Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
17 March – 3 April 2025

Virtual Hearing

Name of Registrant:	Audrey Hanvidge
NMC PIN	91Y0208S
Part(s) of the register:	RN1: Registered Nurse – (sub part 1) Adult – Level 1 5 October 2001 RN7: Registered Nurse – (sub part 2) General – Level 2 2 December 1995
Relevant Location:	Glasgow
Type of case:	Misconduct
Panel members:	Catherine Devonport (Chair, Registrant member) Allwin Mercer (Registrant member) Barry Greene (Lay member)
Legal Assessor:	Robin Leach Peter Jennings (21 March 2025 and 28 March 2025 only)
Hearings Coordinator:	Leigham Malcolm (17-31 March 2025 and 3 April 2025) Eleanor Wills (1 April 2025) Abigail Addai (2 April 2025)
Nursing and Midwifery Council:	Represented by Mr Tom Hoskins, NMC Case Presenter
Ms Hanvidge:	Present and unrepresented
Facts proved:	4a, 4b, 4c, 4d, 5a, 5b, 5c, 6a, 6b, 6c, 7
Facts not proved:	1, 2, 3a, 3b, 3c, 3d
Fitness to practise:	Impaired

Sanction:	Striking-off order
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Mr Hoskins on behalf of the Nursing and Midwifery Council (NMC), informed the panel that during the course of proceedings matters relating to your health would be raised. He requested that any matters relating to your health be heard in private pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules), and that all other matters be heard in public session, as is the general rule.

You objected to any aspects of the hearing being heard in public session. You informed the panel that [PRIVATE]. You also explained your personal circumstances and stated that you did not want the details of your case on the internet and available for the public to access. You stated that hearing your case wholly or even partly in public, would [PRIVATE]. For these reasons, you invited the panel to hear your case entirely in private.

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 took account of your submissions alongside the submissions of Mr Hoskins. The panel bore in mind the advice of the legal assessor and that as a starting point, that hearings shall be conducted in public and that it may hold hearings partly in private if it is satisfied that it is justified by the interests of any party or by the public interest.

The panel appreciated that [PRIVATE] and that you may additionally be facing challenging personal circumstances. The panel accepted that it would be in your interest for any information relating to your health to be heard in private in accordance with Rule 19. The panel also reached the view, however, that there is a strong public interest in the matters other than your health being heard in public. The panel

considered that the public interest outweighed any need to hear your case entirely private. It determined that only health and family matters would be heard in private.

Background

On 8 September 2023 the NMC received a referral from NHS Greater Glasgow and Clyde raising concerns about your nursing practice.

The referral raised two alleged incidents. The first incident was that on Thursday 27th January 2022 in the outpatient department of Queen Elizabeth University Hospital, Glasgow (the Hospital), that you mimicked an Asian patient's accent.

Further, on Tuesday 1st February 2022, again in the outpatient department of the Hospital, you behaved in an angry and aggressive manner towards colleagues.

It is reported that after those incidents you [PRIVATE].

The referral also alleged that you sent aggressive emails to colleagues causing them to feel threatened.

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Hoskins to amend the wording of charge three.

The proposed amendment was to correct a typographical error, namely the duplication of the wording 'creating/created' within the charge. He submitted that removing the word 'created' would correct the typographical error and

Original charge three

3. *On one or more occasions shouted at Colleague D,* ***creating created*** *an environment that was*

Charge three as amended

3. *On one or more occasions shouted at Colleague D, **creating** an environment that was*

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Details of charges, as amended

That you, a registered nurse:

1. *On or around 27 January 2022 mimicked an accent when you spoke with Patient A and Person B*

2. *Your actions at charge 1 above, were racially discriminatory.*

3. *On one or more occasions shouted at Colleague D, creating an environment that was*

    a. *unprofessional, and/or*
    b. *aggressive, and/or*
    c. *threatening, and/or*
    d. *intimidating.*

4. *On one or more occasions sent emails, as set out in Schedule 1 that were,*

    a. *unprofessional and/or*
    b. *aggressive and/or*
    c. *threatening, and/or*
    d. *intimidating.*

5. *On one or more occasions created an environment that was unprofessional, and/or aggressive, and/or threatening, and/or intimidating, to Colleague A in that you,*

    a. *on 1 February 2022 shouted at them*
    b. *on 1 February 2022 gave the impression you may hit them*
    c. *on an unknown date responded with 'I heard you right and there is nothing wrong with my hearing', or words to that effect*

6. *On 1 February 2022 acted in an unprofessional, and/or aggressive and/or threatening, and/or intimidating manner in that you,*

    a. *raised your voice to Colleague B when they sought to remind you, that patients should wear fluid resistant masks and be asked the covid questions*
    b. *attended the nursing station stating to Colleague B that's the second time, you've done that to me', or words to that effect.*
    c. *stormed off and paced up and down the corridor*

7. *On or around 22 November 2021 created an environment that was unprofessional, and/or aggressive, and/or threatening, and/or intimidating, to Colleague C, in that you were alleging that Colleague C was treating you differently, ignoring you and singling you out.*

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

Schedule 1

a. *30 November 2021*
b. *22 February2023*
c. *12 March 2023*
d. *24 March 2023*
e. *13 April 2023*
f. *17 April 2023*
g. *23 April 2023*
h. *1 May 2023*
i. *3 May 2023*
j. *12 May 2023*
k. *24 May 2023*
l. *17 August 2023*
m. *25 August 2023*
n. *9 September 2023*
o. *12 September 2023*
p. *17 September 2023*
q. *7 October 2023*

Decision and reasons on the first application to admit hearsay evidence

The panel heard an application made by Mr Hoskins under Rule 31 to allow the following documents into evidence as hearsay:

- Email dated 1 February 2022, referred to in the witness statement of Witness 5
- Investigation interview notes dated 11 May 2022, referred to in the witness statement of Witness 5
- Emails from Person 8 to Witness 4 dated 1 February 2022
- The local statement of Person 9 dated 1 February 2022
- An investigation meeting note by Person 8, dated 4 May 2022
- An investigation meeting note by Person 9, dated 5 May 2022.

Mr Hoskins submitted that despite being hearsay, the documents listed were highly relevant as they go directly to charges five and six. Further, it would be fair to admit the documents into evidence as you had been provided with them well in advance of the hearing and therefore will be familiar with the content and will have had time to prepare your response to them.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application serious consideration. It noted that despite being hearsay, the documents listed were highly relevant as they go directly to charges five and six. It also considered whether you would be disadvantaged and noted that you had provided with the documents well in advance of the hearing. Moreover, there is also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

In these circumstances, the panel came to the view that it would be fair and relevant to allow the documents listed above into evidence but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on the second application to admit hearsay evidence

The panel heard a second application made by Mr Hoskins under Rule 31 to allow the following documents into evidence:

- Notes of a supervision meeting dated 9 June 2006
- Notes in respect of your nursing practice dated January 2008
- A letter from NHS Greater Glasgow and Clyde to you dated 14 January 2008
- A further letter from NHS Greater Glasgow and Clyde addressed to you dated 3 March 2008

- Meeting notes dated 7 September 2010
- HR files from the Trust, referred to in the witness statement of Witness 4, spanning November 2021 – 31 January 2025.

Again, Mr Hoskins submitted that it would be fair to admit the documents listed above into evidence as you had been provided with them well in advance of the hearing and therefore will be familiar with the content and will have had time to prepare your response to them.

You objected to the documents being admitted into evidence. You stated that Witness 4 had provided them in order to paint a poor picture of you, however, given that they are historical documents, they are no longer relevant. You submitted that they do not relate to the allegations you face, and on that basis objected to them being admitted into evidence.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is '*fair and relevant'*, a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel took account of each of the specific exhibits and documents referred to by Mr Hoskins.

In respect of exhibit [PRIVATE], and documents referred to in the supplementary witness statement of Witness 4, the panel reached the conclusion that the documents at pages 47 – 56, were relevant and could fairly be admitted into evidence. The panel noted that the documents are relatively recent, dated January 2025 relating to incidents going back to November 2021. However, the panel considered this evidence would not be regarded as hearsay as Witness 4 is due to attend to give live evidence as a witness in this case. You will have an opportunity to put questions to her in respect of the information within the documents. Moreover, you have been provided with exhibit [PRIVATE] in advance of these proceedings and therefore will be familiar with its content.

In respect of the all the remaining exhibits and documents referred to by Mr Hoskins, the panel reached the view that it would not be fair or relevant to admit them into evidence at this time, whilst the panel focuses on the facts of your case. The panel considered that they either did not relate to the charges, failed to provide context, or were historical and therefore not relevant at the facts stage.

Decision and reasons in respect of a motion requiring Witness 6 to attend as a witness

Mr Hoskins informed the panel that Witness 6 had provided the NMC with a signed and dated (7 February 2024) witness statement and agreed to attend and give oral evidence at a hearing if required. However, since providing a witness statement, Witness 6 has informed the NMC, in an email dated 2 March 2025, that she is now unwilling to participate in proceedings.

Mr Hoskins informed the panel that Witness 6's evidence is highly relevant to charge 6. He informed the panel that your case falls under Scotland's jurisdiction, and therefore it is not legally possible to summons Witness 6 to attend as a witness.

Further, Mr Hoskins informed the panel that Witness 6 has now retired from nursing, her registration has lapsed, and it is not possible to compel her to attend under The Code: Professional standards of practice and behaviour for nurses and midwives (2015) (the Code). However, Mr Hoskins highlighted the panel's powers under Rule 22. (5) of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules), which permits panels to require witnesses' attendance, as follows:

> *22.(5) The Committee may of its own motion require a person to attend the hearing to give evidence, or to produce relevant documents.*

Mr Hoskins submitted that given Witness 6's unwillingness to participate, citing only opaque personal circumstances, and given that her evidence is highly relevant, in these

circumstances it would be reasonable for the panel to require her attendance in accordance with Rule 22(5). Mr Hoskins outlined how the NMC had informed Witness 6 of special measures and assistance that could support her in giving evidence.

The panel accepted the advice of the legal assessor.

The panel is charged with hearing your case and determining the facts. It has an overarching duty to protect the public. It bore in mind that Witness 6's evidence is highly relevant. Furthermore, Witness 6 committed to participating as a witness in this case when she provided and signed her written witness statement during the NMC's investigation.

The panel noted that the only reason provided for Witness 6's non-attendance is vague reference to availability and 'personal circumstances', which she wishes to remain private. The panel considered this reason to be insufficient as there was no supporting documentation, evidence or explanation.

The panel considered Witness 6's oral evidence to be an important factor in this hearing, and in supporting it to determine the facts of the case and reach a fair conclusion, which would include allowing you the opportunity to put questions to Witness 6. In these circumstances, the panel decided it was appropriate to direct that Witness 6 attends and gives oral evidence at this hearing, as originally agreed.

Decision and reasons on an application for measures in relation to the Witness 5

Mr Hoskins informed the panel that Witness 5 is a key witness in this case and that her evidence speaks to multiple charges. He told the panel that Witness 5 has expressed that she is fearful of you. He referred the panel to an email dated 26 February 2025 from Witness 5 to the NMC detailing her concerns. He stated that Witness 5's fears and reluctance to participate as a witness have been an ongoing concern, and to address her concerns and facilitate her giving her best evidence he invited the panel to agree to the following measures:

- That you are unable to see Witness 5 at any stage during her oral evidence.
- That Witness 5 is unable to see you at any stage during her oral evidence.

To achieve this in practical terms, Mr Hoskins proposed that during Witness 5's evidence you attend by telephone. Or, alternatively, if only the second measure is accepted by the panel, that you keep your camera off whilst still being able to see Witness 5.

You objected to the application on the grounds that Witness 5's claims of intimidation are not justified. You submitted that granting the measures would undermine your right to a fair hearing and that Witness 5 should be required to face you directly as the consequences of these proceedings will impact you directly.

The panel accepted the advice of the legal assessor as to the provisions of Rule 23 and the matters which it should have in mind in approaching its decision. The panel considered the submissions of both you and Mr Hoskins along with the NMC's guidance on 'Supporting people to give evidence in hearings', (CMT-12).

The panel bore in mind that under Rule 23(1), a witness may be considered vulnerable if they complain of intimidation. The test to be applied is one of genuineness, as established in *Levett v HCPC [2013] EWHC 3330 (Admin)*. If the panel is satisfied that the Witness 6 genuinely feels intimidated, it may implement measures to enable them to give their best evidence.

The panel was of the view that the fears expressed by Witness 5 amount to a complaint of intimidation. It reached the conclusion therefore that Witness 5 meets the definition of a vulnerable person due to her fear of intimidation. The panel considered the complaint to be genuine and supported by her continued reluctance to engage as a witness. It therefore decided to put appropriate measures in place. The panel bore in mind that your right to participate effectively in proceedings must also be protected.

The panel noted that Witness 5 was scheduled to receive support from her employer when she gave evidence. The NMC had also offered witness support. To balance the interests of both you and Witness 5, the panel made the following directions:

- Witness 5 shall have her camera on at all times during her evidence.
- You will have your camera off at all times while Witness 5 is in the virtual hearing.
- You will be able to see Witness 5 but will not be visible to her.
- You will be permitted to ask questions of Witness 5, but the panel will ensure questioning remains appropriate.
- Ground rules for questioning will be reiterated at the start of Witness 5's evidence.

The panel decided that these measures are necessary and proportionate to enable the panel to receive evidence from Witness 5, in the context of her expressed fears. The panel emphasises that it has made no finding as to whether those fears are justified, only that they are genuinely held. The panel also concluded that these measures would maintain fairness to you by allowing you to see and respond to Witness 5's testimony.

Decision and reasons on proceeding in absence

At the outset of an application made by Mr Hoskins, namely a second application for measures in respect of the Witness 5. You indicated that you felt distressed by Mr Hoskins' submissions relating to an email written by Witness 5 and that you were unable to be present for this second application. You withdrew from the hearing. During discussions with the Hearings Coordinator, you agreed for the hearing to proceed in your absence until the panel had reached a decision on Mr Hoskin's application.

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 bore in mind your visible distress and accepted your position that you felt unable to participate in this stage of the proceedings. In these circumstances, the panel has decided that it is fair to proceed your absence and hear Mr Hoskin's application, with the expectation that you rejoin once Mr Hoskins has completed his submissions, and a decision is made by the panel.

Decision and reasons on second application for measures in relation to Witness 5

Mr Hoskins informed the panel that there had been a significant change in circumstances since the panel's previous decision on application for measures in respect of Witness 5. He referred the panel to a series of emails between the NMC Case officer and Witness 5 dated 20 March 2025. He submitted that from the emails, it was clear that Witness 5 would only attend the hearing and provide oral evidence on the condition that you would not be able to see her. He submitted, therefore, that his request for a measure that Witness 5 is not visible to you is now necessary to secure Witness 5's attendance. He also informed the panel that Witness 5 is not a registered nurse, midwife, or nursing associate and therefore cannot be compelled to attend under the NMC Code.

Mr Hoskins set out the following factors in support of his application:

- The benefit derived from you seeing the witness is outweighed by the benefit in the witness attending at all.
- In view of your style of cross-examination, there may be little benefit in you being able to see the witness
- In the mind of the witness, there is clearly a serious concern and a need for a protective measure.

In these circumstances, Mr Hoskins invited the panel to direct a measure that Witness 5 is unable to see you at any stage during her oral evidence.

The panel accepted the advice of the legal assessor who made reference to Rule 23, set out below:

‘23. (1) In proceedings before the Fitness to Practise Committee, the following may be treated as vulnerable witnesses

(f) any witness who complains of intimidation.’

As you were absent from proceedings during this application, the legal assessor, acting as an ‘amicus curiae’ and to ensure fairness to you, also noted the following points for the panel to bear in mind:

- There has been no significant change in circumstances since the panel’s previous decision in respect of measures for this witness.
- It may be asserted that Witness 5’s specific fears about her mother have not been articulated, and hence the panel cannot understand why her mother may be at risk. Particularly as this is a virtual hearing and Witness 5’s mother will not be present.
- Witness 5 has been offered support by the NMC, which has not been accepted.
- Witness 5 signed her witness statement on 11 February 2025, confirming her willingness to attend and give oral evidence.

The panel carefully considered the advice of the legal assessor, and the factors put forward to be kept in mind in reaching a decision.

In all the circumstances, the panel concluded that it had heard no new information to undermine its previous decision in respect of measures for this witness. Moreover, there was nothing to suggest or guarantee that Witness 5 would attend if it were to direct the measure as requested. For these reasons, the panel rejected the application for further measures.

Decision and reasons on application to admit Witness 5's written statement into evidence as hearsay

As Witness 5 was no longer expected to attend and give live, oral evidence, Mr Hoskins made an application under Rule 31 to allow her written witness statement and documents referred to in her statement, namely an email dated 1 February 2022 and investigation notes, into evidence as hearsay.

Mr Hoskins referred the panel to the cases of *R (Bonhoeffer) v GMC [2011] ALL ER (D) 141* and *El Karout v The Nursing and Midwifery Council [2019] EWHC 28 (Admin).* He also referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin),* and the principles arising from it.

Mr Hoskins highlighted that Witness 5's evidence was sole and decisive in respect of charge three. He highlighted that the NMC had made all possible efforts to secure Witness 5's attendance and submitted that, in all the circumstances, it would be fair to admit Witness 5's written statement into evidence as you had been provided with it well in advance of the hearing and therefore will be familiar with its content.

You opposed the application. You objected to the contents of Witness 5's statement entirely, stating that it is entirely fabricated and false, and therefore should not be admitted into evidence.

The panel accepted the legal assessor's advice on the issues it should take into consideration and bore in mind that any information adduced into evidence must be '*fair and relevant'*. The panel also gave careful consideration to the factors arising from the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin).*

The panel noted that Witness 5's evidence is the predominant evidence in relation to charge three and that it also speaks to other charges. Therefore, Witness 5's written statement and documentary evidence is relevant.

The panel considered the charges to be serious and noted that, if found proved, could have adverse consequences on your career. It also bore in mind that you object to the contents of Witness 5's statement entirely, stating that it is entirely fabricated and false.

The panel noted that Witness 5's statement was signed recently, on 11 February 2025, and by signing her statement she agreed to participate as a witness. The NMC has offered to provide Witness 5 with witness support. Despite that offer of support, she remained reluctant to attend. Further, the panel previously agreed to supportive measures. However, Witness 5 continues to resist attending the hearing as a witness.

The situation around Witness 5's attendance has been changing and evolving during the course of the hearing, therefore, all parties, including you, have been held in a state of uncertainty in respect of her oral evidence.

Balancing all these factors, the panel concluded that the evidence referred to by Mr Hoskins was relevant, however, in respect of fairness, it reached the conclusion that any potential unfairness could be addressed in due course by the panel deciding what weight, if any, to give to the evidence. For these reasons, the panel decided to allow the documents into evidence.

Decision and reasons on application to admit Witness 6's written statement into evidence as hearsay

Another application was made by Mr Hoskins, this time to admit the written statement dated 1 February 2022, and associated documents, namely investigation notes dated 13 April 2020, into evidence as hearsay. The application was made under Rule 31.

Mr Hoskins highlighted that Witness 6's written statement and documentary evidence predominantly speaks to charge six, although it is not sole and decisive. He noted your broad suggestion that the evidence is fabricated. He told the panel that despite the earlier direction requiring her to attend, the NMC has been unable to make contact with Witness 6 and secure her attendance.

Witness 6 first indicated that she decided not to participate as a witness in an email to the NMC on 2 March 2025. Since then, the NMC have continued efforts to engage her, however unsuccessfully. He referred the panel to the latest email From Witness 6 dated 15 March 2025, as follows:

> *'I had already seriously considered any involvement in the hearing and have made the decision not to contribute in any way.*
>
> *In addition to my personal commitments there are other very personal circumstances that I wish to remain private so unfortunately I am not in a position either to attend or discuss my evidence.*
>
> *I would really appreciate it if my decision and situation could be respected and that no further attempts are made to contact me'*

Mr Hoskins concluded that, given the efforts made by the NMC, and in all the circumstances, it would be fair to admit Witness 6's written statement into evidence as you had been provided with it well in advance of the hearing and therefore will be familiar with its content.

Again, the panel accepted the legal assessor's advice and gave careful consideration to the factors arising from the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin).*

The panel bore in mind that the evidence predominantly speaks to charge six, although it is not sole and decisive. It also bore in mind your broad suggestion that the evidence is fabricated.

The panel has previously directed that Witness 6 attends and gives oral evidence at this hearing, as originally agreed. However, Witness 6 has failed to attend. The full and detailed reasons for her non-attendance were unclear to the panel, because the only information it had was a historical email referring to only vague personal and private circumstances.

Again, balancing all these factors, the panel concluded that the evidence referred to by Mr Hoskins was relevant, however, in respect of fairness, it reached the conclusion that any potential unfairness could be addressed in due course by the panel deciding what weight, if any, to give to the evidence. For these reasons, the panel decided to allow the documents into evidence.

Decision and reasons on a second application to amend the charges

The panel heard an application made by Mr Hoskins to amend the wording of charge four.

The proposed amendment was to correct an error, namely the date of an email within the evidence bundle which had been sent on 10 March 2023 and forwarded on 12 March 2023. He invited the panel to amend the charge to reflect the date that the email was sent, instead of the date that it was forwarded.

You did not object to this amendment.

Original charge four

4. *On one or more occasions sent emails, as set out in Schedule 1 that were,*

    a. *unprofessional and/or*
    b. *aggressive and/or*
    c. *threatening, and/or*
    d. *intimidating.*

Schedule 1

c. 12 March 2023

Charge four as amended

4. *On one or more occasions sent emails, as set out in Schedule 1 that were,*

    e. *unprofessional and/or*
    f. *aggressive and/or*
    g. *threatening, and/or*
    h. *intimidating.*

Schedule 1

c. 10 March 2023

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy, and better reflect the evidence before it.

Decision and reasons on facts

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 both Mr Hoskins and you. It accepted the advice of the legal assessor, who advised it as to the law and the principles which it should have in mind in reaching its decisions.

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 oral evidence from the following witnesses called on behalf of the NMC:

- Witness 1 / Colleague C, Staff Nurse at Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde.
- Witness 2, Lead Nurse / Associate Chief Nurse at Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde.
- Witness 3, Lead Nurse at Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde.
- Witness 4 / Colleague A, Senior Charge Nurse, at Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde.

As set out earlier in this determination, the panel also received evidence in the form of hearsay statements from Witness 5 / Colleague D and Witness 6 / Colleague B. The panel also admitted written evidence from Person 8 and Person 9 as hearsay.

The panel also heard oral evidence from Witness 7, a registered nurse and colleague of yours at the Hospital at the time of the allegations, called on your behalf. You too gave evidence under affirmation.

The panel then went on to consider each of the disputed charges, and it made the following findings:

Charge 1

1. *On or around 27 January 2022 mimicked an accent when you spoke with Patient A and Person B*

In respect of charge 1, the panel took account of all the evidence before it, both oral and documentary. In particular, it took account of the written and oral evidence of Witness 1 and Witness 4, along with your oral evidence and written accounts. As Witness 5 did not attend, the panel could only take account of their written statement which was admitted as hearsay.

In her written statement Witness 4 set out the following:

> *'I then heard AH say 'are you diabetic' in a very exaggerated Asian accent, speaking very slowly. She then turned to the older female and said 'you need to take to GP' in the same exaggerated accent. I am positive about what I had heard.*
>
> *I went back to [Witness 5] and asked her about the shouting incident and at end of conversation [Witness 5] said and what was that accent all about – I replied, 'oh my god you heard her' and [Witness 5] said 'yes' and we both agreed that it was a very exaggerated Asian accent.'*

Whilst giving oral evidence to the panel under affirmation, Witness 4 confirmed the accuracy of her written statement and stated that she was clear about what she heard, and that she heard you speaking in an Asian accent.

In her written statement, Witness 5 set out the following:

> *'I was a few feet away from interactions (at my desk) and heard [AH] speaking in a mock Pakistani accent to the young patient asking her if she was diabetic. [AH] then spoke to the older woman and said you need to go to GP (also in a mock Pakistani accent and making hand gestures).'*

However, as Witness 5 did not attend the hearing to give oral evidence, the panel was unable to test her written account.

Witness 1, in his oral evidence to the panel, could not say exactly what he had heard, but said that you were mimicking the women's accents.

In your oral evidence you explained to the panel that the women in question did not speak at all, you therefore did not hear what accent they had. In any event, they were not speaking English, and so you made attempts to inquire if they were diabetic or

experiencing anxiety by saying ‘di-a-be-tic’ and ‘anx-i-e-ty’, in a slow and demonstrative manner. You demonstrated to the panel how you had attempted to communicate with the patients.

There were inconsistencies in the oral evidence the panel heard from the witnesses, for example, as to whether both women were wearing Asian dress. In the absence of any contemporaneous local statements from the Hospital, the panel could not attempt to resolve these inconsistencies.

Witness 4 told the panel that it may have been the case that you spoke to the patients in an Asian accent without realising that you were doing so, and without intending to be discriminatory. The panel noted that the incident occurred in an out-patient department. This is not a department where patients or relatives would usually present as acutely unwell. Therefore, the situation itself may have been unusual and [PRIVATE].

The panel considered that the incident was open to interpretation. The panel was of the view that the word ‘mimicked’ in the charge denotes a deliberate rather than an unconscious act. Given the inconsistencies in the evidence, and that the incident was open to interpretation, the panel accepted your evidence that you were trying to speak slowly to assist the two women. It reached the view that, whilst it is possible that it may have appeared that you were imitating an Asian accent, it was not persuaded that you intended to do so or that you were aware that you were doing so.

The panel noted that it was raised both during oral evidence, and earlier, that the women may have been Portuguese, and that an interpreter was sought. However, the panel had no further information on this point.

On the balance of probabilities, the panel found charge 1 not proved.

Charge 1 not proved.

Charge 2

2. *Your actions at charge 1 above, were racially discriminatory.*

As the panel found charge one not proved, it therefore follows that charge two is not capable of being found proved.

Charge not proved.

Charge 3

3. *On one or more occasions shouted at Colleague D, creating an environment that was*

Charge 3a

a. *unprofessional, and/or*

In respect of charge three, the panel took account of all the evidence before it. In particular, it took account of the written hearsay statement of Witness 5 along with your oral evidence under affirmation.

Witness 5's written hearsay statement set out the following in respect of two separate incidents:

> *'[AH] completely ignored the patient at that point and continued to follow me into main dept (seen by senior nurse [Witness 4]). [AH] started shouting at me as I told her to please go back and see to the patient…*
>
> *… I remarked to a colleague "that was terrible" and [AH] shouted to ask if I was talking about her. I told [AH] that I was saying that she shouldn't have sent the*

patients husband to a clinical area. [AH] was shouting that everyone was getting at her. This could be heard by the patients as well, but she continued.'

Again, as Witness 5 had not attended, the panel had been unable to test their evidence and account of events.

You did not dispute that you were present at the time of the alleged incidents, you only disputed that you acted in an unprofessional, aggressive, threatening, or intimidating manner. You told the panel clearly that it was not you who had been shouting. Instead, it had been Witness 5 who had shouted at you.

In the absence of Witness 5, the panel was unable to gain any clarity, or determine who, on balance, had more likely been shouting. It reached the view that the evidence provided by the NMC was insufficient. For these reasons, it determined that the NMC had not met the burden of proof for charge 3a, and therefore found this charge not proved.

The panel found charge 3a not proved.

Charge not proved.

Charge 3b.

b. aggressive, and/or

The panel found charge 3b not proved for the same reasons as set out above for charge 3a.

Charge not proved.

Charge 3c.

c. threatening, and/or

The panel found charge 3c not proved for the same reasons as set out above for charge 3a.

Charge not proved.

Charge 3d.

d. intimidating.

The panel found charge 3d not proved for the same reasons as set out above for charge 3a.

Charge not proved.

Charge 4

4. On one or more occasions sent emails, as set out in Schedule 1 that were,

Charge 4a

a. unprofessional and/or

The panel had careful regard to each of the emails referred to in Schedule 1. It reached the view that all of the emails you sent demonstrated unprofessional behaviour, with the exception of the email dated 1 May 2023. The panel had no evidence of an email sent on 1 May 2023 and therefore could not reach a conclusion in respect of it.

The other 16 emails, however, in the panel's view all demonstrated unprofessional behaviour in some way, in that many were sent at inappropriate times, were repetitive,

often inflammatory, not focused on professional issues, copied into senior management, and sent at a time when you no longer worked at the Hospital. Further, the emails focused on historical issues which could no longer be addressed. The panel accepted Mr Hoskins' submission that many of your emails were intended to demean colleagues. The panel saw evidence that you had been asked on at least two occasions to stop sending emails, however, you continued to send them despite having resigned.

For example, your email to Witness 3 dated 24 March 2023 and sent at 16:37, which read as follows:

> *'I hope you had a lovely holiday. I hope you received my self certificate? I received all the lovely statements including the one about me throwing a cup of water over the lady I was speaking to in an Asian accent in ?? Poor woman must have been traumatised ?? I hope she put in a complaint if all that happened ?? And all in front of [Witness 4 / Colleague A] yet she did nothing ?? Very strange. I'm totally shocked and disgusted at all the lies I read. I also got your statement and was hoping you could explain to me what is meant by the pattern emerging again at the WACH, but not to the same extent ? Because as far as I am aware everything was fine while I worked there ?'*

The panel noted the sarcastic and accusatory nature of this particular email. In view of the emails of a similar nature, the panel concluded that you had sent unprofessional emails on one or more occasions, as alleged and set out in Schedule 1, with the exception of 1 May 2023.

The panel therefore found charge 4a proved.

Charge proved.

Charge 4b

b. aggressive and/or

Again, the panel had careful regard to all of the emails set out in Schedule 1, with the exclusion of the email dated 1 May 2021. In addition to being unprofessional, the panel reached the view that the emails dated 22 February 2023 and 25 August 2023 were also aggressive.

For example, your email to Witness 4 dated 25 August 2023 and sent at 22:35, which read as follows

> *'How are you sleeping [Witness 4]? Are your dreams filled of me ? Do you have any remorse ? Do you feel bad ? Why are you a narsasistic lier ? Why are you so cruel? Have you always been that way ? Have you thought about getting help ?? You really need help [Witness 4]'*

On the evidence before it, the panel determined that you did send aggressive emails on one or more occasions, as alleged and set out in Schedule 1.

The panel therefore found charge 4b proved.

Charge proved.

Charge 4c

> *c. threatening, and/or*

In addition to being unprofessional and aggressive, the panel reached the view a number of your emails were also also threatening, including an email sent on 9 September 2023 to Witness 1.

The email to Witness 1 dated 9 September 2023 at 01:03 read as follows:

> *'You know this is all wrong [Witness 1] ! Why are you telling these evil wicked lies about me ?? What sort of person are you ?? You are NOT an honest person and you are NOT a kind person ! Nurses need to be truthfull and honest and you are*

neither! You need to tell the truth for the sake of your registration as you could be struck off if you don't tell the truth !! Please tell the truth before it's too late for you!'

On the evidence before it, the panel determined that you did send threatening emails on one or more occasions, as alleged and set out in Schedule 1.

The panel therefore found charge 4c proved.

Charge proved.

Charge 4d.

d. intimidating.

In addition to being unprofessional, aggressive, and threatening, the panel reached the view that that a number of the emails set out in Schedule 1 were also intimidating.

For example, your email to Witness 4 dated 7 October 2023, which read as follows

'Hi [Witness 4], This is between you and I. You know I was speaking very slowly to that lady to try and help her understand me. All I did was help and you know it. You sat watching me ? And did nothing. You didn't even come over to help us knowing that I was struggling with the language barrier? Why would you do that ? You were SCN there to help? You have victimised me. All this came from statements! I was only trying to help the clinic run better for patients after the patient who was told she had to have her foot amputated was treated disrespectfully. I was appalled and disgusted at the way that poor woman was treated. I was not listened to as a staff nurse and was treated with utter disrespect which affected patient care. Since these statements you have victimised me with an HR meeting and [PRIVATE] ? That's victimisation. Why ? Because I heard you speaking to [PRIVATE] from Orthopaedic outpatients downstairs. Where I worked for a few months. She phoned you and told you

about me. After that you plotted against me. What happened in orthopaedic outpatients was about me sticking up for a patient who had severe cellulitis. You don't know the full story. I am a good person who cares so much for patients. You told me Tuesday 30th November 2021 What a shame it would be if [PRIVATE] ? We can't have that can we ? While victimising me and accusing me of whicked lies! you hoped I had another [PRIVATE] ! You wanted me to have another [PRIVATE] ! You are probably flourishing in your enjoyment of destroying my life ? You haven't Because I am inoccent! And you know it. …. I am getting regular counciliing and am surrounded by lovely friends. My life is filled with love and help.'

The panel had careful regard to the emails and reached the view that the emails dated 24 March 2023, 13 April 2023, 17 April 2023, 23 April 2023, 9 September 2023, 12 September 2023 and 17 September 2023 demonstrated similar language to the example above and in addition were also intimidating.

On the evidence before it, the panel determined that you did send intimidating emails on one or more occasions, as alleged and set out in Schedule 1.

The panel therefore found charge 4d proved.

Charge proved.

Charge 5

5. *On one or more occasions created an environment that was unprofessional, and/or aggressive, and/or threatening, and/or intimidating, to Colleague A in that you,*

Charge 5a

a. *on 1 February 2022 shouted at them*

In respect of charge 5a, the panel had regard to all the evidence before it. In particular, emails from Person 8 and Person 9 dated both dated 1 February 2022, alongside the oral evidence of both Witness 4 and you.

Person 8's email to Witness 4 on 1 Feb 2022 set out the following:

> *'I am writing this statement as requested. I was in the blood room on 01/02/22 and I heard Staff Nurse Aurdey Handvige shouting in an angry tone/aggressively "that's twice I've said it" and Staff Nurse [Witness 6] replied "I beg your pardon" and I looked out the door and asked [Witness 6] if she was okay. I saw Audrey walk off to the toilet, I further saw Senior Staff Nurse [Witness 4] in the corridor and Audrey came out the toilet and shouted at [Witness 4] in an angry/cheeky tone "I'm away to do my emails" and [Witness 4] said "are you asking me or telling me?" -Audrey replied in a very aggressive tone "I'm telling you!" and walked off.'*

Person 9's email to Witness 4 on 1 Feb 2022 set out the following:

> *'This statement has been written in regards to the incident that occurred on 01/02/22 – I was in the middle of doing my NIC checks and having a discussion with Staff Nurse [Witness 1] in the corridor when Staff Nurse Audrey Handvige shouted at Staff Nurse [Witness 6] in a very aggressive and cheeky tone "this is the 2nd time – I am not having this!" to which [Witness 6] replied with "I beg your pardon" - Audrey walked off at this point down the corridor. Senior Staff Nurse [Witness 4] came onto the floor and Audrey came back and stated to [Witness 4] in a very aggressive tone "just to let you know I'm going to check my emails", [Witness 4] replied with "are you asking me or telling me this?" in a polite manner, to which Audrey shouted "I'm telling you" and walked off…'*

The panel also had sight of Person 9's investigation notes dated 5 May 2022 in which she describes being an 'arm's length away' from Witness 1 when the alleged incident

occurred. Person 9 also described how she viewed your behaviour at the time, as follows:

> *'She [AH] had a raised voice, she wasn't right in SN [Witness 6's] face, but almost, and was very aggressive. I wouldn't speak to a colleague like that. I was taken aback and think SN [Witness 6] and SN [Witness 1] were too'*

Witness 4, in her oral evidence, told the panel that at the time of the incident, you had said *'I am going to get a Union rep and get on with my emails'* or words to that effect. This account was corroborated by the contemporaneous emails of both Person 8 and Person 9.

The panel considered the evidence to support this charge to be compelling and saw no reason as to why it would be fabricated or false.

In view of the compelling evidence before it, and on the balance of probabilities, the panel reached the conclusion that you did shout, as alleged. Further, that by shouting, you created an environment that was unprofessional, aggressive, threatening or intimidating.

Charge proved.

Charge 5b

> *b. on 1 February 2022 gave the impression you may hit them*

The panel had careful regard to the written statement of Witness 4 along with both her oral evidence and yours.

Witness 4's written statement set out the following:

> *'… also banged a clinic room door shut so hard that other doors shook (whilst clinics running) this was a day when she approached me (I was against a wall)*

and looked as though she was going to hit me she was also very rude to one of her other colleagues in front of witnesses.'

The panel considered Witness 4's oral evidence to be compelling because she was able to recall and recount events in great detail and confirm them to the panel. In response to a question by you, she was clear about what happened and how, as you lifted your arm and then grabbed your uniform lapel, she thought that you might hit her:

'You approached me and lifted your hand, I thought I was going to have to duck out of the way.'

Witness 1's investigation notes provide a record, setting out how at the time your face was close to that of Witness 4, as follows:

'Yes, SN Hanvidge went up to SCN [Witness 4], who was at the top of the corridor. She was close to SCN [Witness 4's] face and said she was going to check her emails. SCN [Witness 4] asked if she was asking or telling her. SN Hanvidge's hand was raised and her face was close to SCN [Witness 4's], who was against the wall. It was a very uncomfortable situation.'

Witness 1 in their oral evidence confirmed to the panel that their response in the investigation notes above was accurate and true.

Within the investigation notes of Person 9 dated 5 May 2022, you are described as being 'inches away':

'She was inches away and I felt at one point that I might need to step in, but SN Hanvidge moved off.'

In your oral evidence you denied the allegation and told the panel that at the time you were anxious about your revalidation, and that that had been at the forefront of your mind. The panel bore this context, relating to your revalidation, in mind alongside

Witness 4's compelling evidence, and her account of how she felt the situation was escalating.

In view of the compelling evidence before it, and on the balance of probabilities, the panel reached the conclusion that you did give the impression that you may hit Colleague A / Witness 4. Further, by giving that impression, you created an environment that was unprofessional, aggressive, threatening or intimidating.

The panel therefore found this charge proved.

Charge proved.

Charge 5c

> c. *on an unknown date responded with 'I heard you right and there is nothing wrong with my hearing', or words to that effect*

In respect of charge 5c, the panel took account of your oral evidence and the HR meeting notes of 22 February 2022.

In your oral evidence you told the panel that you did say *'I heard you right and there is nothing wrong with my hearing',* or words to that effect. You explained to the panel that you wanted to keep your job and that you had been advised by your union representative to admit everything and apologise.

The HR meeting notes of 22 February 2022 record you as stating that your emotions were high, before apologising to Witness 4, an apology which they accepted:

> *'AH in response stated she had always been pleasant to [Witness 4] and it was not her intention to be rude to [Witness 4]. AH stated emotions were high and things snowballed. AH agreed she was short that day. AH apologised to [Witness 4] and said "I'm really sorry". [Witness 4] accepted AH's apology.'*

On the basis of your admission and the notes of 22 February 2022, the panel found this charge proved.

Charge proved.

Charge 6

6. *On 1 February 2022 acted in an unprofessional, and/or aggressive and/or threatening, and/or intimidating manner in that you,*

Charge 6a

a. *raised your voice to Colleague B when they sought to remind you, that patients should wear fluid resistant masks and be asked the covid questions*

In relation to charge 6a, the panel took account of emails and investigation notes of Witness 5 and Witness 6. Neither Witness 5 or Witness 6 attended to provide oral evidence, therefore the panel was unable to fully test their signed and dated written accounts.

Witness 6's email dated 1 February 2023 set out the following:

> *'She replied she had just arrived and was getting set up ,as she was on the laptop , I said " you don't really need to set the lap top up at the moment it's just important to ask the covid questions" ,She told me" look I've just arrived and I'm getting set up I can't make patients change their masks if they don't want to" and she was starting to get louder with her voice and confrontational , I replied that I was not going to argue with her and walked away.'*

The investigation notes of Witness 6 dated 30 April 2020 set out the following:

‘SN Hanvidge then started ranting in a raised voice that she had just arrived and was setting up and that she could not make people change their masks if they didn’t want to. I said I'm not going to argue with you as this was in a patient area I left. When I went to get the second patient, they were also wearing a normal face mask and I got them a fluid resistant one and asked if they had been asked covid questions and they hadn’t.’

Witness 5’s email to Witness 4, dated 1 February 2022, sets out the following:

‘Senior Charge Nurse [Witness 6] went over to speak to Audrey the Nurse who was on the Covid Desk, from what i heard [Witness 6] had asked her if the patients who were all sitting had they been asked the covid questions, Audrey said no she had just sat down and was setting up, [Witness 6] had said she didn't really need to set up as such as she was there to ask questions, Audrey then seemed to get annoyed/agitated and raised her voice at [Witness 6] repeating she had just sat down [Witness 6] had said that she would now have to ask the patients the questions as Dr … was waiting to see her patients, then i heard Nurse Audrey shouting at [Witness 6] saying i can't force people to put a mask on if they don't want to but she hadn't asked the patients any questions so far, [Witness 6] then walked away, her manner towards [Witness 6] seemed aggressive, and all carried out in front of patients.’

In your oral evidence you told the panel that on that particular day, your revalidation had been at the forefront of your mind and you were feeling anxious about it.

The panel noted your email response dated 1 November 2022 to notes of an interview which took place on 29 September 2022 with Witness 3, as follows:

‘I said I didn't have an angry or raised voice I was upset that both SCN and S/N Witness 6 had been picking on me. It was not me who set up an H.R meeting it was SCN Witness 4 because she accused me of having memory problems which I had begged her not to do due to my previous [PRIVATE] . But she went ahead with it were she interrogated me about every little tiny thing….’

Whilst the documentary evidence of Witness 5 and Witness 6 is hearsay evidence, as they have not attended, the panel bore in mind that they had reported and documented the alleged incident the same day, within an hour of it occurring. The panel considered this evidence to be compelling. The panel also bore in mind the [PRIVATE]. In this context, and on the balance of probabilities, the panel considered it more likely than not that you did shout as alleged in the charge.

The panel also reached the view that by shouting, you acted unprofessionally and aggressively. It therefore found charge 6a proved.

Charge proved.

Charge 6b

> b. *attended the nursing station stating to Colleague B that's the second time, you've done that to me', or words to that effect*

In relation to charge 6b, the panel had careful regard to the documentary evidence provided from Witness 1, Witness 6 and Person 9, alongside the oral evidence of both Witness 1 and you.

Witness 6's email dated 1 February 2023 sets out the following:

> *'Later on, when I was at the nurse's station Audrey came down the corridor when other members of staff were present, and said to me in a loud and confrontational manner that's twice you have done that to me, that's twice I said "sorry "?and she walked away .'*

Witness 1 in their written statement set out the following:

> *'1 February 2022 I was standing close to the nurses' station talking to SN [Person 9], SN [Witness 6] was seated at the nurses' station when SN Hanvidge*

passed. She went up close to SN [Witness 6] and said, "that's the second time you done this to me, I'm not having this".'

Witness 6's investigation meeting notes signed on 4 May 2022 set out the following:

'Towards lunchtime I was at the nursing station with other staff and SN Hanvidge came up the corridor and said, "thanks very much, that's twice you've done that to me"'

The panel also had sight of an email from Person 9, dated 1 February 2022, which set out the following:

'I was in the middle of doing my NIC checks and having a discussion with Staff Nurse [Witness 1] in the corridor when Staff Nurse Audrey Handvige shouted at Staff Nurse [Witness 6] in a very aggressive and cheeky tone "this is the 2nd time – I am not having this!" to which [Witness 6] replied with "I beg your pardon" - Audrey walked off at this point down the corridor.'

In your investigation meeting notes dated 9 September 2022, it is recorded that you admitted to stating the phrase, *'I said to her that is was the second time she had done that to me.'* Moreover, Witness 1 in his oral evidence was very clear in confirming what you had, namely words to the effect of '*that's the second time, you've done that to me'* and that you were firm in your tone.

Whilst the documentary evidence of Witness 6 and Person 9 is hearsay evidence, as they have not attended, the panel noted that there was evidence from Witness 1, including oral evidence under affirmation, to corroborate it. Moreover, the panel bore in mind your acceptance that you did say something along the lines of 'that's the second time, you've done that to me', or words to that effect.

Based on this evidence, the panel reached the view that you acted unprofessionally and aggressively, and found this charge proved.

Charge proved.

Charge 6c

c. stormed off and paced up and down the corridor

The panel had regard to the written and oral evidence of Witness 4 as well as documentary evidence of Witness 6 and Person 8, alongside your oral evidence.

Witness 4 in her written statement set out the following:

> *'There were quite a few occasions when AH was rude to other SNs and SCN intimidating and threatening to her colleagues one of the days AH paced up and down first floor of the department like a caged animal I was so concerned about her behaviour that I phoned the then Lead nurse … and asked her to come down to department, it would not have been unreasonable of me to call security for AH at that time to have her removed from department, however at the risk of making matters worse for AH I called the Lead nurse.'*

The investigation notes of Person 8 dated 4 May 2022, recorded the following:

> *'No we are all careful with SN Hanvidge, but that day she was raging and confrontational and pacing back and forward.'*

Witness 6 in their email 1 Feb 2022 stated that you walked away after the incident. However, in their interview meeting notes signed on 4 May 2022, set out the following:

> *'She was very aggressive and stormed off and started pacing up and down the corridor. Colleagues who were around were asking what's that all about she also started to shout at SCN [Witness 4] who appeared'*

The panel reached the view that your pacing of the corridor, having just shouted at your colleagues and making unprofessional comments, was indicative of an escalating series of unprofessional and intimidating behaviours. The panel was of the view that by pacing the corridors, you may have left your colleagues, and possibly patients too, uncertain and anxious about your conduct.

Although you may have been [PRIVATE] at the time, the panel considered your pacing to be unprofessional, particularly if visible to staff and patients.

Based on the evidence before it, the panel found charge 6c proved.

Charge proved.

Charge 7

7. *On or around 22 November 2021 created an environment that was unprofessional, and/or aggressive, and/or threatening, and/or intimidating, to Colleague C, in that you were alleging that Colleague C was treating you differently, ignoring you and singling you out.*

In respect of charge 7, the panel took account of the written and oral evidence of Witness 1 as well as meeting noted made by Witness 4 dated 2 December 2021. The panel also took account of your oral evidence.

Witness 1's written statement set out the following:

'I have been personally a target of SN Hanvidge was not happy about something she had been asked to do she would make a comment. I previously submitted a statement about being cornered in a room by her. I escalated this to the Charge Nurse who was on that day, I went to the office and told her. I emailed a statement at the time, but didn't want to progress it, I just wanted it to be recorded.'

Witness 4 told the panel that she had to remind you that Witness 1 was junior to you and that he may have felt intimidated when you both went into the room and you said, ‘we need to talk’. At the time, you were a senior nurse, and he was a junior nurse.

From Witness 1’s oral evidence, the panel formed the view that he felt threatened by you when you were both alone in the room together, at the time of this alleged incident.

The panel bore in mind that you do not dispute being in the room alone with Witness 1. However, you state that you were upset, and not angry. When asked if you could have been upset instead of angry, Witness 1 disagreed and was clear that you were angry, he stated ‘she was getting louder and repeating herself’.

On balance, the panel was persuaded by the evidence of Witness 1, which it considered to be compelling.

Having considered all of the evidence, the panel determined that on or around 22 November 2021 created an environment that was unprofessional, aggressive, threatening and intimidating, to Colleague C, in that you were alleging that Colleague C was treating you differently, ignoring you and singling you out.

The panel found charge 7 proved.

Charge proved.

Having considered all the evidence, the panel found that there was no evidence at all to suggest that any of the witnesses called on behalf of the NMC were lying, nor indeed was there any evidence of a conspiracy amongst the witnesses to lie to the panel.

Decision and reasons on proceeding in the absence of Ms Hanvidge

During the hand down of the panel's decision on the facts, Ms Hanvidge disengaged from proceedings.

The panel therefore considered whether it should proceed in the absence of Ms Hanvidge. It had regard to Rule 21 and heard the submissions of Mr Hoskins who invited the panel to continue in the absence of Ms Hanvidge.

Mr Hoskins submitted that Ms Hanvidge has disengaged from proceedings having clearly expressed her dissatisfaction with the facts found proved against her. He submitted that the panel decided to adjourn for the afternoon on 31 March 2025 in order to provide Ms Hanvidge an opportunity to reengage. Mr Hoskins submitted that the legal assessor and himself, were available to assist Ms Hanvidge in respect of the next stages of proceedings. He submitted that Ms Hanvidge did not avail herself of this opportunity.

Mr Hoskins submitted that the Hearings Coordinator sent an email to Ms Hanvidge dated 31 March 2025, which stated:

> *'Dear Audrey,*
>
> *If it would help to talk then we can have a chat any time.*
>
> *The panel have adjourned to allow for some time and space. They will begin again tomorrow morning. Therefore, if it will help, you and I can talk about your case and the way forward this afternoon or from 9am.*
>
> *Whatever is best for you. Alternatively, if you have questions or need anything, contact me via email.*
>
> *By tomorrow, if the panel have not heard anything from you, they may proceed with your case in your absence.'*

Mr Hoskins submitted that Ms Hanvidge was then contacted by the NMC via telephone, during which she expressed her frustration regarding the panel's decision. Ms Hanvidge provided the following written response to the Hearings Coordinator dated 31 March 2025 at 22:43:

> *'Dear …* ,
>
> *Firstly I want to thank you for all your kindness and help throughout this horrible investigation.*
>
> *Secondly I want to appeal against this awfully unfair and very wrong decision were it has been found proven that I had my hand up to hit my boss and sent threatening emails to colleagues.*
>
> *The NMC lawyer is very good but is completely wrong and unfair.*
>
> *The facts are;*
>
> *Lack of evidence.*
>
> *There are no statements from* [Witness 4] *from the day she said I raised my hand to her.*
>
> [Witness 4] *and* [Witness 1] *had already lied under oath that I had definitely spoke in an Asian accent suggesting I am racist. Which are disgusting horrible lies.*
>
> *Both nurses have lied under oath to deliberately get me into severe trouble were I have lost my job and had my reputation destroyed.*
>
> *For them to lie once, only pushes them to lie twice where it is obvious when the facts show so much discrepancies and changes in all statements.*

And no statements at all when;

I am firstly accused of speaking in an Asian accent

Secondly when I have my hand raised to hit [Witness 4]*?*
There are no statements from [Witness 4] *because she is once again lying under oath.*

I did not go anywhere near [Witness 4].

I would like to remind the panel that I was recovering from a [PRIVATE] at this point and I was trying to prevent [PRIVATE].

[PRIVATE].

Nervous people are not threatening! They are frightened.
I was frightened that day because I was the one being bullied.

I sent an email to [Person 10] at around 10 am which was proof I was in a room isolated and frightened.

The emails I sent to colleagues were never meant to be threatening or intimidating. All I ever wanted to do was defend myself and ask that these people tell the truth.

I had a nervous breakdown due to these malicious lies causing a dominos effect leading to the emails.

[PRIVATE].

These lies have destroyed me. I am a good person and don't deserve any of this. I just want to concentrate on being a good mum...

I ask that this unfair decision is appealed with many thanks.'

Mr Hoskins submitted that the NMC has made numerous attempts to contact Ms Hanvidge this morning, 1 April 2025. Ms Hanvidge was called on her registered number at 09:09, 09:11, 09:15, 09:23 and 09:41, voicemails were left on four occasions inviting her to engage with proceedings. The panel noted that on previous occasions Ms Hanvidge had responded on this number. The Hearings Coordinator also sent Ms Hanvidge an email dated 1 April 2025 at 09:15 requesting her to call back.

Mr Hoskins submitted that another email was then sent by the Hearings Coordinator dated 1 April 2025 at 09:28, which stated:

'Hi,

As per my last voicemail.

If you could please join the link below at 09:45 it will be myself, Mr Hoskins (NMC case presenter) and Mr Leach (Legal Assessor) on the link so we can have a quick discussion and answer any questions you may have.

Please feel free to call me I am here to support you.

[MS Teams link provided].*'*

Mr Hoskins informed the panel that Ms Hanvidge did not join the hearing link at 09:45 and therefore a further email was sent by the Hearings Coordinator to Ms Hanvidge dated 1 April 2025 at 09:56, which stated:

'Hi Ms Hanvidge,

I have seen you have not joined the hearing link. Please let me know if you are having any difficulty joining the link.

The panel will be looking to proceed with your case at 10:00. Mr Hoskins has provided written submissions for the next stage of proceedings which I will send separately.

All the best.'

Mr Hoskins submitted that Ms Hanvidge was then sent the NMC's written submissions on misconduct and impairment by email dated 1 April 2025 at 09:57.

Mr Hoskins referred the panel to the following cases in respect of the NMC's application to proceed in Ms Hanvidge's absence: *General Medical Council* v Adeogba [2016] EWCA Civ 162, *Hyatt v General Medical Council* [2017] EWHC 1899 (Admin), *R v Hayward* [2001] EWCA Crim 168 and *R v Jones* [2002] UKHL 5.

Mr Hoskins invited the panel to proceed in Ms Hanvidge's absence. He outlined the contextual circumstances of the case in relation to Ms Hanvidge's health. He submitted that Ms Hanvidge has been given the opportunity to provide supporting documentary evidence. Ms Hoskins submitted that the panel does not have any independent medical evidence before it, at this time. He submitted that Ms Hanvidge has not made an application for an adjournment nor is there anything to suggest that she is asking the panel to adjourn proceedings due to her current health.

Mr Hoskins submitted that Ms Hanvidge has voluntarily absented herself from proceedings having received the panel's decision on facts, with which she disagrees. Mr Hoskins submitted that Ms Hanvidge has had a history of difficulty engaging in the local investigation and NMC proceedings.

Mr Hoskins highlighted that all witnesses have been heard from in this case and there is no further evidence in respect of misconduct and impairment. Mr Hoskins submitted that these charges relate to incidents which occurred November 2021 to October 2023. Mr Hoskins submitted that any further delay may have an adverse impact on Ms Hanvidge. Mr Hoskins submitted that there is no evidence to suggest that adjourning would secure

Ms Hanvidge's attendance at a later date. Furthermore, he submitted that there is a public interest in the expeditious disposal of the case.

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.*

The panel has decided to proceed in the absence of Ms Hanvidge. In reaching this decision, the panel has considered the submissions of Ms Hoskins, 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* 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 Ms Hanvidge;
- The panel adjourned proceedings yesterday in order to provide Ms Hanvidge with an opportunity to reengage with proceedings;
- Ms Hanvidge provided a response dated 31 March 2025 at 22:43, in which she made no reference to [PRIVATE] or any suggestion for an adjournment;
- [PRIVATE].
- The NMC has made significant attempts to contact Ms Hanvidge via email and telephone and therefore she has been given ample opportunity to reengage with proceedings;
- Ms Hanvidge was notified on 31 March 2025 and 1 April 2025 that the panel may proceed in her absence if she does not reengage;
- Ms Hanvidge has voluntarily absented herself;
- There has been a pattern of behaviour in that Ms Hanvidge has caused delays during the local investigation and NMC proceedings;
- It has been provided by Ms Hanvidge, significant evidence in relation to the contextual circumstances of the case;

- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges relate to events that occurred in 2021-2023;
- Further delay may have an adverse effect on Ms Hanvidge;
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Hanvidge in proceeding in her absence. However, there is no further evidence to be heard in this case. Ms Hanvidge has been sent the NMC's written submissions in respect of misconduct and impairment at her registered email address, and she has provided no response. Furthermore, the limited disadvantage is the consequence of Ms Hanvidge's decision to absent herself from the hearing, waive her right to attend, and/or be represented, and to not make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Hanvidge.

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 Ms Hanvidge'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 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, Ms Hanvidge's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Hoskins 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.'*

Mr Hoskins invited the panel to take the view that the facts found proved amount to misconduct. Mr Hoskins identified the specific, relevant standards of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2004)' (the Code), where Ms Hanvidge's actions amounted to misconduct.

Mr Hoskins provided the following written submissions in respect of misconduct:

> *'…*
>
> *17. While a breach of the Code does not of itself constitute misconduct automatically, the actions of the Registrant are properly considered of significance in quantifying the misconduct.*
>
> > *a. Taken together, they constitute a course of conduct of victimising, threatening and intimidating behaviour when challenged about valid issues such as patient care. This ran from 22 November 2021, came to a head on 1 February 2022 when aggressive and threatening behaviour (amounting to the threat of physical violence perceived by many colleagues) was demonstrated towards two colleagues and continued in the period February 2023-October 2023 by way of continued victimisation;*

b. All of this occurred in a professional environment and notwithstanding genuine efforts to de-escalate the situation or, in respect of charge 4, notwithstanding two requests to cease sending the emails;

c. The actions had a demonstrable effect on the emotional wellbeing of staff characterised by [Witness 3] as "dramatic" (§41 at Exhibit 1 p.28):

i. particularly on [Witness 4], who speaks of there only being so many times when one can be the subject of unjustified attacks amounting to character assassination (§12 at Exhibit 1 p.39), but also

ii. [Witness 2] who speaks of being worried what every day would bring due to the Registrant's actions §8 at exhibit 1 p.7;

d. More generally, her actions has an indirect effect on the provision of patient care by affecting the environment of care in the department and because of the sort of absences spoken to by [Witness 3] at §41 (Exhibit 1 p.28)

This behaviour should properly be marked as morally reprehensible and must not be repeated.

18. The Panel should bear in mind the context of the misconduct. A significant part of that is the medical situation that the Registrant was in at the time…

…

19. The NMC submit that the nature, extent and effect of the facts found proved are serious and cross the threshold of constituting professional misconduct by some significant distance.'

Submissions on impairment

Mr Hoskins 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 cases of

Cheatle v General Medical Council [2009] EWHC 645, *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *Yeong v General Medical Council* [2009] EWHC 1923 (Admin), *Towuaghantse v General Medical Council* [2021] EWHC 681 (Admin).

Mr Hoskins provided the following written submissions in respect of impairment:

> *'20. While it may be the case that the Registrant has had a lengthy career as a nurse, the course of conduct covered by the charges found proved demonstrate a deep-seated attitudinal issue in her response to valid concerns or observations about the delivery of quality patient care. This is a fundamental aspect of nursing.*
>
> *21. The Registrant has shown no insight into her practise, as observed by [Witness 2] at p.11 of Exhibit 1 and [Witness 3] in her interactions with the Registrant. The Committee can properly feel that she has not to date demonstrated any insight into her conduct but instead adopted quite the opposite; adopting a corrosive victim mentality.*
>
> *22. Given the extreme reaction against multiple colleagues, the NMC submit that the misconduct identified is not in Ms Hanvidge capable of remediation. Were this not the case, one would expect to have seen some evidence of this in the three years since the allegations commenced. There has been none.*
>
> *23. Even were the misconduct remediable, there is no evidence that there has been remediation. There is no pattern of stable working relationships since 2022 in any context, let alone a nursing or healthcare one. There is no study or reflection undertaken. Aside from [Witness 7] (about whose lack of experience of working with the Registrant and lack of objectivity the NMC has made submissions at facts stage which are renewed here) there is no testimonials to persuade the Committee of remediation.*

24. In relation to the wider public interest test in Grant, this is characteristically a case which cries out for a stand alone finding of impairment on public interest grounds.

25. Put simply (and mindful of the NMC's guidance on impairment), there is nothing to suggest that Ms Hanvidge can practise in the future with kindness towards colleagues. The [sic] *is, therefore, a need to find impairment on public protection and public interests and the first three of the Grant criteria both in the past and on the basis of future risk.*

Conclusion:

26. For these reasons, the Committee are invited to find the facts found proved constitute misconduct and, additionally, that Ms Hanvidge remains 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 Ms Hanvidge actions did fall significantly short of the standards expected of a Registered Nurse, and that Ms Hanvidge's actions amounted to a breach of the Code, specifically:

'8 Work co-operatively
To achieve this, you must:
***8.2** maintain effective communication with colleagues*
***8.4** work with colleagues to evaluate the quality of your work and that of the team*

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.2 *gather and reflect on feedback from a variety of sources, using it to improve your practice and performance*

9.3 *deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times*

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

20.5 *treat people in a way that does not …cause them upset or distress*

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

20.10 *use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times*

24 Respond to any complaints made against you professionally

To achieve this, you must:

24.2 *use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice.'*

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

The panel considered each charge individually as to whether it amounted to misconduct.

In relation to charge 4, the panel determined that Ms Hanvidge's conduct was serious in that it involved a course of conduct of unprofessional, aggressive, threatening and intimidating behaviour which was directed at colleagues over an extended period of time. The panel noted that some of Ms Hanvidge's conduct at charge 4 occurred whilst she was still in the employment of the Hospital and the rest occurred after her resignation.

The panel had regard to the fact that on more than one occasion Ms Hanvidge was warned by colleagues to stop sending emails of this nature. Having had regard to witnesses' evidence, the panel determined that Ms Hanvidge's conduct at charge 4 resulted in some emotional harm. Furthermore, the panel concluded that Ms Hanvidge's conduct affected the workplace environment which resulted in a potential risk of harm to patients. The panel was therefore satisfied that Ms Hanvidge's conduct, at charge 4, was a significant departure from the standards expected of a Registered Nurse. The panel concluded that Ms Hanvidge's conduct, at charge 4, individually and cumulatively, amounted to misconduct.

In relation to charges 5, 6 and 7, the panel determined that Ms Hanvidge's conduct was serious in that it created an environment that was unprofessional, aggressive, threatening, and intimidating. The panel took into account that Mr Hanvidge's conduct occurred over an extended period of time and was predominately directed at three colleagues whilst in a workplace environment, much of it in the presence of other colleagues. Having had regard to witnesses' evidence, the panel determined that Ms Hanvidge's conduct at charges 5, 6 and 7 resulted in some emotional harm. Furthermore, the panel concluded that Ms Hanvidge's conduct affected the workplace environment which resulted in a potential risk of harm to patients. The panel was therefore satisfied that Ms Hanvidge's conduct was a significant departure from the standards expected of a Registered Nurse. The panel concluded that Ms Hanvidge's conduct, at charges 5, 6 and 7, individually and cumulatively, amounted to misconduct.

The panel when considering all the charges found proved, determined that Ms Hanvidge's conduct did not uphold the reputation of the profession at all times. She did

not display a personal commitment to the standards of practice and behaviour set out in the Code. Further Ms Hanvidge was not a model of integrity and leadership for others to aspire to.

The panel found that Ms Hanvidge's actions did fall seriously short of the conduct and standards expected of a Registered Nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Hanvidge's 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 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. 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 determined that the first three limbs of the *Grant* test are met.

The panel determined that Ms Hanvidge's conduct resulted in a risk of harm to patients in that her conduct caused dysfunctional communication between colleagues affecting the workplace environment. The panel concluded that Ms Hanvidge's misconduct had breached the fundamental tenets of the nursing profession specifically in that she did not promote professionalism and trust. Ms Hanvidge's actions therefore brought the nursing profession into disrepute.

Regarding insight, the panel considered that Ms Hanvidge has not demonstrated an understanding of how her actions impacted colleagues and put patients at a risk of harm. Ms Hanvidge has not demonstrated an understanding of why what she did was wrong and how this impacted negatively on the reputation of the nursing profession. The panel noted that Ms Hanvidge has during the internal investigation and NMC proceedings deflected blame onto others. Furthermore, Ms Hanvidge has not demonstrated how she would handle the situation differently in the future.

The panel considered the test laid out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

> *'Whether the conduct which led to the charge is easily remediable;*
> *Has it been remedied; and*
> *Is it highly unlikely to be repeated'*

The panel determined that the charges found proved are indicative of attitudinal concerns. The panel had regard to the fact that the conduct was directed at numerous colleagues over an extended period of time. The panel noted that Ms Hanvidge was being supported by the Hospital at the time the concerns arose. The panel took into consideration Ms Hanvidge's responses provided during the internal investigation and NMC proceedings. The panel took into account that there was evidence before it from fellow professionals indicating their concerns regarding Ms Hanvidge's long-standing difficult behaviour. The panel determined that given the nature of the charges and Ms Hanvidge's lack of insight, at this time, that the misconduct in this case is not easily remediable.

The panel determined that in the absence of any insight, remorse or strengthening of practice, there is no evidence that the conduct has been remedied. The panel therefore concluded that Ms Hanvidge's conduct is highly likely to be repeated.

Accordingly, the panel decided that a finding of impairment is necessary on the grounds of public protection given the risk of repetition and consequential risk of harm.

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 required. The panel determined that the public's trust and confidence in the profession would be seriously undermined given the serious and attitudinal nature of the concerns which occurred over an extended period of time if a finding of impairment were not made. Furthermore, the panel concluded that a finding of impairment was required in order to declare and uphold the standards of conduct expected of a Registered Nurse.

Additionally, the panel was not satisfied that Ms Hanvidge can practice *'kindly, safely and professionally'* at this time.

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

Sanction

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

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

Submissions on sanction

Mr Hoskins informed the panel that, the NMC had advised Ms Hanvidge that it would seek the imposition of a striking off order if it found Ms Hanvidge's fitness to practise currently impaired.

Mr Hoskins submitted that the following aggravating factors are present in Ms Hanvidge's case:

- Lack of insight into failings
- No remediation
- A course of conduct over a period of time
- Conduct which put people receiving care at risk of suffering harm
- Deep seated attitudinal issues which are difficult to remedy

Mr Hoskins submitted that the following mitigating factors are:

- Heightened [PRIVATE] on 1 February due to having to submit your NMC revalidation
- [PRIVATE].

Mr Hoskins' referred the panel to the relevant NMC guidance, namely 'Factors to consider before deciding on sanctions' (reference: SAN-1), Considering sanctions for serious cases (reference: SAN-2), How we determine seriousness (reference: FTP-3) and Serious concerns which are more difficult to put right (reference: FTP-3a).

He invited the panel to consider the following sections of FTP-3a:

- Harassment in the workplace;

Mr Hoskins submitted that in relation to charge 4, the extent of the intimidation and aggressiveness crossed the threshold into harassment. He submitted that communication and attitudinal concerns are at the heart of this case because of unprofessional and unacceptable behaviour that happened over a period of time. Therefore, a striking off order would be wholly appropriate.

Decision and reasons on sanction

Having found Ms Hanvidge's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Complete lack of insight into failings
- No evidence of remediation
- A pattern of misconduct over a period of time
- Conduct which put patients at indirect risk of suffering harm
- Deep seated attitudinal concerns
- Unfairly apportioning blame to others
- Behaviours which created a difficult professional working environment

The panel also took into account the following mitigating features:

- Heightened [PRIVATE] on 1 February due to having to submit your NMC

revalidation

- [PRIVATE].

The panel were cognisant of Ms Hanvidge's [PRIVATE] and her upcoming revalidation. However, the panel considered that these were not excuses for her unacceptable and unprofessional behaviour.

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, the attitudinal concerns, the emotional harm caused, and the public protection issues identified, an order that does not restrict Ms Hanvidge's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Ms Hanvidge misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Hanvidge's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through conditions of practice. It considered her previous support plan and the issues of compliance. As a result, the panel concluded that the placing of conditions on Ms Hanvidge's registration would not adequately address the seriousness of this case, nor address the complete lack of insight and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour…*

The course of conduct, as highlighted by the facts found proved, was protracted over time and amounted to a significant departure from the standards expected of a registered nurse. The conduct in Ms Hanvidge's case was not a single instance of misconduct. Ms Hanvidge demonstrated no insight and displayed worrying attitudinal behaviour. The panel considered that while a suspension order could protect patients, it does not meet the requirements as outlined above. As a result, the panel was very concerned that there was a significant risk that Ms Hanvidge would repeat the behaviour in the future.

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

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms Hanvidge's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

For these reasons the panel concluded that a striking-off order is necessary for the protection of the public.

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

This will be confirmed to Ms Hanvidge in writing.

Decision and reasons on interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

The panel took account of the submissions made by Mr Hoskins, on behalf of the NMC, who invited the panel to impose an interim suspension order for a period of 18 months.

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 to allow for any potential appeal period.

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

That concludes this determination.