

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

**Substantive Order Review Meeting
Tuesday, 19 August 2025**

Virtual Meeting

Name of Registrant:	Hariette Lango Seiwoh
NMC PIN:	18F0175E
Part(s) of the register:	Registered Nurse – Sub Part 1 Registered Specialist Community Public Health Nurse
Relevant Location:	Bexley
Type of case:	Misconduct
Panel members:	Anica Alvarez Nishio (Chair, lay member) Sarah Freeman (Registrant member) Matthew Wratten (Lay member)
Legal Assessor:	Neil Fielding
Hearings Coordinator:	Fionnuala Contier-Lawrie
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (12 months) to come into effect on the expiry of the previous suspension order (2 October 2025) in accordance with Article 30 (1)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Ms Seiwoh's registered email address by secure email on 02 July 2025.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 18 August 2025 and inviting Ms Seiwoh to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Seiwoh has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to impose a 12 month suspension order. This order will come into effect at the end of 2 October 2025 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on date.

The current order is due to expire at the end of 2 October 2025

The panel is reviewing the order pursuant to Article 30(1).

The charges found proved which resulted in the imposition of the substantive order were as follows:

1. On the 10 August 2021,
 - (a) failed to complete a new birth visit for Patient A's baby. **(FOUND PROVED)**
 - (b) recorded a weight of 3.2 kg in Patient A's baby's notes when in fact no such weighing had taken place. **(FOUND PROVED)**
 - (c) in the event that Patient A was not present at her address on the 10 August 2021, failed to arrange an alternative date for a new birth visit or refer the case back to a coordinator for reallocation; **(FOUND PROVED)**
2. On the 13th September 2021,
 - (a) Completed only 10 minutes of a mandatory 1-hour new birth assessment for Patient I's baby **(FOUND PROVED)**
 - (b) failed to weigh Patient I's baby, a requirement imposed by virtue of it being tongue tied. **(FOUND PROVED)**
 - (c) Failed to discuss with Patient I safe sleeping positions and/or cot death prevention (SIDS). **(FOUND PROVED)**
3. On some or all of the dates set out in Schedule 1a) b,c and e, failed to record your health visitor's notes within 48 to 72 hours. **(FOUND PROVED)**
4. On the 9 April 2021, in conducting a removal into case load visit for Patient B and her children, failed in your assessment to take into account Patient B's medical records and/or a Maternity Safeguarding Notification dated 11 September 2020. **(FOUND PROVED)**
5. Placed Patient B on a normal universal caseload instead of a universal plus caseload **(FOUND PROVED)**

The original panel determined the following with regard to impairment:

'Therefore, the panel determined that the risk of repetition is high and decided that a finding of impairment is necessary on the ground of public protection.'

...

The panel determined that a finding of impairment on public interest grounds is required because any fully informed member of the public or the profession who knew of the circumstances of this case would be concerned if Miss Seiwoh were allowed to practise unrestricted as a registered health visitor given the charges found proved.

Having found serious misconduct across a wide ranging set of charges, the panel determined that not to make a finding of impairment would significantly undermine the public's trust and confidence in the nursing profession. It is also necessary to mark the seriousness of the misconduct and to uphold proper standards and conduct for members of the nursing profession.

Having regard to all of the above, the panel is satisfied that Miss Seiwoh's fitness to practise is currently impaired on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC'

Decision and reasons on current impairment

The panel has considered carefully whether Ms Seiwoh's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in

light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and the written responses from Ms Seiwoh which included:

- Reflective piece
- Testimonial from current manager
- Certificates of continuing professional development

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Ms Seiwoh's fitness to practise remains impaired.

The panel noted that the original panel found that Ms Seiwoh had a lack of insight. At this meeting the panel noted that Ms Seiwoh had submitted a personal reflection and further noted:

- it included some, but very limited understanding of the negative impact the misconduct had on colleagues, patients and families and the reputation of the nursing profession;
- limited understanding of the circumstance that led to the poor practice and the significance and nature of the concerns relating to that practice;
- lack of specificity in what measures Ms Seiwoh would put in place to ensure the misconduct did not recur;
- limited evidence that Ms Seiwoh accepts personal accountability for the misconduct, without seeking to blame others or excuse her actions, and limited understanding of the personal accountability to act with an appropriate level of professionalism.

The panel determined that the personal reflection does not go into the depth of understanding that the panel would expect to see at this juncture and as a result, the panel has decided Ms Seiwoh's fitness to practice remains impaired.

The panel considered the case of *Grant* [2011] EWHC 927 (Admin) in paragraph 76, whereby 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) ...'*

and found that limbs a, b and c of the *Grant* test remained engaged.

With regard to the question of future risk of harm, the original panel determined that Ms Seiwoh was liable to repeat matters of the kind found proved. Today's panel noted that the evidence provided by Ms Seiwoh was insufficient to reassure the panel that the risks of future unwarranted harm to patients had been significantly mitigated. There remained a likelihood of repetition which also means there is a risk of the nursing profession being brought into disrepute by future conduct of a similar nature. The panel also found that there remained risk that fundamental tenets of the nursing profession would be breached in future.

In reaching this conclusion the panel had regard to the evidence Ms Seiwoh provided of courses undertaken, but noted the limited nature of this training alongside the lack of specific insight recorded in the personal reflection. This gave very limited evidence of professional development or insight and therefore the panel agreed that Ms Seiwoh's practice remains impaired.

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

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

Decision and reasons on sanction

Having found Ms Seiwoh's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your 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 Seiwoh's misconduct was not at the lower end of the spectrum and that a caution order would be

inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on Ms Seiwoh's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, and workable. The panel gave due consideration to a variety of possible conditions of practice, but concluded that given the gravity of the original charges and the nature of the concerns about Ms Seiwoh's practice, there are no practical or workable conditions that could be formulated. Further, the panel noted that Ms Seiwoh has not provided any submissions about her willingness to work within conditions of practice. The panel bore in mind the seriousness of the facts found proved at the original hearing and the lack of insight and development shown since and concluded that a conditions of practice order is not appropriate or proportionate, nor would it adequately protect the public or satisfy the public interest.

The panel considered extending the current suspension order. The panel noted that this was not a single incident of misconduct, and there is only limited evidence to demonstrate that Ms Seiwoh has insight, so there remains a risk of repetition of her behaviour. The panel was of the view that a suspension order would allow Ms Seiwoh time to fully reflect on her previous failings. The panel concluded that a further 12 months suspension order would be the appropriate and proportionate response and would afford Ms Seiwoh adequate time to develop her insight and take steps to strengthen her practice in a healthcare setting in a non-registered role. It would also give Ms Seiwoh an opportunity to approach past and current health professionals to attest to her good practice and provide documentary evidence that Ms Seiwoh has kept up to date with nursing.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Ms Seiwoh further time to fully reflect on her previous failings. The panel concluded that a further 12 month suspension order would be the appropriate and proportionate response and would afford Ms Seiwoh adequate time to further develop her insight and take steps to strengthen her practice. It would also give Ms Seiwoh an opportunity to access coaching or mentoring from past and current health professionals to develop her good practice and to attest to her accountability in workplace assignments of greater relevance and applicability to the nursing profession.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 2 October 2025 in accordance with Article 30(1)

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

Any future panel reviewing this case may be assisted by a reflective statement from Miss Seiwoh referencing each of the individual charges found proved, focusing on the individual conduct that led to the charges proven and the risks they posed to patients, her colleagues and the reputation of the nursing profession. Additionally, this must focus on what steps she will take to prevent a repetition of these events.

With regard to development and training, the panel was mindful of the timing under which she did her training and the limited experience she had before the original misconduct occurred. Given this, a future panel may benefit from evidence of personal development, for example:

- evidence of accessing coaching or mentoring services;
- evidence of accessing education which is of sufficient weight and relevance to assist the panel;
- evidence of supervised work, paid or unpaid, in a directly relevant and transferable role;
- the key points of learning activities, how they are or will be linked to the scope of her practice, what she has learned and how she intends to apply this learning to future practice;
- testimonials from a line manager or supervisor or mentor that detail her current work practices, whether paid or unpaid.

This will be confirmed to Ms Seiwoh in writing.

That concludes this determination.