Name of registrant: Sherrine Ann Williams
NMC PIN: 95I0072W
Part(s) of the register: Registered Nurse – Sub-part 1
                     Mental Health Nursing – 1 October 2001
Area of Registered Address: Wales
Type of Case: Conviction
Panel Members: Tim Cole (Chair, Lay member)
               Catherine Cooper (Registrant member)
               Elaine Hurry (Registrant member)
Legal Assessor: Mike Bell
Panel Secretary: Philip Austin
Facts proved: Charge 1
Fitness to practise: Currently impaired
Sanction: Striking-off order
Interim Order: Interim suspension order – 18 months
Details of charge:

That you, a registered nurse,

1. On 15 June 2018, were convicted of Aggravated Burglary contrary to section 10 (1) Theft Act 1968;

AND, in light of the above, your fitness to practise is impaired by reason of your conviction.
Decision on Service of Notice of Meeting

On initial consideration of the issue of notice of meeting, the panel was advised by the legal assessor that he had sight of a copy of a letter giving notice of this meeting which had been sent to Mrs Williams at her address as currently recorded on the NMC register.

However, the legal assessor then directed the panel’s attention to a copy of a case management form dated 29 December 2018 which had apparently been completed by a party identifying himself as Mrs Williams’ representative. In this case management form, the section requesting the amendment of Mrs Williams address had been completed and her new address was noted as HM Prison Wakefield. The legal assessor advised the panel that, from the documentation before him, it appeared that Mrs Williams address had not been varied as requested on the case management form.

The legal assessor further referred the panel to the terms of Rule 34(1)(a) and 34(1)(b) of the Fitness to Practise Rules 2004 (as amended) (‘the Rules’) which states:

34.—(1) Any notice of hearing required to be served upon the registrant shall be delivered by sending it by a postal service or other delivery service in which delivery or receipt is recorded to, or by leaving it at—
(a) her address in the register; or
(b) where this differs from, and it appears to the Council more likely to reach her at, her last known address, the registrant’s last known address.

The legal assessor advised the panel that as regards Rule 34(1), whilst notice of this meeting had been sent to the address on the NMC register, that prima facie, it appeared that this address may be incorrect. He further advised the panel that it appeared clear that the NMC had been aware since December 2018 that Mrs Williams was no longer residing at the address currently recorded on the NMC register, and had been provided
with an alternative address for her. He therefore advised the panel that it appeared that service had not been properly effected in terms of Rule 34(1)(b).

On consideration of the case management form dated 29 December 2018, the panel noted that whilst this was completed by an individual who was Mrs Williams’ representative, the section of the case management form which would identify a registrant’s representative and consent to disclosure of any documentation to a registrant’s representative had not been completed and signed by the registrant.

On the basis of the documentation before it, the panel determined that it could not be satisfied that Mrs Williams had delegated responsibility for this matter to be dealt with by the representative who had completed the case management form. The panel therefore requested that investigation be undertaken to ascertain if there is any record held by the NMC showing that Mrs Williams had delegated responsibility to a representative and the identity of the representative.

Following such investigation, the panel was provided with a consent form completed and signed by Mrs Williams which clearly identified her representative. The panel was satisfied therefore that the case management form and attached Appendix had been properly completed by Mrs Williams’ representative.

The panel heard and accepted the further advice from the legal assessor.

On further consideration of the case management form dated 29 December 2018, the panel noted that the section relating to an amendment of a registrant’s registered address on the register clearly stated that this could only be done if the registrant’s nursing PIN number was provided. The panel noted that the section headed ‘Nursing PIN’ had been completed with the word “NOT KNOWN”.

The panel therefore determined that despite having been provided with a new address for Mrs Williams, the NMC had been unable to formally amend the NMC register as they
had not been provided with her nursing PIN. However, the panel was also satisfied that, as of 29 December 2018, the NMC would have been aware that Mrs Williams was not residing at the address recorded on the register, and that it had an alternative address to which correspondence could be posted.

In these circumstances, the panel was satisfied that Rule 34(1)(a) had been complied with. However, it was not satisfied that service had been properly effected under Rule 34(1)(b). The panel therefore determined that all the requirements of service had not been properly complied with.

The panel was aware of the registrant’s circumstances, and noted that she had clearly delegated authority to her representative to deal with this matter.

The panel heard and accepted further advice from the legal assessor.

The panel reminded itself that the rules regarding service and notice exist for a registrant’s benefit, and therefore it is open to any registrant to waive these requirements. Considering the matters before it holistically, the panel concluded that it could reasonably infer that in these unusual circumstances, Mrs Williams had waived the requirement that she be personally served with notice of this meeting.

The panel, having determined that notice had been properly served on Mrs Williams' representative, and that more than 28 days had passed since the date of service of the notice of meeting, service had been properly effected in terms of Rule 34 and 11A.
Background

Mrs Williams was referred to the NMC on 18 May 2018 by North Wales Police (“the Police”). There was a second referral received by the NMC from her employer at the time of the incident, namely, Betsi Cadwaladr University Health Board (“the Health Board”) on 21 May 2018.

It is alleged that Mrs Williams forced entry into her ex-partner’s house during the early hours of the morning on 12 May 2018 with the intention of retrieving a debt she believed that she was owed. It is alleged that Mrs Williams was in possession of CS Spray and her male accomplice was in possession of a knife at the time of the incident. Upon being accosted by Mrs Williams’ ex-partner, an altercation ensued in which her ex-partner was stabbed and hospitalised with multiple superficial stab wounds, although his injuries were not fatal.

Mrs Williams was convicted at Mold Crown Court on 15 June 2018 and sentenced to six years imprisonment on 12 July 2018.
Decision on the findings on facts and reasons

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

The panel noted that the charge concerns Mrs Williams’ conviction for aggravated burglary contrary to section 10 (1) Theft Act 1968 and, in having been provided with a copy of the Certificate of Conviction from Mold Crown Court, it found the charge proved in accordance with Rule 31 (2) and (3) of the Rules which states:

(2) Where a registrant has been convicted of a criminal offence—

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.

Charge 1 was therefore announced as proved.
Decision on impairment

The panel next went on to decide if as a result of this conviction, Mrs Williams’ fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession. In this regard the panel considered the judgement of Mrs Justice Cox in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) 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.

Mrs Justice Cox went on to say in Paragraph 76:

I would also add the following observations in this case having heard submissions, principally from Ms McDonald, as to the helpful and comprehensive approach to determining this issue formulated by Dame Janet Smith in her Fifth Report from Shipman, referred to above. At paragraph 25.67 she identified the following as an appropriate test for panels considering impairment of a doctor’s fitness to practise, but in my
view the test would be equally applicable to other practitioners governed by different regulatory schemes.

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. …

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 found that limbs b and c above are engaged in this case.

The panel considered Mrs Williams' conviction to be extremely serious, noting that she was convicted of aggravated burglary contrary to section 10 (1) of the Theft Act 1968. Mrs Williams had gone to an ex-partner's house armed with CS Spray, alongside a male accomplice who was carrying a knife, during the early hours of 12 May 2018. The incident therefore took place outside of the clinical nursing environment.

The panel considered the following standards of The Code: Professional standards of practice and behaviour for nurses and midwives (2015) (“the Code”) to be engaged in this case:

“20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 keep to and uphold the standards and values set out in the Code
20.4 keep to the laws of the country in which you are practising”

The panel had regard to Appendix A, which was completed by Mrs Williams’ representative, providing a brief account of what had happened from Mrs Williams’ point of view. Appendix A stated “Sherrine’s actions that night was both reckless and nonsensical. She had not thought them though, merely returning home to her house a quarter of a mile down the road, where the police found her. Sherrine admitted her guilt at the first opportunity and acknowledges the outrageousness of her actions. Sherrine is unreservedly apologetic to the victim, to her family, and to her work colleagues and profession, and recognises she has let everyone down”[sic]. Mrs Williams’ representative outlines Mrs Williams’ difficult circumstances relating to her health, personal and financial circumstances which he believes impacted upon her actions at the time in question. However, the panel was not in receipt of any direct reflection from Mrs Williams herself, so it could not assess her level of insight into her actions. Furthermore, the panel did not have any independent medical evidence to confirm that Mrs Williams was suffering from ill-health at the time of the incident.

Whilst the panel noted that Mrs Williams was convicted for a violent offence, it had no information before it to suggest that she had ever put patients in her care at a risk of unwarranted harm. The panel did not consider there to be any public protection concerns relating to Mrs Williams’ clinical nursing practise, as this has not been brought into question.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 considered there to be a strong public interest in finding Mrs Williams’ fitness to practise impaired. It
determined that a fully informed member of the public would be extremely concerned should a finding of no current impairment be made in light of Mrs Williams’ conviction.

Having regard to all of the above, the panel was satisfied that Mrs Williams’ fitness to practise is currently impaired.
**Determination on sanction:**

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

The panel accepted the advice of the legal assessor.

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 Sanctions Guidance ("SG") published by the NMC. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

The panel considered the following aggravating factor to be present in this case:

- Mrs Williams was convicted of a serious criminal offence involving violence.

The panel did not consider there to be any mitigating factors.

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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to
practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel determined that Mrs Williams’ conviction was not at the lower end of the spectrum of fitness to practise, 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 a conditions of practice on Mrs Williams’ nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the conviction in this case. The panel noted that there were no identifiable areas of retraining in respect of Mrs Williams’ clinical nursing practice which needed to be addressed. Furthermore, the panel determined that a conditions of practice order would not sufficiently address the public interest considerations identified in this case. Mrs Williams is also currently serving a custodial sentence for her conviction in any event, and would not be in a position to engage with a conditions of practice order.

The panel then went on to consider whether a suspension order would be an appropriate sanction.

The panel noted that whilst Mrs Williams’ conviction is in relation to a single incident, it considered it to be of the utmost seriousness. It determined that Mrs Williams’ conviction could not be regarded as ‘trivial’ and instead, was a significant departure from the standards expected of a registered nurse.

The panel noted that the maximum period for the imposition of a suspension order is 12 months, and that Mrs Williams would still be serving her custodial sentence of six years imprisonment. It followed that if the panel was to impose a suspension order, it would expire prior to the conclusion of the operational period of Mrs Williams’ custodial
sentence of imprisonment. This would be contrary to the principle laid down in *CHRE v GDC & Fleischmann*[2005] EWHC 87 (Admin).

The panel therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

The panel was of the view that the findings in this particular case demonstrate that Mrs Williams’ actions were serious and to allow her to continue practising as a registered nurse would undermine public confidence in the nursing profession and in the NMC as a regulatory body. With this in mind, and taking into account the decision in *CHRE v GDC & Fleischmann*[2005] EWHC 87 (Admin), the panel concluded that the only option available to it was to impose a striking-off order.

The panel determined that such a serious breach of a fundamental tenet of the nursing profession evidenced by Mrs Williams’ conviction is incompatible with her name remaining on the register.

Balancing all of these factors and after taking into account all the evidence before it, 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 Williams’ actions in bringing the profession into disrepute by adversely affecting the public’s view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

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

The effect of this order is that the NMC register will show that Mrs Williams has been struck-off the register.
Determination on Interim Order

The panel accepted the advice of the legal assessor.

The panel considered the imposition of an interim order and determined that an interim order is necessary on public interest grounds alone. It considered it to have met the high threshold for imposing an interim order on the sole grounds of public interest.

The panel was satisfied that an interim suspension order is 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. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.