

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

**Substantive Order Review Hearing
Wednesday, 6 August 2025**

Virtual Hearing

Name of Registrant:	Lorna Dale Willis
NMC PIN	08G1287E
Part(s) of the register:	Nursing, sub part 1 RNC, Registered Nurse – Children’s Nursing – (5 March 2009)
Relevant Location:	Kent and Medway
Type of case:	Misconduct
Panel members:	Robert Pragnell (Chair, Lay member) Vickie Glass (Registrant member) David Anderson (Lay member)
Legal Assessor:	Ashraf Khan
Hearings Coordinator:	Rodney Dennis
Nursing and Midwifery Council:	Represented by Debbie Churaman, Case Presenter
Lorna Willis	Not present and unrepresented
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order extended (6 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Willis was not in attendance and that the Notice of Hearing had been sent to Mrs Willis' registered email address by secure email on 3 July 2025.

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

The panel accepted the advice of the legal assessor.

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

In the light of all the available information, the panel was satisfied that Mrs Willis has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Willis

The panel next considered whether it should proceed in the absence of Mrs Willis. The panel had regard to Rule 21 and heard the submissions of Ms Churaman who invited the panel to continue in the absence of Mrs Willis.

Ms Churaman submitted that there had been no engagement at all by Mrs Willis with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

Ms Churaman submitted that the NMC had contacted Mrs Willis by email on 16 July 2025 notifying her that a substantive order review would be taking place on 6 August 2025. The NMC did not receive a response to this email or the Notice of Hearing sent on 3 July 2025.

Ms Churaman submitted that adequate attempts had been made to contact Mrs Willis.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Willis. In reaching this decision, the panel has considered the submissions of Ms Churaman, and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Willis;
- There was no evidence of Mrs Willis having engaged with the NMC since the order or of her having responded to any of the correspondents and has not responded to any of the letters sent;
- As a registered nurse it is Mrs Willis' duty to ensure that the NMC has current contact details for her;
- Mrs Willis has not provided the NMC with details of how she may be contacted other than her registered address; and
- There is no reason to suppose that adjourning would secure her attendance at some future date;

In these circumstances, the panel has decided that it is fair and appropriate to proceed in the absence of Mrs Willis given the public interest in expeditiously reviewing the order.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of 6 months.

This order will come into effect at the end of 11 September 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order imposed for a period of 12 months by a Fitness to Practise Committee panel on 14 August 2024.

The current order is due to expire at the end of 11 September 2025.

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

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

‘That you, a registered nurse, during a night shift on 1-2 August 2022:

- 1. Slept on duty, which was not permitted.*
- 2. Between 12 midnight and 6am did not reposition Patient A.*
- 3. Failed to check patient A’s tracheostomy site and/or tapes.*
- 4. Between 10pm and 6:20am failed to reposition patient A’s saturation probe.*
- 5. Failed to maintain visual observation of Patient A.*
- 6. Failed to check on patient A’s continence.*
- 7. Left patient A in soiled clothing/bedding and/or a wet towel when they had soiled themselves.*
- 8. Documented that you had repositioned Patient A’s saturation probe when you had not.*
- 9. Your conduct in charge 8 above was dishonest in that you represented that you had repositioned Patient A’s saturation probe when you knew you had not.*

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

The original substantive panel determined the following with regard to impairment:

‘The panel next went on to decide if as a result of the misconduct, Mrs Willis’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. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the 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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

For reasons already set out above, the panel considered that limbs a, b, c and d were engaged by Mrs Willis' misconduct in this case.

The panel bore in mind that Patient A was a particularly vulnerable patient. By wearing an eye mask, facing away from Patient A and occasionally falling asleep, Mrs Willis failed to maintain visual observation of Patient A. Mrs Willis therefore would not be able to see if Patient A needed assistance or was at risk. It was of the view that Patient A was placed at a potential risk of significant harm as a result of Mrs Willis' misconduct.

The panel also considered that Mrs Willis's misconduct had breached the fundamental tenets of the nursing profession due to her failure to provide basic fundamental nursing care to Patient A, in addition to her failure to maintain the dignity of Patient A. She therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel recognised that it must make an assessment of your fitness to practise as of today. This involves not only taking account of past misconduct but also what

has happened since the misconduct came to light and whether Mrs Willis would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and considered whether the concerns identified in Mrs Willis' nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. In considering those issues the panel had regard to the nature and extent of the misconduct and considered whether Mrs Willis had provided evidence of insight and remorse.

Regarding insight, the panel considered that Mrs Willis' undated written response to the charges. It noted that Mrs Willis had demonstrated some remorse, regret and there was some recognition that she did not perform at her best on the night of 1 to 2 August 2022.

The panel bore in mind that Patient A was a vulnerable patient who was completely reliant on his carers to provide him with care and keep him safe. However, the panel noted that Mrs Willis had not demonstrated insight into how her conduct had placed Patient A at significant risk of harm.

Mrs Willis also stated in her written response that she could see how her actions could be misinterpreted. However, the panel's interpretation of her actions was that she had placed Patient A at a risk of serious harm.

There was no recognition of the impact Mrs Willis' misconduct had on Patient A, his parents, the fact that they had entrusted her to keep him safe or the impact her misconduct had on the nursing profession. She provided the panel with limited explanation of how she would approach similar circumstances in the future.

In light of the above, the panel determined that Mrs Willis had limited insight.

The panel was satisfied that the misconduct in this case, namely charges 1 to 8, are capable of being addressed. Therefore, the panel carefully considered the evidence

before it in determining whether or not Mrs Willis has taken steps to strengthen her practice. However, in the absence of evidence of significant insight or strengthened practice there was no evidence that the concerns had been remedied to date. The panel noted that it had no evidence before it of any action taken by Mrs Willis to address or remedy the concerns identified in this hearing.

In regard to charge 9, the panel considered that misconduct involving dishonesty is less easily remediable than other kinds of misconduct. However, in the panel's judgment, evidence of insight, remorse and reflection together with evidence of subsequent and previous integrity are all relevant in considering the risk of repetition, as is the nature and duration of the dishonesty itself.

Accordingly, the panel bore in mind that Mrs Willis had recorded that she had repositioned Patient A's saturation probe three times when she knew she had not. It also bore in mind that she stated that she should not have documented care that was not provided and did not intend to be dishonest or mislead anyone. Additionally, she stated that she took full responsibility for her actions in this regard. The panel noted that Mrs Willis had provided limited insight into this particular matter.

The panel also noted that Witness 1 in her witness statement stated:

"No other concerns with Mrs Willis' care for Patient A had been raised before, and

she had been working with him 2-3 nights a week since 26 June 2022.

Patient A's parents have never raised concerns about his care before..."

The panel was of the view that the dishonesty in this case appeared to be an isolated incident and therefore it was not satisfied that there was evidence of attitudinal concerns that underpinned her dishonesty.

Nevertheless, the panel was of the view that in the absence of significant insight, remorse and evidence that Mrs Willis had strengthened her practice, in the areas of

concern identified by the panel, it cannot be said that her conduct is highly unlikely to be repeated. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel was satisfied that, having regard to the nature of the misconduct in this case, “the need to uphold proper professional standards and public confidence in the profession would be undermined” if a finding of current impairment were not made. It was of the view that a reasonable, informed member of the public would be very concerned if Mrs Willis’ fitness to practise was not found to be impaired and therefore public confidence in the nursing profession would be undermined if a finding of impairment were not made.

For all the above reasons the panel concluded that Mrs Willis’ fitness to practise is currently impaired by reason of misconduct on both public protection and public interest grounds.’

The original substantive panel determined the following with regard to sanction:

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

- 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 panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. It was of the view that Mrs Willis' misconduct occurred on a single night shift and there had been no evidence of repetition. It also bore in mind that Witness 1 in her witness statement stated that Mrs Willis had had no previous concerns raised regarding her care for Patient A. Additionally, the panel have nothing to suggest that any complaints have been raised against Mrs Willis since the incident.

The panel bore in mind the dishonesty it had identified and Mrs Willis' limited insight into this. However, it also noted that it had determined that the dishonesty was at the lower end of the dishonesty spectrum, a one-off incident and that there was no evidence of harmful deep-seated personality or attitudinal problems.

The panel was of the view that a suspension order would be appropriate as this would give Mrs Willis the opportunity, following its findings, to reflect upon the regulatory concerns. Further, a suspension order would also provide the opportunity for Mrs Willis to engage with NMC to demonstrate to a reviewing panel that she recognises the impact that her actions had on Patient A and the profession in general, as well as providing an assurance that the behaviour would not be repeated.

The panel went on to consider whether a striking-off order would be proportionate. 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?*

The panel was of the view that while Mrs Willis's actions were significant departures from the standards expected of a registered nurse, they were not fundamentally

incompatible with her remaining on the register. Taking account of all the information before it, and of the mitigation provided, the panel concluded that a striking off order would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Willis's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction to protect the public. It would prevent her from practising during the period of suspension and until she has satisfied a reviewing panel that she had strengthened her practice and fully remediated her misconduct.

[...]

Any future panel reviewing this case would be assisted by:

- Your attendance in person, via video link or telephone at the review hearing;*
- A comprehensive reflective piece addressing the clinical failings and your dishonesty;*
- Evidence of any training undertaken and completed;*
- Evidence of any work undertaken whether it be paid or unpaid;*
- References and testimonials from any work undertaken whether it be paid or unpaid;'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Willis' 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 ability to practise, safely, kindly and professionally and their 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. It has taken account of the submissions made by Ms Churaman on behalf of the NMC.

Ms Churaman summarised the findings of the original panel and submitted the seriousness of the matters that had been presented, in particular the vulnerabilities of Patient A and the dishonesty involved.

Ms Churaman submitted that Mrs Willis had taken some responsibility for her actions and that at the time the panel had found insufficient insight into the wider implications for the patient and profession.

Ms Churaman submitted that in the absence of any evidence of engagement with the NMC it was not possible to ascertain whether Mrs Willis has gained any further insight into her actions or culpability. There is no evidence of any change in Mrs Willis' professional approach or behaviour to provide any reassurance that she would behave differently in her practice in the future.

Ms Churaman submitted that in the circumstances Mrs Willis remains impaired on both public protection and public interest grounds.

The panel was informed that at the substantive hearing on 14 August 2024, the panel determined that at the end of the period of suspension, a future panel reviewing this case would be assisted by:

- Mrs Willis' attendance in person, via video link or telephone at the review hearing;
- A comprehensive reflective piece addressing the clinical failings and your dishonesty;
- Evidence of any training undertaken and completed;
- Evidence of any work undertaken whether it be paid or unpaid;
- References and testimonials from any work undertaken whether it be paid or unpaid;

Ms Churaman submitted that none of these requests have been met by Mrs Willis and that she has failed to provide any form of reflection upon the regulatory concerns raised.

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 Mrs Willis' fitness to practise remains impaired.

The panel noted that the original substantive panel found that Mrs Willis had limited insight regarding her misconduct and identified a continued risk of repetition. The panel further noted that there was no evidence of strengthened practice.

Since the original substantive hearing, Mrs Willis has failed to engage with her regulator. This gave rise to further concerns that there may be potential attitudinal issues that were not previously identified or addressed. However, due to the lack of engagement this could not be explored further.

At the original substantive hearing the panel considered that limbs a, b, c and d were engaged by Mrs Willis' misconduct in relation to the case of *CHRE v NMC and Grant*.

The panel find that limbs a, b, c and d remain engaged and there remains a risk of harm and dishonesty.

It is the panel's view that Mrs Willis has not provided any evidence to the panel to show that she had addressed the concerns raised about her practice or to give confidence that risk to patient safety has been reduced. She has provided no new information that indicates she has a better understanding of why the incident occurred or the impact of her actions. Therefore, the panel found the risk to patients remains; and a finding of continued 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 found that an informed member of the public would be shocked and concerned if they were made aware of the panel's findings should Mrs Willis be allowed to return to practice without restriction.

The panel determined that, in this case, a finding of continuing impairment on public protection and public interest grounds is required.

For these reasons, the panel finds that Mrs Willis' fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Willis' 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 Mrs Willis' practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Willis' 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 Mrs Willis' registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original substantive hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Willis' misconduct.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Willis' the opportunity to engage with her regulator and provide a full reflection into her dishonesty and misconduct.

The panel concluded that a further six-month suspension order would be the appropriate and proportionate response and would afford Mrs Willis adequate time to further develop her insight and take steps to strengthen their practice. It would also give Mrs Willis an opportunity to approach past and current health professionals to attest to her honesty and integrity in her workplace assignments since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined that imposing a suspension order for a period of six months would provide Mrs Willis with an opportunity to engage with the NMC. It considered this to be the most appropriate and proportionate sanction available.

The panel gave due consideration whether it would be reasonable and proportionate to exercise its power to strike-off Mrs Willis at this time. However, given this is the first review it felt it would be disproportionate to do so and wanted to give Mrs Willis a further opportunity to engage with the NMC.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 11 September 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 would be assisted by:

- Your attendance in person, via video link or telephone at the review hearing;
- A comprehensive reflective piece addressing the clinical failings and your dishonesty;
- Evidence of any training undertaken and completed;
- Evidence of any work undertaken whether it be paid or unpaid;
- References and testimonials from any work undertaken whether it be paid or unpaid;

This will be confirmed to Mrs Willis in writing.

That concludes this determination.