Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
5 – 8 October 2020

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant:	Mrs Christine Gwen Pennington
NMC PIN:	97I7796E
Part of the register:	Registered Midwife (1997)
Area of registered address:	England
Type of case:	Misconduct
Panel members:	Michael Murphy (Chair, registrant member) Pauline Esson (Registrant member) Alice Rickard (Lay member)
Legal Assessor:	Oliver Wise
Panel Secretary:	Leigham Malcolm
Nursing and Midwifery Council:	Represented by Mr Michael Smalley, NMC Case Presenter
Mrs Pennington:	Not present and not represented in absence
Facts proved:	Charges 1a, b, c, d, 2, 3 & 4
Fitness to practise:	Impaired
Sanction:	Suspension Order (12 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 Pennington was not in attendance and that the Notice of Hearing letter had been sent to her registered email address on 3 September 2020.

Mr Smalley, on behalf of the Nursing and Midwifery Council (NMC), informed the panel that a copy of the notice of hearing had also been sent to an additional email address which Mrs Pennington had been using to correspond with the NMC. He submitted that the NMC had thereby 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 took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mrs Pennington's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mrs Pennington 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 Ms Pennington

The panel next considered whether it should proceed in the absence of Mrs Pennington. It had regard to Rule 21 and heard the submissions of Mr Smalley who invited the panel to continue in Mrs Pennington's 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'*.

The panel has decided to proceed in the absence of Mrs Pennington. In reaching this decision, the panel has considered the submissions of Mr Smalley 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 Pennington;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Four witnesses are due to provide oral evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Pennington in proceeding in her absence. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Pennington's decisions to absent herself from the hearing, waive her right to attend, and/or be represented, and to not to give evidence or make submissions on her own behalf.

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

Details of charge

That you a Registered Midwife:

1. *In relation to Patient A:*
    a) *On 13 April 2017 did not commence a CTG until approximately 18:40.*
    b) *On 13 April 2017 did not carry out or document carrying out an assessment of foetal wellbeing until commencing the CTG at approximately 18:40.*
    c) *On 16 April 2017 did not commence a CTG until approximately 19:15.*
    d) *On 16 April 2017 did not carry out or document carrying out an assessment of foetal wellbeing until commencing the CTG at approximately 19:15.*

2. *On or around 20 April 2017 did not carry out capillary blood glucose (CBG) monitoring on Patient H during your shift.*

3. *On 20 April 2017 administered 60mg of codeine phosphate to Patient B when 30mg had been prescribed.*

4. *On the night shift commencing 4 June 2017 administered oral antibiotics (erythromycin) to Patient C at approximately 05:00 when they were prescribed to be administered at midnight.*

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

Decision and reasons on facts

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

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.

Mrs Pennington began working at Taunton and Somerset NHS Foundation Trust (the Trust) as a registered Band 6 midwife in May 2012. Mrs Pennington was redeployed to an administrative role following a disciplinary process in August 2016. Mrs Pennington was dismissed from her role as a Band 6 midwife on 11 October 2017.

On 17 October 2017 the NMC received a referral which alleged that Mrs Pennington, during a 12 hour shift on 16 April 2017, failed to adequately monitor the foetal wellbeing of a high risk patient who was diabetic and had suffered a previous still birth. Further, that Mrs Pennington failed to monitor the capillary blood glucose levels of a patient with gestational diabetes during her 12 hour shift on 19 April 2017.

The referral also alleged that Mrs Pennington failed to follow correct procedure when administering drugs on 20 April 2017, resulting in an incorrect dosage of codeine phosphate being administered (60mg instead of 30mg). The final allegation related to Mrs Pennington's alleged failure, on 4 June 2017, to administer antibiotics at the correct time (being administered at 5am when the dose was due at midnight).

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 adduced.

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

- Ms 1, Ward Manager employed by Taunton and Somerset NHS Foundation Trust, at the time of the allegations;
- Ms 2, Mrs Pennington's Supervisor of Midwives at Musgrove Park Hospital
- Ms 3, Midwife at Musgrove Park Hospital, Taunton and Somerset NHS Foundation Trust;
- Ms 4, Ward Sister Midwife at Musgrove Park Hospital, Taunton and Somerset NHS Foundation Trust.

The panel was of the view that Ms 1, in her oral evidence, was clear and factual. Similarly, the panel was of the view that Ms 2 was also clear and factual in her oral evidence.

Ms 3's oral evidence confirmed the documentation before the panel. Ms 3 did the best she could to assist the panel in her oral evidence.

The panel considered Ms 4 to be helpful and it considered her oral evidence to be particularly helpful on aspects relating to foetal wellbeing. She told the panel that in addition to CTG monitoring, foetal wellbeing should be assessed by checking the baby's movements with the mother.

The panel did not detect any indication of personal grievances towards Mrs Pennington in any of the oral evidence that it heard.

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

Charge 1a

1. *In relation to Patient A:*
    a) *On 13 April 2017 did not commence a CTG until approximately 18:40*

This charge is found proved.

In reaching this decision, the panel took into account all of the evidence adduced, including Patient A's care notes. From Patient A's care notes it appeared that the CTG was not commenced until 18:40 on 13 April 2017. There was nothing before the panel to suggest that any CTG monitoring had been carried out other than what was written in Patient A's care notes at 18:40.

The panel bore in mind that Mrs Pennington has not denied the allegation and, on the basis of the evidence before it, the panel found this charge proved.

Charge 1b

b) *On 13 April 2017 did not carry out or document carrying out an assessment of foetal wellbeing until commencing the CTG at approximately 18:40.*

This charge is found proved.

In reaching this decision the panel again took into account Patient A's care notes.

The panel found nothing within the notes to suggest that Mrs Pennington questioned Patient A as to the baby's movements or that she sought to assess the wellbeing of the baby before 18:40.

The panel accepted the oral evidence of Mrs 4 that a Midwife would be expected to document any assessment of a baby's wellbeing. The panel also bore in mind that Mrs Pennington has not denied this allegation. In the absence of any record that a wellbeing assessment was carried out prior to 18:40, the panel found this charge proved.

Charge 1c

c) *On 16 April 2017 did not commence a CTG until approximately 19:15.*

This charge is found proved.

In reaching this decision the panel again took into account Patient A's care notes.
From the notes there was nothing to suggest that a CTG was commenced prior to 19:15.
The panel therefore found this charge proved.

Charge 1d

d) *On 16 April 2017 did not carry out or document carrying out an assessment of foetal wellbeing until commencing the CTG at approximately 19:15.*

This charge is found proved.

The panel had regard to Patient A's care notes and in the absence of any information to suggest that a foetal wellbeing assessment was carried out at the relevant time, the panel found this charge proved.

Charge 2

2. *On or around 20 April 2017 did not carry out capillary blood glucose (CBG) monitoring on Patient H during your shift.*

This charge is found proved.

In reaching this decision the panel took into account Patient H's care notes.

There was no evidence within the contemporaneous records to indicate that CBG monitoring had been carried out, nor that Mrs Pennington questioned Patient H as to her blood sugar levels. The panel bore in mind that Mrs Pennington has not disputed this charge and on the basis of the evidence before it, the panel found this charge proved.

Charge 3

3. *On 20 April 2017 administered 60mg of codeine phosphate to Patient B when 30mg had been prescribed.*

This charge is found proved.

In reaching this decision, the panel took into account Patient B's prescription, which clearly prescribed 30mg Codeine. It also took into account Patient B's care notes where it is recorded that on 20 April 2017 at 03:15 that 60mg Codeine is administered.

The panel had regard to Mrs Pennington's reflective statement in relation to this incident which stated:

> *'I cannot excuse my actions. I am aware I should have used the 5 rights when reading the prescription and I feel I presumed the usual dose would have been prescribed. Unfortunately, this patient had only been prescribed 30 mg therefore this is a medication error of the wrong dose given.'*

On the basis of the evidence before it, and Mrs Pennington's admission, the panel found this charge proved.

Charge 4

4. *On the night shift commencing 4 June 2017 administered oral antibiotics (erythromycin) to Patient C at approximately 05:00 when they were prescribed to be administered at midnight.*

This charge is found proved.

In reaching this decision the panel took into account Patient C's care notes, in which there is a record on 5 June 2017 stating: 'Antibiotics missed at midnight'. The notes indicate that the antibiotics were given at 05:00. The panel also had regard to the incident report which states: *'Antibiotics due at midnight, ward extremely busy at this time, pt did not have as a self administration, apologised for the delay and gave immediately at 5am.'* Additionally, the panel had regard to Mrs Pennington's reflection on the incident, which stated: *'This drug should not have been missed and as instructed given as soon as the mistake had been identified.'*

On the basis of the evidence before it, and Mrs Pennington's admission, the panel found this charge 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 Pennington'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 Pennington's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Mr Smalley, on behalf of the NMC, referred to the oral evidence of Ms 2 in which she confirmed that Mrs Pennington had a duty to carry out a foetal assessment on Patient A. He also referred the panel to patient A's clinical records where directions for twice daily CTG assessments were given on 12 April 2017 and again on 14 April 2017. He submitted that the obligation to carry out twice daily CTGs existed for Mrs Pennington on 13 and 16 April 2017. In view of the evidence on the matter, Mr Smalley submitted that in relation to charges 1a – 1d, there was a duty on Mrs Pennington to carry out CTG monitoring and to assess foetal wellbeing and that she had failed in her duty on both 13 and 16 April 2017. He submitted that her failings in this case were sufficiently serious to amount to misconduct.

In relation to charge 2, Mr Smalley submitted that the duty arises from the policy guidelines on 'In-Patient Care for Women with Diabetes in Pregnancy', which sets out the frequency for CBG monitoring, which was five times per day in the case of Patient H.

Mr Smalley referred the panel to the relevant areas of The Code: Professional standards of practice and behaviour for nurses and midwives (2015) (the Code), which the NMC considered Mrs Pennington to have breached. He submitted that Mrs Pennington's breaches of the code are significant and that a finding of misconduct must follow. He 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.

Mr Smalley submitted that whilst the issues in Mrs Pennington's case are remediable, there is no evidence to suggest that they have been addressed. He reminded the panel that Mrs Pennington has not engaged with the NMC since 2018. Given that the issues in his case have not been addressed or remediated, Mr Smalley submitted that there remains a risk of repetition and therefore a finding of impairment is necessary.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

In coming to its decision, the panel had regard 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.'*

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

> *'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;*

13.1 accurately assess signs of normal or worsening physical and mental health in the person receiving care;

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

To achieve this, you must:

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.'

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 Patient A was a high risk patient given that she had previously suffered a still-birth, and should have been carefully monitored by Mrs Pennington. A consultant obstetrician had indicated in Patient A's care plan on 12 and 14 April 2017 that Patient A was to receive twice daily CTGs. The panel heard clear evidence from Ms 2 that the responsibility for Patient A's care rested with Mrs Pennington. The panel bore in mind that Mrs Pennington, on two occasions, failed to commence CTGs at the necessary times and failed to carry out foetal wellbeing assessments. Consequently, Patient A's baby was left unassessed for hours. The panel heard evidence that the CTG was particularly crucial in Patient A's care and it was serious failure not to commence one as directed in Patient A's care plan. The panel reached the view that Mrs Pennington's failures in relation to Patient A were serious, given the risks that existed for Patient A and her baby, and amounted to misconduct.

In relation to charge 2, the panel bore in mind that Patient H was expected to have CBG monitoring five times a day. The panel heard evidence from Ms 2 that the responsibility for undertaking these CBG assessments rested with Mrs Pennington. The panel decided that

Mrs Pennington's failure to carry out CBG monitoring on Patient H had potential to cause harm and amounted to misconduct.

In relation to charge 3, the panel noted that the prescription clearly states 30mg and that Mrs Pennington administered 60mg. It considered Mrs Pennington did not carry out the necessary checks to ensure that she was administering the correct dose. The panel decided that, in relation to Patient B, Mrs Pennington's actions were careless, had potential to cause harm and amounted to misconduct.

In relation to charge 4, the panel bore in mind that Mrs Pennington had a responsibility to administer Patient C's antibiotics at the time directed. The panel also bore in mind that Mrs Pennington's failure to administer the antibiotics at the correct time had potential to negate their effectiveness and be detrimental to the health of Patient C. The panel considered the five hour delay in administering the Patient C's antibiotics to be a serious oversight which amounted to misconduct given the potential implications.

In the circumstances, the panel found that Mrs Pennington's actions did fall seriously short of the conduct and standards expected of a 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 Pennington's fitness to practise is currently impaired.

Midwives 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 midwives 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* [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.'*

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 Pennington's misconduct. It decided that Mrs Pennington's misconduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel was satisfied that the misconduct in this case is capable of remediation. However, there was no information before it to evidence that Mrs Pennington had carried out any remediation in relation to the issues around ante-natal care, monitoring of patients or medicines management/administration. There was no evidence before the panel that Mrs Pennington had undertaken any training or learning at all.

The panel considered limbs a, b and c of the Grant test to be engaged. The panel noted that Mrs Pennington has also failed to monitor foetal heart rates in the past and that there was information of historic medication errors, prior to 2017. The panel bore in mind that by April 2017 Mrs Pennington completed approximately 600 hours of supervised midwifery practice, which appears not to have prevented further mistakes. Given the historic issues in respect of Mrs Pennington's midwifery practice, the facts found proved during the course of this hearing, and that the issues are of a similar nature, the panel considered the risk of repetition to be high.

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 is necessary on the ground of public protection.

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

Submissions on sanction

Mr Smalley, on behalf of the NMC, submitted what were in the NMC's view aggravating and mitigating features of the case. In terms of sanction, he submitted that given Mrs Pennington's lack of engagement in proceedings since 2018, the panel could not be satisfied that she would be willing or able to comply with a conditions of practice order. Further, he submitted that a striking off order would be inappropriate at this stage. The appropriate sanction, Mr Smalley submitted, would be that of a 12 months suspension order with a review. He highlighted that there was no evidence of harmful or deep-seated attitudinal issues and stated that a 12 months suspension order would allow Mrs Pennington time to reflect on her misconduct and engage with the NMC, should she wish to do so.

Decision and reasons on sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Mrs Pennington's 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.

The panel bore 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 considered the following to be aggravating features in Mrs Pennington's case:

- The mistakes and errors were repeated and involved multiple patients who were placed at risk of harm;
- The mistakes and errors occurred after the completion of an extended supervised training programme;
- There are historical issues of a similar nature;
- Mrs Pennington has demonstrated little insight and there has been no remediation.

The panel considered the following to be a mitigating feature in Mrs Pennington's case:

- Mrs Pennington felt unsupported in her working environment which may have impacted on her work.

The panel bore in mind the complaint that Mrs Pennington submitted to the Trust, which was upheld. The panel acknowledged that Mrs Pennington's complaint along with the series of clinical failures and medication errors that she made prior to 2017 may have led to a difficult working environment. With these factors in mind it went on to consider which sanction to impose.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the public protection concerns in this 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 public protection concerns in this case, an order that does not restrict Mrs Pennington's practice would not be appropriate. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Pennington's misconduct was not at the lower end of the spectrum and that a caution order would do nothing to protect the public. The panel therefore decided that it would not be appropriate to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Pennington's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind that in 2018, when Mrs Pennington last engaged with the NMC, she expressed an intention to retire from midwifery. With Mrs Pennington's stated intention in mind the panel could not be satisfied that Mrs Pennington would be willing or able to comply with a conditions of practice order.

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

- *No evidence of harmful deep-seated personality or attitudinal problems;*

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 Pennington's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order for a period of 12 months would be the appropriate and proportionate sanction. The panel was of the view that a suspension order would allow Mrs Pennington time to reflect on her misconduct and engage with the NMC, should she wish to return to midwifery practice.

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 Pennington 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 Pennington's own interest until the suspension sanction takes effect.

The panel took account of the submissions made by Mr Smalley 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. The panel bore in mind the risk to the public identified in this case and the reasons set out in its decision for the substantive 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 due to cover the timeframe of any potential appeal.

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

That concludes this determination.