 17 January 2019 that Patient A had stopped taking their medication.
3. On a date prior to 18 January 2019 informed Patient A's mother that you had discussed concerns regarding Patient A's prescription medication with Colleague 1 when you had not.

4. On a date on or around December 2018, on being told by Patient D's mother that:
 - a. She was not coping and wanted someone to take Patient D from her, failed to inform social work.
 - b. Patient D was being disobedient and hitting other children, failed to offer any support.

5. Put Patient E on Colleague 2's clinic for the week commencing 4 February 2019 for a medication review when he did not have ADHD.

6. On 21 February 2019, at an internal meeting with your employer, said that when you had met Patient A and F's mother on 17 January 2019:
 - a. She had not asked if you had spoken to the DWP when she had asked this.
 - b. You had not discussed Patient A's medication with her when you had.

7. In investigatory meetings on 7 August 2019 and/or 12 November 2019 with Colleague 3, stated that you had mixed up Patient A and Patient F when answering questions from the DWP when this was not the case.

8. In respect of your record keeping:
 - a. Made no record of the conversation with Colleague 1 or Colleague 2 about Patient A's medication.
 - b. Made no record of your conversation with the DWP on 10 January 2019 in Patient F's care partner records.
 - c. Made no record of your conversation with Patient F's mother on 17 January 2019 in Patient F's care partner records.
 - d. Despite being requested to update the records by 12 December 2018, did not update the records of Patient F until 5 February 2019.

9. Your actions at charge 1d above were dishonest in that you intended to create the impression that you had not spoken to the DWP when you had.

10. Your actions at charges 6a and/or 6b above were dishonest in that you intended to create the impression that the mother of Patients A and F had not raised issues with you when she had.

11. Your actions at charge 7 were dishonest in that you knew you were talking to the DWP about Patient F as opposed to 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

At the outset of the hearing, Ms Adeyemi made a request that this case be held partly in private on the basis that the case involves reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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

The panel determined to go into private session as and when such issues are raised.

Background

The charges arose whilst Mrs Woods was employed on a full time basis as a registered charge nurse at North Ayrshire Health & Social Care Partnership within the Child Adolescence Mental Health Service ('CAMHS Service').

The concerns relate to a period between August 2018 and February 2019. The concerns as outlined in the charges relate to Mrs Woods not undertaking key work in relation to her young patients, not being truthful about what she had and had not done and concerns about inadequate record keeping.

Part of her work involved making appropriate referrals to other organisations and ensuring that Patient F and Patient A were receiving proper care and were taking the appropriate medication.

The concern relating to Patient F is that Mrs Woods had stated to Patient F's mother that a referral had been made to the social work team in respect of Patient F when the appropriate paperwork for this to occur had not been submitted. Furthermore, in respect of a DWP referral for Patient F, Mrs Woods provided the DWP with information that was incomplete and out of date, and she also went on to inform Patient F's mother that she had not heard from the DWP, when there is evidence that Mrs Woods in fact had.

In respect of allegation 2, it said that Mrs Woods, having been informed about important information concerning Patient A's medication by his mother and did not ensure that a medication review was conducted. Further, on a separate occasion, Mrs Woods had told Patient A's mother that she had discussed concerns regarding Patient A's prescription medication with Dr 1, when she had not.

Allegations 4 and 5 also relate to patients and Mrs Woods interactions with their parents and her colleagues and concerns further work that should have been done that was not. Mrs Woods took an inappropriate step, namely placing Patient E for an ADHD medication review when he did not have ADHD.

Allegation 8 concerns the registrants record keeping and arises from the other charges.

Decision and reasons on application to admit Ms 3's written statement

The panel heard an application made by Ms Adeyemi under Rule 31 to allow the written statement of Ms 3 into evidence. Ms 3 was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, she was unable to attend due to health issues, she explained to the NMC that she cannot and does not wish to attend.

In the preparation of this hearing, the NMC had indicated to Mrs Woods in the Case Management Form (CMF), that it was the NMC's intention for Ms 3 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Ms 3, Mrs Woods made the decision not to attend this hearing. On this basis Ms Adeyemi advanced the argument that there was no lack of fairness to Mrs Woods in allowing Ms 3's written statement into evidence.

Ms Adeyemi submitted that in relation to the relevance of Ms 3's evidence, it specifically concerns charges 6 and 8. Ms Adeyemi further submitted that Ms 3's evidence is not the sole and decisive evidence as there is other evidence that is supportive of the concerns relating to Mrs Woods record keeping and the DWP referral. Again, other witnesses provide evidence on the point and in any event, those allegations have been found proved by reason of Mrs Woods admission. So, it follows that Ms 3's evidence does not actually represent the sole evidence on any point or even decisive evidence of any point, and actually does not elevate the seriousness of the allegations against Mrs Woods.

Ms Adeyemi submitted that Mrs Woods does not take particular issue with Ms 3 as a witness, but it is not said that she agrees to it or that she has said that she is content for it to be read, but she has not particularly challenged Ms 3's as a particular witness.

Due to the reasons submitted above, Ms Adeyemi invited the panel to admit Ms 3's evidence as hearsay.

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

The panel gave the application in regard to Ms 3 serious consideration.

The panel considered whether Mrs Woods would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Ms 3 to that of a written statement.

The panel took into account the relevance of Ms 3's evidence and acknowledged that she speaks to charges 6 and 8, however the entirety of charge 8 has been proven by way of Mrs Woods admission.

The panel determined that Ms 3's evidence is not sole and decisive as it reiterates the information that other witnesses have said, along with the documentary evidence provided. The panel noted that a lot of evidence has been provided by other witnesses, in relation to charge 6 and it has had the opportunity to test the evidence and put forward Mrs Woods contentions to the witnesses.

The panel also determined that Ms 3's evidence is relevant as she was Mrs Woods line manager.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Ms 3 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on application to admit Mother's hearsay evidence

The panel heard an application made by Ms Adeyemi under Rule 31 to allow the written statement of the Mother of Patients A and F ('Mother') into evidence. Mother was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, the NMC have been unable to secure her attendance.

Ms Adeyemi outlined a chronology of the efforts the NMC made to secure Mother attendance, which is detailed below:

- [PRIVATE]
- [PRIVATE]
- During the course of the week, up until Thursday 18 April 2024, the NMC case manager was in e-mail communication with mother every day and she would reply, but she explained that where she was going had poor reception and no Wi-Fi. [PRIVATE]
- It was relayed to the mother that she could give her evidence over the phone and that it should take no longer than 60 to 90 minutes. Mother could take as many breaks as she needed to attend to her children, and that if there were any problems with reception, we could just try again.
- None of these points had the effect of securing her attendance, and by Thursday 18 April, the NMC did not receive any further replies to emails sent.

Ms Adeyemi submitted that in relation to the relevance of Mother's evidence, it specifically concerns charges 1a, 1b, 1c and 2. Ms Adeyemi further submitted that Mother's evidence is not the sole and decisive evidence as there is other evidence that is supportive of the concerns relating to Mrs Woods and provides information

concerning those charges by setting out what she was directly told by Mrs Woods. Ms Adeyemi submitted that the evidence provided by Mother is important and useful context, so therefore, it is relevant in all the circumstances.

Ms Adeyemi submitted that it is fair to admit the evidence, as it relates to charges 1a and 1b which have been proved by way of Mrs Woods admission and also charges 1c and 2. Ms Adeyemi submitted that charge 1c concerns the information provided by DWP and the key evidence relied on in respect of this allegation is documentary evidence not the evidence of mother. It is also supported by evidence from other witnesses and its not evidence that relied only on hearsay, so Mother's evidence is not sole or decisive on this particular point.

In relation to the seriousness of the allegations, Ms Adeyemi submitted that it has a serious effect on Mrs Woods career and when viewing the evidence of Mother and the existing evidence, it increases the seriousness of what is alleged.

For all the reasons, Ms Adeyemi submitted that it is appropriate to admit the evidence of Mother.

The panel clarified all the charges this witness related to and the case presenter confirmed this also included charges 1d and 3.

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

The panel took into account the relevance of Mother's evidence and acknowledged that many of the charges stem from her complaint and therefore she speaks to charges 1a, 1b, 1c, 1d, 2 and 3.

The panel determined that Mother's evidence in relation to charges 1a, 1b, 1c and 2 is not the sole and decisive as it includes information and documentary evidence provided by other witnesses. The panel noted that Mother provides useful context to these charges. However, in relation to charge 1d and 3, the panel were of the view that Mother's evidence was sole and decisive and determined that the evidence she provides cannot be tested. Unlike the evidence supporting the other charges she speaks to, the panel has not been provided with supportive, independent and

contemporaneous evidence in relation to charges 1d and 3. As a result of this, the panel decided that it will not be fair to admit the hearsay evidence in relation to those two charges.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Mother, in respect of charges 1a, 1b, 1c and 2 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

The panel determined that in these circumstances it would not be fair or appropriate to rely upon this statement in respect of allegations 1d and 3.

Decision and reasons on facts

At the outset of the hearing, the panel had sight of Mrs Woods' Case Management Form along with her handwritten registrants response, in which Mrs Woods made admissions to some of the charges and she accepted these admissions when she was under affirmation.

The panel therefore finds charges 1a, 1b and 8 proved in their entirety, by way of Mrs Woods admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Adeyemi on behalf of the NMC and the evidence Mrs Woods provided.

The panel has drawn no adverse inference from the non-attendance of Mrs Woods.

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

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

- Ms 1: Senior Manager at CAMHS Service
- Dr 2: Consultant Child and Adolescent Psychiatrist on locum bank for Ayrshire and Aran
- Dr 1: Consultant Child and Adolescent Psychiatrist at CAMHS Service
- Mr 1: Investigator for local investigation

The panel heard live evidence from Mrs Woods under affirmation and she initially engaged in cross-examination, answering some questions from Ms Adeyemi on behalf of NMC.

During the early stages of cross-examination Mrs Woods elected to withdraw from the proceedings (a decision she maintained), subsequently neither the NMC or the panel were afforded the opportunity to further question Mrs Woods and test her evidence.

In those circumstances, the panel likened Mrs Woods evidence under affirmation to submissions.

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

At the outset, the panel considered Mrs Woods good character. The panel particularly considered Mrs Woods submissions and her account of these charges being a mistake. Mrs Woods informed the panel of the following;

- She qualified as a registered mental health nurse in 2007 and [PRIVATE];
- She had represented CAMHS at various forums and panels;

- [PRIVATE];
- [PRIVATE]; and
- She raised awareness about mental health in colleges via drama team workshops.

In addition, as far as the panel are aware Mrs Woods has not had any other cause of concerns regarding her nursing practice.

The panel took into account the consistency between both her oral and written submissions. The panel note that Mrs Woods referred to receiving letters of thanks, however, the panel have not received any evidence of this.

The panel noted that Mrs Woods is of good character, and she has alluded to aspects of that by providing examples of her good character. The panel went onto consider whether there was cogent evidence of positive good character which would assist the panel in assessing Mrs Woods credibility and propensity to carry out these allegations.

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

Charge 1c

1. In relation to Patient F:

- c. When providing information to the Department of Work and Pensions (“DWP”):
 - i. Provided information about an assessment that was incomplete;
 - ii. Provided information that was out of date;
 - iii. Failed to inform them that Patient F had been assessed for ADHD and autism in April 2018.

This charge is found not proved.

In reaching this decision, the panel took into account oral and documentary evidence, including DWP call summary, DWP summary of assessment, investigatory interview

minutes, Patient F's care records and the assessments that took place in March and April 2018. The panel also took into account your oral evidence and written submissions.

During Mrs Woods oral evidence, she maintained the position that she had got the care notes for Patients A and F mixed up and spoke about Patient A to the DWP.

The panel took into account the investigatory interview minutes dated July 2019 between Ms 1 and Mr 1, which states that the assessment had not been completed on Care Partner (patient records). However, there was no elaboration or documentary evidence as to what was not completed and why. The panel noted the brief summary recorded in the DWP telephone note and was not provided with information as to what was asked of the registrant.

With regards to the evidence provided, the panel cannot be sure that the initial assessment was incomplete, having not been referred to what a complete assessment should look like. So, therefore the panel do not know if incomplete and out of date information was passed onto DWP.

Whilst the panel were later informed that the diagnosis for Patient F was autism and ADHD, it does not know when the diagnosis was confirmed or when both diagnosis was considered.

The panel determined that the DWP call summary of a four-minute conversation was unclear as to who made the phone call, what questions may have been asked and the amount of detail written in the summary was therefore not sufficient enough to rely upon as cogent evidence.

The panel is satisfied that the NMC has not met the evidential burden to prove this allegation.

The panel found this charge not proved.

Charge 1d

1. In relation to Patient F:

- d. Told Patient F's mother on 17 January 2019 that you had not heard from the DWP when you had spoken to them on 10 January 2019.

This charge is found proved.

In reaching this decision, the panel took into account oral and documentary evidence, including investigatory notes and the contemporaneous complaint letter. The panel also took into account Mrs Woods' oral and written submissions.

During Mrs Woods' oral evidence, she stated that she does not remember but if the mother said it happened then it must have happened.

In Mrs Woods' written statement she stated;

'So, when mum asked me if I had spoken to DWP I said no as she was asking about the boy I didn't speak to them about.

...

'In relation to these complaints I have to agree that I had spoken to Mother about the son but it as a mistake not a lie.'

In an email from Mrs Woods to NMC dated 15 November 2020, she stated;

'The mum complained to Ms 1 that I had lied to her and I agree that is how it must've looked.'

The panel noted that Mrs Woods gave differing accounts when she was initially questioned about the DWP phone call. However, in her local written submission dated 26 February 2019 she explained that she had spoken to the DWP at the time Mother asked. This account subsequently changed in the investigatory meetings.

The panel found this charge proved.

Charge 2a and 2b

2. Did not ensure that a medication review was conducted on being informed by Patient A's mother:
 - a. On 12 November 2018 that Patient A's medication was not being given consistently.
 - b. On 17 January 2019 that Patient A had stopped taking their medication.

These charges are found proved.

In reaching this decision on charge 2a, the panel took into account oral and documentary evidence, including Patient A's care notes. The panel also took into account Mrs Woods oral and written submissions.

Mrs Woods accompanied by a student nurse met with Patient A and their mother on 12 November 2018 for a case review. In Patient A's care note written by the student nurse overseen by Mrs Woods, there is a very detailed plan based on the finding that the mother was only giving Patient A medication intermittently and the plan documented;

- *'Patient A will continue on their prescribed medication*
- *Mum will keep a diary of how things are over the next few weeks*
- *Mum will also monitor Patient A for any weight loss due to him not eating as much*
- *...*
- *C/N Woods will speak to Dr 1 regarding increasing medication if no improvement noted by mother on the current dose'*

The panel saw evidence of the detailed plan, however, there was no information as to when a medication review was to be conducted.

In relation to Charge 2b, on 17 January Mrs Woods was told by the mother that she had stopped giving Patient A the medication.

The panel noted that Mrs Woods has written in the notes that;

'Mum who advised that she had stopped taking the ADHD medication as it wasn't making any difference to his presentation'.

However, details of a plan for a medication review or any advice given to mum about the implications of suddenly stopping medication is completely absent in the Care Partner notes. The panel would have expected that this information should be escalated to the treating consultant, bearing in mind the potential clinical implications of stopping that medication.

The panel determined that it is more likely than not that no medication review was implemented from 17 January 2019.

The panel found both charges proved.

Charge 3

3. On a date prior to 18 January 2019 informed Patient A's mother that you had discussed concerns regarding Patient A's prescription medication with Colleague 1 when you had not.

This charge is found not proved.

The panel was of the view that mother evidence was the sole and decisive evidence in relation to this charge and have not admitted this. The panel has now had the opportunity to consider the submissions/evidence of Mrs Woods and found no cogent evidence in respect of this allegation.

The NMC have not provided additional evidence and equally nor had there been any cogent evidence from Mrs Woods.

So, therefore the panel found this charge not proved.

Charge 4

4. On a date on or around December 2018, on being told by Patient D's mother that:
 - a. She was not coping and wanted someone to take Patient D from her, failed to inform social work.

- b. Patient D was being disobedient and hitting other children, failed to offer any support.

These charges are found proved.

In reaching this decision, the panel took into account oral and documentary evidence. The panel also took into account Mrs Woods oral and written submissions.

During Mrs Woods oral evidence she stated that Patient D was not her patient and had taken over from a colleague just 10 minutes before the appointment. She also stated that the meeting was an hour long, and that it was a safe place for the mother to have an open conversation. Mrs Woods said in her oral evidence that she thought the comments made by Patient D's mother were throw away remarks and if she had any real concerns she would have contacted a social worker but she felt this was a parenting issue. The mother did not want any further help from Social Work as this had not been helpful in the past.

Dr 2 detailed the following patient notes recorded by Mrs Woods in an email of 8 February 2019 to Ms 3;

'Mum reported that things are not going well with and she needed someone to take him away to give her time to herself. Writer advised that CAMHs were unable to provide that support and that she could talk to her social worker. She refuses to do this, saying they caused a lot of trouble for her previously.

...

She says he is so disobedient and hitting girls at school. Mum does not think he is coping with mainstream school and writer has advised her to speak to school about this...'

Dr 2 explained that she had concerns regarding Mrs Woods decision making and the expectations in relation to safeguarding of vulnerable children.

The panel determined that Mrs Woods should have raised concerns about Patient D's mother and taken her comments seriously by escalating these concerns with Social Work and exploring ways to support the mother with the school. The panel took into account

that Patient D was a new patient and Mrs Woods does not know whether their behaviour is normal, so she should have gone through the expected protocols.

The panel found this charge proved.

Charge 5

5. Put Patient E on Colleague 2's clinic for the week commencing 4 February 2019 for a medication review when he did not have ADHD.

This charge is found proved.

In reaching this decision, the panel took into account oral and documentary evidence, including Patient E's notes and contemporaneous email. The panel also took into account Mrs Woods oral and written submissions.

During Dr 2's evidence she confirmed that the drop-in clinic was focused on medication reviews for patients with ADHD and she also confirmed that Patient E did not have ADHD and was not taking medication.

In Dr 2's contemporaneous email to Ms 3 she stated;

'The second was patient E who does not have ADHD, is not on medication, is depressed with a lot of anger and outbursts. He had prescribed Atomoxetine on the basis of trying to help him with some symptoms but he did not tolerate this. She then asked Anne to undertake a psychosocial intervention directed at depression. Anne said she had only seen him once. She then put him into a drop in ADHD slot – which was completely inappropriate. It would have been more appropriate to discuss him and get a fuller appointment for him to be assessed for management of depression.'

During Mrs Woods' evidence she stated that the clinic was for all patients who had various conditions including; panic attacks, ADHD or depression.

The panel preferred the evidence of Dr 2 as this was Dr 2's clinic and she was very clear that this was a clinic for reviewing patient's ADHD medication. Dr 2 explained that the appointments for this clinic were short in duration and more time would be required to review a patient with depression.

The panel determined that Patient E had a diagnosis of depression and not ADHD and that Mrs Woods referred Patient E to an ADHD clinic which does not fit within the protocol because the patient was also not on medication.

The panel found this charge proved.

Charge 6

6. On 21 February 2019, at an internal meeting with your employer, said that when you had met Patient A and F's mother on 17 January 2019:
 - a. She had not asked if you had spoken to the DWP when she had asked this.
 - b. You had not discussed Patient A's medication with her when you had.

Charge 6a is found proved and Charge 6b is found not proved.

In reaching this decision on charge 6a, the panel took into account oral and documentary evidence, including the meeting summary of 21 February 2019, Mrs Woods local statement of 26 February 2019, the email between Ms 1 and Mrs Woods on 4 March 2019 and Mrs Woods' statement in her response bundle.

In the meeting notes of 21 February 2019, Mrs Woods is recorded as saying;

'Anne stated Mother had not asked her if she had spoken with DWP to discuss her DLA request. Anne stated that she had no reason to lie to Mother and that if she had asked she would have told her what she had told DWP, however did acknowledge that she would not be able to prove this and it would be Mothers word against hers.'

In Mrs Woods local statement she wrote;

'When mum asked me if I had heard from DLA regarding Patient F I had said no because at that time I had not.'

In response to discrepancies between information given by Mrs Woods in the meeting and her subsequent local statement, on the 4 March 2019 Mrs Woods emailed Ms 1 stating;

'I can't recall mum telling me she had been refused or indeed asking me if it was okay to use my name.'

The panel was satisfied given the changing position of Mrs Woods that it is more likely than not that Mother had asked if you had spoken to the DWP.

Charge 6a is found proved.

In reaching this decision on charge 6b, the panel took into account oral and documentary evidence, including meeting notes dated 21 February 2019 and Ms 3 and Ms 1's NMC witness statements. The panel also took into account Mrs Woods oral and written submissions.

In Ms 3's NMC witness statement she stated;

'Ms 1 and I had a meeting with the Registrant on 21 February 2020 to discuss Mother's complaint she made on 18 January. Exhibit EB/01 is the original complaint Ms 1 received from Mother. I gave the Registrant a copy of the complaint, as due to the seriousness of the complaint, I felt it was important to discuss.'

The meeting held on 21 February 2019 does not list Ms 1 as an attendee at the meeting and the date of the meeting does not match the date given by Ms 3 in her NMC witness statement.

In Ms 1's NMC witness statement she stated;

'...JB/01 accurately summarises the Registrant verbal statement she gave during the meeting. The Registrant then made changes to her statement. In her verbal statement she gave a comprehensive account of a conversation with Dr 1...'

The verbal statement Ms 1 referred to in her NMC witness statement is not contained in the summary meeting notes provided.

Ms Woods provided a written response to the meeting that occurred, which was signed and dated 26 February 2019.

Due to the inconsistencies within the evidence provided, the panel are not assured that all the information was captured correctly in the summarised meeting notes.

The panel noted that the notes from the meeting dated 21 February 2019 was not signed. The panel did not have the attendance of Ms 3 to confirm that it was accurate and was a true reflection of the meeting, so therefore it cannot be verified.

The panel considered that these inconsistencies were material and served to undermine the reliability of this evidence in relation to charge 6b and in these circumstances the panel were satisfied that the evidential burden upon the NMC had not been met.

Charge 6b was found not proved.

Charge 7

7. In investigatory meetings on 7 August 2019 and/or 12 November 2019 with Colleague 3, stated that you had mixed up Patient A and Patient F when answering questions from the DWP when this was not the case.

This charge is found proved.

In reaching this decision, the panel took into account oral and documentary evidence, including Investigative interview transcript with Mr 1, phone call summary with DWP regarding Patient F and the record of Patient F's care notes. The panel also took into account Mrs Woods oral and written submissions.

During Mrs Woods' evidence she stated that during the meeting she had a *'lightbulb moment and realised she had mixed up both patients...she should not have been given siblings'*. Despite being told that she had given the correct details, she still maintained the idea that she got mixed up and this was also stated during the investigation meeting.

The summary from the DWP call records coupled with the access log to Patient F's care notes records mean that Mrs Woods was within the correct Patient's notes at the right time and providing the correct information regarding Patient F. So, it was not the case that Mrs Woods mixed up both patients.

The panel found this charge proved.

Charge 9

9. Your actions at charge 1d above were dishonest in that you intended to create the impression that you had not spoken to the DWP when you had.

This charge is found not proved.

In reaching this decision the panel considered the following;

- The factors set out by Mrs Woods regarding her good character and unblemished career;
- Mrs Woods actions on the 17 January 2019;
- Mrs Woods chaotic and reckless approach to her work;
- Mrs Woods lack of case notes impacting on the information she has available to her and;
- Mrs Woods went to meet with Patient A and was not continuing with Patient F because he was awaiting diagnosis.

On that basis, the panel feel that it was an error that Mrs Woods made due to her lack of preparation and lack of care in the information she was giving but not dishonesty.

This charge found not proved.

Charge 10

10. Your actions at charges 6a and/or 6b above were dishonest in that you intended to create the impression that the mother of Patients A and F had not raised issues with you when she had.

This charge is found not proved.

In reaching this decision, the panel took into account oral and documentary evidence, including notes from meeting with Ms 3. The panel also took into account Mrs Woods written submissions.

The panel considered the meeting notes with Ms 3 and Mrs Woods. However, the panel could not cross-examine Ms 3 to clarify the factual inaccuracies between what witnesses have said that was in the summary and what was in the summary.

The charge relates to dishonesty and the panel recognises that this allegation requires cogent evidence in order to satisfy the burden of proof.

The panel considered that these inconsistencies in the evidence relating to charge 6b was material and served to undermine the reliability of this evidence. In these circumstances the panel were satisfied that the evidential burden upon the NMC had not been met.

The charge is found not proved.

Charge 11

11. Your actions at charge 7 were dishonest in that you knew you were talking to the DWP about Patient F as opposed to Patient A.

This charge is found not proved.

In reaching this decision, the panel took into account oral and documentary evidence, including Investigative interview transcript with Mr 1.

In the investigative interview transcript with Mr 1, the question that was put to Mrs Woods mentioned Patient A, which the panel know is not the correct Patient and therefore, Mrs Woods was wrong footed by this which led to confusion and at the meeting on 12 November 2019 she remained confused about the two patients.

The panel determined that Mrs Woods chaotic nature of working at the time including poor record keeping and the confusion instigated by the investigatory panel resulted in Mrs Woods not knowing what patient she was referring to.

This charge is found not 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 Woods' fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

The panel adopted a two-stage process in its consideration. First, the panel 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 Woods' fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

At the outset of Ms Adeyemi's submissions she referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Ms Adeyemi 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.

Ms Adeyemi identified the specific, relevant standards where Mrs Woods actions amounted to misconduct, in particular Codes; 2, 6, 8.6, 10, 10.1, 13.2, 16.1, 16.4, 17.1, 20 and 20.1.

Ms Adeyemi submitted that Mrs Woods was working with people that were particularly vulnerable due to their age, the impact of poor care could have significant repercussions on their development and subsequently the rest of their lives. Mrs Woods was working as part of a multidisciplinary team in the community, so therefore, the charges in respect of record keeping are particularly serious, as other agencies involved would be unable to access accurate records of care.

Ms Adeyemi further submitted that Mrs Woods' behaviour had the potential to cause adverse consequences, so it is not the case where her actions would have had no impact.

For example, in regards to charge four disclosures were made by Patient D's mother about not coping and the child being disobedient. There were so many repercussions that could flow from no action in this regard, such as the child being subject to neglect or mistreatment, or the mother having a breakdown. Similarly, in regards to Mrs Woods booking Patient E into the 10-minute ADHD clinic in circumstances where we have heard that that child had depression and not ADHD and that such a condition requires

robust and active treatment. A delay in treatment just through the action of taking them to the wrong clinic could have significant impact going forward.

Ms Adeyemi invited the panel to find Mrs Woods actions amount to misconduct.

Submissions on impairment

Ms Adeyemi moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Adeyemi submitted that the panel can take into account that Mrs Woods has been apologetic, and she has mentioned she has undertaken some courses, although we do not have seen evidence to support this. Ms Adeyemi highlighted that these are positive factors, but do not serve to establish developed insight. Mrs Woods maintained a position that the referral to the NMC was as a result of [PRIVATE].

Ms Adeyemi submitted that no further assessment has been made by Mrs Woods as to whether her general practises were appropriate or how she would ensure her records were kept up to date in a busy practise going forward. [PRIVATE]

In respect of remediation, Ms Adeyemi submitted that there is nothing and the panel do not have any testimonials that could shed some light into Mrs Woods practise generally.

Ms Adeyemi submitted that members of the public will appreciate the value of a nurse that has practised for some time, approximately 10 years and has volunteered in the way Mrs Woods describes she has. Members of the public would also acknowledge that everyone goes through difficult times, but Ms Adeyemi submitted that they would not expect a registrant to have fallen short in such a wide range of areas.

Also, the wider public interest includes upholding proper standards of conduct and performance, and this would be severely undermined if Mrs Woods was found to not be impaired.

So, taking all these factors into consideration, Ms Adeyemi invited the panel to conclude that Mrs Woods is currently impaired.

The panel accepted the advice of the legal assessor.

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 Woods' actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Woods' actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

1.2 make sure you deliver the fundamentals of care effectively.

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

2 Listen to people and respond to their preferences and concerns

2.1 work in partnership with people to make sure you deliver care effectively.

3 Make sure that people's physical, social and psychological needs are assessed and responded to

3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it.

6 Always practise in line with the best available evidence

6.2 maintain the knowledge and skills you need for safe and effective practice.

8 Work co-operatively

8.2 maintain effective communication with colleagues.

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff.

8.5 work with colleagues to preserve the safety of those receiving care.

8.6 share information to identify and reduce risk.

10 Keep clear and accurate records relevant to your practice

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event.

13 Recognise and work within the limits of your competence

13.2 make a timely referral to another practitioner when any action, care or treatment is required.

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

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

17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information.

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.

20 Uphold the reputation of your profession at all times

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel assessed Mrs Woods actions individually to result in a finding of misconduct.

Charge 1a

Mrs Woods failed to do the paperwork required for a referral to social care (a standard procedure). The panel noted that at the level of Mrs Woods experience she should know when and how to make referrals and escalate issues.

The panel found that Mrs Woods actions fell short of what is expected of a nurse and amounts to misconduct.

Charge 1b

The panel noted that Mrs Woods is a senior experienced mental health nurse, that has worked in CAMHS for over 10 years and has been promoted to charge nurse. The panel considered Mrs Woods' explanation, she thought a verbal referral was sufficient; however, it determined that this task is not an unusual task, and it is common practice to submit paperwork when referring patients to other services.

The panel noted that Mrs Woods told Mother that she had made the referral, but she had not. The panel determined that as the referral was not completed and the information Mrs Woods gave Mother was incorrect, it amounts to misconduct.

The expectation of an experienced charge nurse is that she should have known the process of submitting a written referral to the Social Work Team.

The panel found that Mrs Woods' actions fell short of what is expected of a nurse and amounts to misconduct.

Charge 1d

The panel determined that the conversation did happen, and Mrs Woods could have checked this information in the patients records if she had updated the clinical notes after each clinical intervention. The panel also highlighted that Mrs Woods' mismanagement of her record keeping and her attention to detail of her knowing the patients means that she was giving false information out, which had some detrimental consequences to the patients.

The panel found that Mrs Woods' actions fell short of what is expected of a nurse and amounts to misconduct.

Charge 2a

During Dr 1's evidence he stated that there was no problem with the detailed plan Mrs Woods put in place for Patient A despite the medication not given regularly. He also mentioned that he would have expected to be informed of any use of medication stopping.

Therefore, the panel was satisfied that a medication review was not required following the visit on 12 November 2018 because there was a comprehensive plan in place and confirmed by the treating consultant in his evidence.

The panel do not find that your actions at this charge amount to misconduct.

Charge 2b

The panel determined that Mrs Woods' actions at this charge is a serious falling short of the expected standards of a senior nurse. The potential consequences of Mother stopping medication without the knowledge of a consultant are very serious. The fact that Mrs Woods did not make this known to the prescribing consultant is misconduct.

The panel found that Mrs Woods actions fell short of what is expected of a nurse and amounts to misconduct.

Charge 4a and 4b

In both instances, Patient D's mother shared information that was significantly concerning as to the welfare of the child and the mother. This should have been even more concerning to Mrs Woods since she did not know the mother nor the patient history. The panel heard evidence that the disclosures were 'red flags' and required immediate action for the health and safety of Patient D, Patient D's mother and the vulnerable children who attended school with Patient D.

The panel determined that Mrs Woods' role was to ensure that the support available from a clinical perspective was given when it should have been, or a detailed record made for the care coordinator to act on. Mrs Woods merely suggested to Patient D's

mother that she could contact social care and the school. Mrs Woods also stated in evidence that she felt that the issues were more linked to the mothers poor parenting skills.

The panel found that Mrs Woods' actions fell seriously short of what is expected of a nurse and amounts to misconduct.

Charge 5

Mrs Woods' actions are serious and fall short of the standards expected of her. The patient did not have ADHD and was not on medication, yet they were sent to a very short appointment that was not suitable given the needs of the patient. This would have led to a delay in the patient receiving the appropriate care needed.

The panel determined that Mrs Woods putting the patient in a wholly inappropriate drop-in session was misconduct and was not the right action and that she should have known this.

The panel found that Mrs Woods actions fell short of what is expected of a nurse and amounts to misconduct.

Charge 6a

The panel considered that there has been no information provided in relation to the preparation Mrs Woods had prior to the meeting, however, the panel determined that her actions were not a serious falling short of the expected standards, instead it was an error.

The panel does not feel that this amounts to misconduct.

Charge 7

The panel considered that during the investigatory meeting in November 2019, Mrs Woods was shown evidence that during the phone call with the DWP she was speaking about the correct patient and had in fact not mixed up the patients. The panel noted that the evidence was clearly explained but Mrs Woods still maintained her position.

The panel determined that in failing to always record detailed and timely notes into Care Partner along with not taking time to fully consider and understand information before her, Mrs Woods made snap decisions based on incorrect assumptions. She did not take the opportunity to carefully reconsider the situation when given information that may have changed her original thinking resulting in a blinkered outcome.

The panel found that Mrs Woods actions fell short of what is expected of a nurse and amounts to misconduct.

Charge 8

The panel determined that Mrs Woods poor record keeping which she has admitted to, is the stem of a lot of the problems. Failure to keep accurate records means that it affected the care she was delivering because she could not remember what she had done and was unable to check patients clinical records to update herself prior to visits and also her colleagues would have no reference to what she had done.

The panel have had sight of the Record Keeping for Mental Health and Learning Disability Nurses and Non-Registered professionals guideline which states that *'CAMHS staff will enter information in Care Partner incrementally, starting within 72 hours of their initial interview, but clinicians should complete their Generic CAMHS Assessment within two working days of the second appointment with the patient.'* This was also confirmed in Mr 1's oral and written evidence.

The panel found that Mrs Woods' actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

Mrs Woods made it clear that she had no intention of returning to nursing as she has retired on the grounds of not being able to fulfil the role due to [PRIVATE]. The panel acknowledges that she has made some admissions and has complied with the CMF required by the NMC, provided handwritten submissions and PIP assessment dated March 2023.

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or

determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

The panel finds that patients were put at risk as a result of Mrs Woods' misconduct. Mrs Woods' misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that Mrs Woods made some admissions and emphasised that she would have liked to have the opportunity to apologise to the patients and their families. However, the panel has not been provided with any information as to whether she understands the impact her actions had on the patients and their families or what she has learned from the situations.

The panel determined that Mrs Woods had not remediated these concerns given that she only accepts her failing in relation to poor record keeping and paperwork. The panel took into account the fact that Mrs Woods has retired from nursing and has no intention of returning, so therefore, she does not have the opportunity to strengthen her practice or undertake further training to address the concerns raised against her.

However, the panel is of the view that there is a risk of repetition based on the fact that she has retired and would still maintain the same level of nursing practice if she were

return. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is also required.

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

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months. The effect of this order is that the NMC register will show that Mrs Woods' registration has been suspended.

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 Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Adeyemi informed the panel that the NMC would seek the imposition of a suspension order if it found Mrs Woods' fitness to practise currently impaired.

Ms Adeyemi outlined the following mitigating and aggravating features.

Mitigating

- Mrs Woods has engaged and she has expressed remorse and a willingness to strengthen her practise.
- Mrs Woods has no previous regulatory concerns and she is not subject to any interim order.

Aggravating

- There was significant risk of harm associated with her behaviour found proved.
- Mrs Woods' behaviour was not isolated as it engaged different patients and different scenarios and aspects of nursing practise including; record keeping, risk management, safeguarding the review of medication and communication with colleagues and patients.
- There has been limited insight and remediation.
- Mrs Woods' behaviour also damaged the reputation of the profession.

In light of these facts, in particular the limited insight and remediation, there is a real risk of repetition, and Ms Adeyemi submitted that as a result, a period of suspension is the most appropriate.

Ms Adeyemi submitted that Mrs Woods stated that she does not intend to return to nursing. However, there is always scope for Mrs Woods to change her mind and if no restriction were in place to prevent her from doing so, members of the public would be placed at risk.

Ms Adeyemi further submitted that a suspension sanction is also appropriate to maintain public confidence in the profession to properly mark the nature of the matters found, proved, and to declare and uphold proper standards of conduct and performance.

The panel heard and accepted legal advice.

Decision and reasons on sanction

Having found Mrs Woods' 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:

- There was significant risk of harm to vulnerable children their families and those around them associated with her behaviour found proved.
- Mrs Woods' behaviour was not isolated as it engaged different vulnerable patients, families, and wide-ranging aspects of nursing practise.
- The behaviour spanned over a period of time.
- Limited to no remediation.
- Insight is limited. Whilst there is some acknowledgement of her actions being inadequate, Mrs Woods deflects responsibility citing other issues without reflecting on her own actions and working practices.
- There has been limited reflection on the impact of her behaviour.

The panel also took into account the following mitigating features:

- Mrs Woods has partially engaged with the NMC process albeit on her own terms, she has expressed remorse and a willingness to strengthen her practise.
- Mrs Woods provided detailed early admissions to some charges.
- During the period of 2019 Mrs Woods was in a mixture of being [PRIVATE] and suspension resulting in her retirement from the nursing profession in February 2020. Therefore, as far as she was concerned, she was never going to return to practice and as such that is why she has not taken steps to strengthen her practice.
- Working conditions in the CAMHS unit were challenging in that there had been numerous team leaders and wider concerns of many staff not being up-to-date with Care Partner records.

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 Woods' 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 Woods' 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 Mrs Woods' 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;*
- *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 noted that the charges found proved are potentially capable of being addressed through conditions of practice. However, due to [PRIVATE] and her retired status, implementing conditions of practice would not be workable because she has no intention of returning back to work and has acknowledged that [PRIVATE] has started to compromise her ability to do her job safely and effectively.

The panel also considered that Mrs Woods has not provided evidence of learning or training, since her suspension in 2020 which further reinforces her intention to depart from the nursing profession.

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 and Mrs Woods' retired status.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

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

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Woods' case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel considered 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 determined that a suspension order for a period of six months was appropriate in this case to mark the seriousness of the misconduct. Mrs Woods has the opportunity to ask for an early review and if she is ready to provide the documentation about her intentions for the next steps, such as evidencing her current health position and confirming her retired status, if she is able to do so.

The panel took into account the NMC guidance REV – 3h Allowing nurses, midwives or nursing associates to be removed from the register when there is a substantive order in place. In particular;

'It is important that the panel is sure that the nurse, midwife or nursing associate no longer wants to practice before it decides to let the order expire.'

The panel considered this and determined that it is down to Mrs Woods as to what information and/or documentation she provides the reviewing the panel to evidence her intention to not return to nursing.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

This will be confirmed to Mrs Woods in writing.

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 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 Woods' own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Adeyemi. She submitted that an interim suspension order is appropriate to cover the appeal period, on the grounds of public protection and public interest.

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

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 substantive suspension order 28 days after Mrs Woods is sent the decision of this hearing in writing.

That concludes this determination.