

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

**Substantive Hearing
Monday, 15 December 2025 – Friday, 19 December 2025**

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

Name of Registrant:	Julialavern Victoria Green-Wiles
NMC PIN:	01C1155O
Part(s) of the register:	Registered Nurse – Sub Part 1 RN1: Adult Nurse - March 2001
Relevant Location:	Huddersfield
Type of case:	Misconduct
Panel members:	Serene Rollins (Chair, Lay member) Janet Williams (Registrant member) Caroline Ross (Lay member)
Legal Assessor:	Angus Macpherson
Hearings Coordinator:	Elizabeth Fagbo
Nursing and Midwifery Council:	Represented by Richard Webb, Case Presenter
Mrs Green-Wiles:	Not present and not represented at the hearing.
Facts proved:	Charges 1a, 2
Facts not proved:	Charges 1b, 1c, 1d, 3
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months, with review)
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Green-Wiles was not in attendance and that the Notice of Hearing letter had been sent to Mrs Green-Wiles's registered email address by secure email on 23 October 2025.

Mr Webb, 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 allegation, the time, dates and venue of the hearing and, amongst other things, information about Mrs Green-Wiles's 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 of the information available, the panel was satisfied that Mrs Green-Wiles has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

The panel noted that the Rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date contact details.

Decision and reasons on proceeding in the absence of Mrs Green-Wiles

The panel next considered whether it should proceed in the absence of Mrs Green-Wiles. It had regard to Rule 21 and heard the submissions of Mr Webb who invited the panel to continue in the absence of Mrs Green-Wiles.

Mr Webb submitted that there had been no engagement at all by Mrs Green-Wiles 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.

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 has decided to proceed in the absence of Mrs Green-Wiles. In reaching this decision, the panel has considered the submissions of Mr Webb, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones and General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mrs Green-Wiles has not engaged with the NMC and has not responded to any of the emails sent to her or telephone calls about this hearing;
- Mrs Green-Wiles has not provided the NMC with details of how she may be contacted other than her registered contact details;
- No application for an adjournment has been made by Mrs Green-Wiles;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses are scheduled to attend the hearing today to give live evidence and a further three witnesses are scheduled to attend tomorrow;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events;

- The charges relate to events that occurred in 2021; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Green-Wiles in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered email address, she has made no response to the allegations. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that although the NMC's evidence will not be tested by cross-examination, it can of its own volition, explore any inconsistencies in the evidence which it identifies, and can ask its own questions. Furthermore, the limited disadvantage is the consequence of Mrs Green-Wiles's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

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

Details of charge

That you a Registered Nurse,

1. Demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals in that:
 - a. On an unknown date in July 2021, called a colleague a pig and/or a bitch
 - b. On 8 July 2021, put talcum powder in a colleague's drink
 - c. On 2 September 2021, were unco-operative with a doctor enquiring about a resident in your care

- d. On 23 September 2021, made a false accusation about a doctor's behaviour toward you

2. Your conduct at charge 1(a) amounted to harassment in that it had the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment to the relevant individual

3. Your behaviour at charge 1(d) lacked integrity as your intention was to discredit a fellow professional who had made a complaint about you AND in light of the above, your fitness to practise is impaired by reason of your misconduct.

Background

The NMC received a referral from an administrator at Norman Hudson Nursing Home (the Home) on 5 September 2021.

The referral raised concerns relating to both clinical and behavioural misconduct on the part of Mrs Green–Wiles.

It is alleged that in July 2021 Mrs Green–Wiles:

- Had been verbally abusive to her colleagues on more than one occasion, including swearing at them in front of residents;
- Refused to liaise with healthcare professionals; and
- Made a false accusation about a doctor behaving in a sexual manner towards her.

Mrs Green–Wiles contract of employment was terminated at the end of the probation review meeting on 23 September 2021.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Webb under Rule 31 to allow into evidence notes of a meeting at the Home dated 3 August 2021. He also referred to the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin). Mr Webb submitted that the meeting notes were a part of the Home's local investigation and were sent to the Case Examiners by the referrer. He told the panel that this document would have been sent to Mrs Green-Wiles as part of the NMC process. Further, Mr Webb submitted that this document is relevant as it provides some context to the charges in this case, specifically charges 1c and 1d, and it would be fair to admit this into evidence.

The panel asked why the document had not been produced before now. Mr Webb was unable to confirm although stated that if he were to offer an explanation, he considered that it was as a result of an administrative error. Mr Webb addressed the panel on the implications of admitting this evidence into the proceedings. Mr Webb submitted that questions can be asked of witnesses in respect of the document, and that it should be admitted on the grounds of fairness to Mrs Green-Wiles.

The panel also asked when the NMC had last engaged with Witness 6 who had prepared the notes, and whether Witness 6 would be prepared to engage with these proceedings and give evidence before the panel. The panel was of the view that it was without any witness to speak to these issues and felt it would be assisted if Witness 6 could be called to give evidence.

Mr Webb told the panel that Witness 6 had initially engaged with the NMC and later disengaged, and the NMC were unable to regain contact with her. He submitted that the Home manager (Witness 4) is due to give evidence at this hearing, and the panel will be able to explore this document further with Witness 4. Further, Mr Webb submitted that he would seek further instructions and attempt to gain contact with Witness 6.

The panel questioned whether it could be provided with the unredacted version of the document. Mr Webb opposed this, he submitted that the redactions do not relate to any of the charges, and the redacted version would not add to what is already included. The panel accepted this.

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, subject to the principles of fairness and relevance, a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings. He also referred to the case of *Thorneycroft*.

The panel gave the application serious consideration. The panel also referred to the NMC's guidance on Evidence ref: DMA-6 ('the Guidance') last updated 9 July 2022, having particular regard to the section on weight and hearsay evidence.

The panel determined that this evidence is not the sole and decisive evidence in relation to the charge. The panel was of the view the document was relevant as it provided some details of the Home's local investigation, useful information for the panel's consideration, and also, provided context to the charges brought against Mrs Green-Wiles. It determined that any disadvantage to Mrs Green-Wiles could be addressed through questions posed to relevant witnesses.

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

Witness 6

The panel was advised that the NMC case officer had made contact with Witness 6, who agreed to give evidence at these proceedings on the following day (day two of the hearing).

Decision and reasons on consideration to admit new material - Witness 6's written statement

During the live evidence of Witness 6, the witness referred to her NMC written statement dated 8 June 2022.

The panel considered whether it should have access to this statement.

Mr Webb submitted that this statement was not included in the documentary evidence bundles that have been provided to the panel and Mrs Green-Wiles, nor was this document provided to the Case Examiners for reasons unknown. He submitted that this written statement contains hearsay evidence, rather than direct evidence, and that this document is not a part of the NMC's case. Mr Webb reminded the panel that Witness 6 had attended to give evidence at the request of the panel. Further, Mr Webb submitted that Witness 6 could give evidence in respect of other matters without referring to this document. For these reasons, he submitted that this statement should not be 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 determined that as this document was not provided to Mrs Green-Wiles, it would be unfair to admit this statement into evidence.

Decision and reasons on application to allow Witness 3 to give evidence via telephone

The panel heard an application made by Mr Webb under Rule 31 to allow Witness 3 to give their evidence over the telephone. He submitted that efforts had been made to ensure that Witness 3 was able to join the virtual Teams meeting link in order to give evidence before the panel, but for reasons unknown she is unable to join the link. However, Witness 3 has access to her mobile telephone and can access the virtual meeting via telephone.

In the preparation of this hearing, the NMC had indicated to Mrs Green-Wiles that it was the NMC's intention for Witness 3 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Witness 3, Mrs Green-Wiles made the decision not to attend this hearing. On this basis Mr Webb advanced the argument that there was no lack of fairness to Mrs Green-Wiles in allowing Witness 3 to give evidence over the telephone.

Mr Webb submitted that the hearing should proceed hearing Witness 3's live evidence via the telephone.

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 in regard to Witness 3 serious consideration. The panel considered whether Mrs Green-Wiles would be disadvantaged by the change in the NMC's position as to how Witness 3 will give her evidence. The panel came to the view that it would be fair to allow Witness 3 to give evidence remotely over the telephone instead of via video link due to the technical issues she experienced. The panel considered that Mrs Green-Wiles had had an opportunity to consider Witness 3's evidence and that Witness 3's attendance was to speak to matters already before the panel and the parties.

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Webb, on behalf of the NMC, to amend the wording of charges 1a and 1d.

The proposed amendment to charge 1a was to reflect the live evidence heard by Witness 3, who stated that she had been called a '*pig*' and/or a '*bitch*' on more than one occasion, in the weeks prior to the incident regarding the talcum powder. It was submitted by Mr Webb that the proposed amendment would provide clarity as to what mischief was. He acknowledged that the proposed amendment would widen the scope of the charge. He submitted that there may be some unfairness however, it is in the interest of justice that this amendment is made.

The proposed amendment to charge 1d was to reflect the live evidence given by Witness 2 and Witness 4 regarding the date that the false accusation was made on. It was submitted by Mr Webb that the proposed amendment would accurately reflect the evidence.

"That you, a registered nurse:

1. Demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals in that:
 - a. On an unknown date in July 2021 **Between June and July 2021 on one or more occasions** called a colleague a pig and/or a bitch
 - b. On 8 July 2021, put talcum powder in a colleague's drink
 - c. On 2 September 2021, were unco-operative with a doctor enquiring about a resident in your care
 - d. On ~~23 September 2021~~ **17 September 2021**, made a false accusation about a doctor's behaviour toward you

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

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 refused the proposed amendment to charge 1a. It was of the view that this amendment would increase the severity of the charge. Although the proposed amendment was based on oral evidence; it was not based on the documentary evidence served upon Mrs Green-Wiles. Notwithstanding Mrs Green-Wiles's non engagement no opportunity had been given to her to respond to the proposed amendment, which the panel considered increased the severity of the charge. Consequently, the panel determined that it would not be in the interests of justice and would be unfair to Mrs Green-Wiles to amend this charge.

The panel was of the view that it was in the interests of justice to allow the proposed amendment to charge 1d. It was of the view that the date when the incident occurred had no materiality. The gravamen of the charge was what had allegedly occurred not when it had allegedly occurred. The panel was satisfied that there would be no prejudice to Mrs Green-Wiles, and no injustice would be caused to either party by the proposed amendment being allowed. The panel therefore determined that it would be appropriate to allow the amendment to reflect accuracy.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Webb under Rule 31 to allow the written statement of Witness 5 into evidence. Witness 5 was not present at this hearing and, whilst the NMC had made efforts to ensure that this witness was present, she was unable to attend today (day three of the hearing) as she stated in an email to the hearings coordinator that she would not be available to give evidence at this hearing for personal reasons.

In the preparation of this hearing, the NMC had indicated to Mrs Green-Wiles that it was the NMC's intention for Witness 5 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Witness 5, Mrs Green-Wiles made the decision not to attend this hearing and that there is no clearly identifiable dispute from Mrs-Giles regarding Witness 5's statement. On this basis Mr Webb advanced the argument that there was no lack of fairness to Mrs Green-Wiles in allowing Witness 5's written statement into evidence. Therefore, he submitted that Witness 5's written statement should be admitted as hearsay evidence and the panel should be able to rely on the Witness statement of Witness 5.

Mr Webb submitted that if the panel has concerns or questions that it would have liked to put to Witness 5 the panel can make the following three directions:

1. Direct the individual's attendance to give evidence
2. Instruct public support services to provide witness support to Witness 5 in light of the concerns raised.
3. Direct that the NMC apply to the High Court to obtain a witness summons.

Mr Webb submitted however, that the panel would have to identify concerns and/or questions for the witness and the hearing would have to adjourn in order for these directions to take place.

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 in regard to the witness statement of Witness 5 serious consideration. The panel noted that Witness 5's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This

statement ... is true to the best of my information, knowledge and belief' and signed by her.

The panel considered whether Mrs Green-Wiles would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 5 to that of her written statement into evidence.

The panel considered that as Mrs Green-Wiles had been provided with a copy of Witness 5's statement and, as the panel had already determined that Mrs Green-Wiles had chosen voluntarily to absent herself from these proceedings, she would not be in a position to cross-examine this witness in any case. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of Witness 5 and the opportunity of questioning and probing that testimony. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

The panel also noted that Witness 5 had a good reason for not attending [PRIVATE]. The evidence is not the sole and decisive evidence, and the panel were of the view that Witness 5 had no reason to fabricate evidence.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Witness 5 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it. Also, it determined that the reliability of the evidence can be tested following other evidence that has arisen during the course of these proceedings.

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 Mr Webb on behalf of the NMC.

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

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

- Doctor 1: General Practitioner (provided cover for the Home)
- Witness 2: Patient Relations Manager at Lockwood Surgery
- Witness 3: Senior registered nurse at the Home
- Witness 4: Manager at the Home
- Witness 6: Deputy Manager at the Home

The panel also took account of the witness statement from the following witness on behalf of the NMC:

- Witness 5: Receptionist at the Lockwood Surgery

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC.

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

Charge 1a

“That you a Registered Nurse,

1. Demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals in that:
 - a. On an unknown date in July 2021, called a colleague a pig and/or a bitch”

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence of Witness 3 which included her witness statement and local handwritten statement. It also took into account Witness 3’s oral evidence, and the oral evidence of Witness 6.

In Witness 3’s witness statement, she stated that Mrs Green-Wiles had called her names which made her feel ‘*uncomfortable*’ and ‘*very upset*’ which she felt was ‘*unnecessary*.’

Witness 6 stated that Mrs Green-Wiles had previously referred to another colleague’s child as a ‘*black bastard*’ and that this had created a dislike amongst the colleagues towards Mrs Green-Wiles in the Home. Witness 6 also stated that Mrs Green-Wiles had called Witness 3 a ‘*piggy face*’ when referring to her. She told the panel that on one occasion Witness 3 had cried when she was allocated to work a shift with Mrs Green-Wiles.

The panel noted that the evidence of Witness 3 and the oral evidence of Witness 6 demonstrates that Mrs Green-Wiles used similar expressions to and concerning Witness 3. It also noted that Witness 6 had asked her to stop using this language. The panel was of the view that Witness 3 and Witness 6 corroborated one another and it considered that they were both credible witnesses.

In these circumstances, the panel found charge 1a proved.

Charge 1b

“That you a Registered Nurse,

1. Demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals in that:
 - b. On 8 July 2021, put talcum powder in a colleague’s drink”

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 3 which included her witness statement and her local handwritten statement.. The panel also took into account the written and oral evidence of Witness 4, and the oral evidence of Witness 6.

The panel noted that in Witness 3’s written evidence she stated:

‘... On 8 July 2021, when I came on shift and in the nurse office, when I opened the door I noticed there was a talcum powder on the floor so I said to Nurse Green-Wiles, please use the bathroom when changing your clothes. After that I put my coffee on the table and I left to change

my own clothes, when I came back I noticed the colour texture of my coffee had changed. I told Nurse Green – Wiles, I think you put something in my coffee but she declined...

... There was no one in the room it was only myself and Nurse Green-Wiles. I noticed Talcum all over the floor and also on the glass, the picture will evidence this. I thought it was her because she was the only person in the office and I was waiting patiently outside the door for her to finish dressing and come out so we can start the handover...'.

In Witness 3's oral evidence she stated that when she arrived for her shift, she went into the nurse's office where she left her bag and a glass of coffee. At that stage the office was clean. She then went to the lounge for the hand over meeting, which she said lasted approximately 25 minutes. Once the handover had concluded, Witness 3 stated she went to the manager's office to report an incident/dispute that had taken place with Mrs Green-Wiles during handover. She was invited by a manager on duty to make a statement as to what happened. She stated that, on her way to the manager's office, she had seen Mrs Green-Wiles go into the nurse's office. After informing the manager on duty as to what had happened, Witness 3 went to the printer in order to find paper to write her statement. Once Witness 3 had written the statement documenting the incident that had taken place between her and Mrs Green-Wiles, a process which she accepted will have taken approximately 10 to 15 minutes, she went to the nurse's office. At that stage, she and other colleagues waited outside of the nurse's office door in order to allow Mrs Green-Wiles privacy to finish changing. Witness 3 stated that when Mrs Green-Wiles left the nurse's office, she and the other members of staff entered it. They saw talcum powder on the floor. She said that, as she went to drink her coffee, a colleague told her not to drink it as there was something inside her coffee.

The panel noted that Witness 3's oral evidence was inconsistent with her written evidence. In her written evidence Witness 3 stated that she confronted Mrs Green-Wiles about putting talcum powder in her coffee in the nurse's office when no one else was there;

whereas in her oral evidence, she stated that Mrs Green-Wiles was no longer present when she went to drink the coffee, and another colleague who was in the room stopped her from drinking it. She also stated that there was talcum powder all over the floor in her written statement when she initially arrived, whereas in her oral evidence she said the floor was clean at that stage.

Witness 3 stated that she suspected that Mrs Green-Wiles was responsible for putting the talcum powder into the coffee as she often used talcum powder when getting changed. However the panel noted the evidence that one of the residents also used talcum powder.

The panel noted Witness 4's written evidence in relation to this issue as follows:

'...The two nurses are the only ones that have access to the office. I was told they had exchange of words between themselves as Nurse Green-wiles refused to engage with [Witness 3] to pass on information to care staff. It was a handover from Nurse Green – wiles to [Witness 3]. Before I continue, Nurse Green-wiles is known for using talcum powder at the home, ...

I was on annual leave when this happened, so [Witness 3] reported this incident to myself on the next day when she came to work, through a text message. [Witness 3] pointed at Green - wiles because it was only the two of them in the office and only the two of them have access to the office. I can't honestly remember when we had a meeting on this. I might have had several meetings with Julia but I can't remember about this one. As I was on leave I cannot say for sure if my deputy [Witness 6] or the Senior Managers at home took any action on this particular incident, I can't remember I am afraid. There was no meeting documented on this...'

The panel noted that the evidence of Witness 4 was inconsistent with the evidence of Witness 3 and Witness 6. Witness 4 stated that only the two nurses had access to the nurse's office, and it was key coded, whereas Witness 3 and Witness 6 stated that all members of staff could access the nurse's office. The panel did not find Witness 4's evidence in relation to this incident helpful.

The panel also considered whether other members of staff had any opportunity to deposit talcum powder all over the floor and in the mug of coffee. It noted that the door to the nurse's office was not locked, that all members of staff had access to the nurse's office. It considered that there may have been opportunities for others to enter the room during the handover and / or at some time between when Witness 3 observed Mrs Green-Wiles entering the nurse's office after hand over and when Witness 3 was waiting for her to leave it after she had changed her clothes. The panel also recognised that multiple members of staff did not like Mrs Green-Wiles.

The panel noted that there were cameras all over the Home, but unfortunately it was not provided with any footage of the relevant areas at the Home.

On the basis of all this material, the panel reached the conclusion that it could not eliminate the possibility that the talcum powder found its way into the glass of coffee by the hand of someone other than Mrs Green-Wiles.

Further, the panel noted that by the time Witness 3 and her colleagues returned to the Nurse's Office following Mrs Green-Wiles's departure from the nursing home, at least 40 minutes had elapsed, probably more, from when Witness 3 had put down her glass of coffee in the nurse's office. It noted the evidence that there was talcum powder *all over the floor* as well as in the coffee. It considered that, if Mrs Green-Wiles responsible for the talcum powder finding its way into the glass of coffee, it does not necessarily follow that that was done deliberately, nor that the glass of coffee would any longer be recognised by Mrs Green-Wiles as a colleague's drink. The coffee would have been cold.

In all the circumstances, the panel is not satisfied on the balance of probabilities that Mrs Green-Wiles put talcum powder in a colleague's drink on 8 July 2021.

For these reasons, the panel found charge 1b not proved.

Charge 1c

“That you a Registered Nurse,

1. Demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals in that:
 - c. On 2 September 2021, were unco-operative with a doctor enquiring about a resident in your care”

This charge is found NOT proved.

In reaching this decision, the panel took into account the documentary evidence of Doctor 1 which included his witness statement and local statement and also Doctor 1's oral evidence. The panel also took into account the notes of the meeting with Mrs Green-Wiles, Witness 6 and the Home Administrator dated 3 August 2021, the written and oral evidence of Witness 4 and the oral evidence of Witness 6.

The panel considered the context surrounding charge 1c and that Mrs Green-Wiles made admissions to being uncooperative.

The panel took into account Doctor 1's local statement in which he stated, referring to the incident on 2 September 2021:

‘..As the on call GP on 2/9/2, I received a request from the manager of Norman Hudson Nursing Home(NHHN) , [Witness 4], to assess a patient called I called the home at 1057 hours to make an initial triage

assessment; however the manager or the nurse in charge were busy and not available to discuss the case. I left a message with the administrative team member at the care home requesting [Witness 4] or any nurse to call me back. I had no response from the care home further until an urgent email was received requesting an urgent visit for this patient as per patient family wishes. Sensing the urgency in this request for the second time for the same patient, I called the care home immediately again to assess the case but [Witness 4] had finished for the day. I then requested to speak to the nurse in charge. The administrative member who picked up the call informs me that the nurse in charge was not willing to come to the phone as she was busy with other matters. Due to the urgency of the case, I said I was willing to wait until the nurse in charge was free and insisted I speak to the nurse to gain some clinical information. After much hesitation the nurse came on to the phone , but I found her extremely uncooperative and dismissive of the concerns I had and I think she abruptly put the phone down(from my vivid memory)…’

The panel took into account the following from Witness 4's statement:

‘....I did not witness this incident, [Doctor 1] rang me the next day because of the incident that happened in the evening and narrated this to me. At the time the incident happened I had left for the day, it was in the evening. Julia said it was a conflict of interest with the GP however they have never met before. As a result of this incident and previous incidents we had a meeting with Julia on 6 September 2021, at the meeting was myself , Julia and (Admin)…’

In Witness 4's oral evidence she stated several complaints had been made regarding Mrs Green-Wiles conduct towards staff, and also that she had refused to communicate with the GP (Doctor 1). However, she could not recall anything further.

The panel therefore concluded that on 2 September 2021 Mrs Green-Wiles was uncooperative with a doctor enquiring about a resident in her care.

However, the panel also needed to consider whether thereby she "*demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals*".

In that context, the panel took into account the evidence relating to a similar occasion when Mrs Green-Wiles was accused of being uncooperative on 3 August 2021. This was written up in the notes of the meeting on that day by Witness 6 as follows:

'...[Witness 6] was called into work at 7:33am as Julia ... was refusing to take phone calls from GP surgery and was reported to have sworn at the Care Coordinator which had upset the staff on shift...'

*'...
She said that she was unaware of the process, When asked why she would not take phone calls from other health care professionals such as the GP she said that she had a conflict of interest with a person within the GP practice and therefore would not speak with anyone there. She was asked what would happen should there be an incident that required her to speak with the GP, Julia said that she would ask 'someone in the office' to call them and pass on any information. She said that she had asked the Trainee Business Support Manager to take a message from the GP. She said she would not be able to conduct a ward round with GP due to the conflict of interest. It was explained that this would need to be picked up with the Home Manager on 04/08/2021...'*

The panel noted that Mrs Green-Wiles had mentioned that she had a conflict of interest with '*a person within the GP Practice*' on 3 August 2021, one month before Doctor 1 made his complaint regarding the answering of telephone calls. The panel noted that Mrs Green-Wiles had stated that she felt '*uncomfortable*' speaking with the doctor. The panel noted that in her oral evidence Witness 6 elicited words to the following effect from Mrs Green-Wiles when she had the meeting with her on that day:

A. I remember her saying that there was a conflict of interest. I found that strange as she was new to the area. I asked her what it was to overcome . She became quite upset when I asked her about it.

Q. In what way?

A. Visibly upset. She was .. not shouting, gesticulating. I can't go over there; I can't speak to him. He's a bad man. This is why I tried to say speak to another GP she said she didn't want to have anything to do with the GP practice at all. Raising voice and visibly upset.

Q. Was that out of character?

A. Hard for me to say because all interactions were generally even tone. Didn't get upset in my dealings with her.. Others said she shouted.

The panel recognised that this was not recorded in her notes of the meeting. However, she went on to state that she put into position provisional arrangements as to taking calls at the Home through a colleague. Further it noted that notwithstanding that Witness 6 said that she referred the matter to the Home Administrator and to the Home Manager Witness 4, there was no follow up to the matter before the incident on 2 September 2021. The position therefore was that that the provisional arrangements made by Witness 6 continued.

In those circumstances, the panel reached the conclusion that Mrs Green-Wiles was entitled to believe that the provisional arrangements which Witness 6 put into position obviated any need on her part to communicate with the doctor.

The panel also noted that following Mrs Green-Wiles's assertion that there was a conflict of interest and her reference to 'a *bad man*', there were never any further enquiries or investigations made as to whether there was indeed a conflict of interest. There may have been one however this was not explored. Under those circumstances, the panel does not find that her lack of cooperation with Doctor 1 concerning a resident should properly be construed as inappropriate or abusive behaviour.

Therefore, the panel found charge 1c not proved.

Charge 1d

"That you a Registered Nurse,

1. Demonstrated inappropriate and/or abusive behaviour toward colleagues and other professionals in that:
 - d. On 17 September 2021, made a false accusation about a doctor's behaviour toward you."

This charge is found NOT proved.

In reaching this decision, the panel took into account all of the documentary evidence and the oral evidence of Doctor 1, Witness 2, Witness 3, Witness 4, Witness 5 and Witness 6.

The panel also noted that a month prior to her making allegations against Doctor 1, Mrs Green-Wiles had stated that she had a conflict of interest involving a '*bad man*'.

The panel was concerned that there was no proper local investigation as to whether there had been any professional opportunity for an encounter between Mrs Green-Wiles and Doctor 1 before he made a complaint against her on 2 September 2021. It had only seen statements from Doctor 1, Witness 4 and Witness 2 which were to the effect that Mrs Green-Wiles had never met Doctor 1. There was no documentary evidence of any

research as to whether, whensoever Doctor 1 attended the nursing home, Mrs Green-Wiles was on duty.

When the panel probed Witness 4 as to whether she had researched whether any such opportunity had presented itself, she acknowledged that she could not confirm that they had in fact never met. In fact, Witness 4 referred to the local investigation as an effort to '*protect*' Doctor 1. This issue was in fact addressed by Witness 2 in his evidence in answer to panel questions and questions from the Legal Assessor. He told the panel, based on his inspection of the rotas, that all interactions between Lockwood Surgery (GP Surgery) and the Care Home were remote (although he could not be sure as to the period he researched). However, his evidence was contradicted by evidence from Witnesses 1, 3, 4 and 6, who all acknowledged that the GP Surgery paid physical visits to the Home. Further, Witness 2 acknowledged that his task was to safeguard the doctor. His was not an open inquiry. In fact he seems to have done no more, in this respect, than look at the rotas.

The panel reached the conclusion that's it could not rely upon the assertions of Witness 4 and Witness 2 that there was never an occasion when Doctor 1 could have met Mrs Green-Wiles. It considered that the local investigations such as they were, were wholly flawed. They were exercises in protecting Doctor 1.

The panel did note that there were concerns regarding Mrs Green-Wiles' behaviour at the Home. It noted that Mrs Green-Wiles was convinced that she had met two previous staff members, and, as well, the husband of one of them, when this could not have been the case. Nevertheless, she was insistent that she had met them. The panel considered that this was evidence that Mrs Green-Wiles may be prone to imagining or misremembering things.

The panel also heard that Mrs Green-Wiles had made an accusation of being poisoned and that she had had taken pictures of Witness 3's car and made comments which could be interpreted as threatening.

The panel had to consider whether the strange behaviour of Mrs Green-Wiles as set out above could form a basis for a conclusion that the accusation which she made against Doctor 1 was false. Whilst it might have been prepared to reach that conclusion if there had been no mention a conflict of interest or of a bad man a month before, it determined that it should not, given the account she had given on 3 August 2021. To do so, would be to fall into error which Witness 4 and Witness 2 fell, namely to dismiss without proper consideration of the account which she was giving.

The panel therefore finds charge 1(d) not proved. The panel would emphasise that the fact that it does not find that the NMC has proved that the accusation was false, does not mean that it finds that it was true.

Charge 2)

“That you a Registered Nurse,

Your conduct at charge 1(a) amounted to harassment in that it had the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment to the relevant individual”

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence of Witness 3 which included her witness statement and local handwritten statement. It also took into account Witness 3’s oral evidence. The panel also took into account the written and oral evidence of Witness 6.

Witness 3 told the panel that Mrs Green-Wiles had called her a ‘*pig*’ and a ‘*bitch*.’ She told the panel that this happened more than once and was a regular occurrence.

During Witness 3's oral evidence in chief, Witness 3 stated that she would not say the terms of abuse were intimidating however it was '*uncomfortable*', '*rude*', '*not nice*' and '*unnecessary*'. Witness 3 told the panel that Mrs Green-Wiles often made these remarks '*over and over again*'.

The panel took into account the oral evidence of Witness 6 who stated that some staff members called each other names, which created a hostile environment in the Home. Witness 6 told the panel that staff members had made complaint regarding Mrs Green-Wiles name calling and that some members of staff disliked Miss Green-Wiles due to this.

Nonetheless, the panel was of the view that whether or not Mrs Green-Wiles intended to create an intimidating, hostile, degrading, humiliating or offensive environment towards Witness 3, the fact that she called her by these names had that effect.

Therefore, the panel found charge 2 proved.

Charge 3)

"That you a Registered Nurse,

Your behaviour at charge 1(d) lacked integrity as your intention was to discredit a fellow professional who had made a complaint about you"

This charge is found NOT proved.

As the panel found charge 1d not proved, charge 3 fell away.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs

Green-Wiles'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, Mrs Green-Wiles's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Webb referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision. He identified specific, relevant standards which the NMC suggest were breached by Mrs Green-Wiles and which amount to misconduct, namely paragraphs 1.1, 8.2, 20.1, 20.2, and 20.3. Mr Webb also referred to the case of *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311 and relevant NMC Guidance.

Mr Webb invited the panel to take the view that the charges found proved amount to misconduct. He submitted that Mrs Green-Wiles conduct had amounted to bullying, and that she had reportedly demonstrated similar behaviours towards other colleagues. He submitted that the behaviour was attitudinal. He submitted that her behaviour was a serious departure from the expected standards of a registered nurse and fell far short of what would be proper conduct.

Mr Webb submitted that Mrs Green-Wiles's behaviour had departed from good professional practice and was sufficiently serious to constitute serious professional misconduct. He submitted that Mrs Green-Wiles breached fundamental tenets of the profession, failed to uphold the reputation of the profession at all times, and brought the profession into disrepute.

Submissions on impairment

Mr Webb 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 *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWHC 581 (Admin). He also referred the panel to DMA-1 '*Impairment*', specifically that on bullying, and FTP-15a '*Can the concern be addressed?*'

Mr Webb submitted that the following questions outlined in the case of Grant can be answered in the affirmative in respect of this case, namely whether Mrs Green-Wiles:

- *Has in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- *Has in the past brought and/or is liable in the future to bring the profession into disrepute; and/or*
- *Has in the past committed a breach of one of the fundamental tenets of the profession and/or is liable to do so in the future and/or*
- ...

Mr Webb submitted that these three limbs of the *Grant* test are engaged as to the past and the future. Therefore, there was a real risk of harm to patients and colleagues. He submitted that Mrs Green-Wiles behaviour could have had negative effects on Witness 3 and other colleagues and thereby impeded them in their work at the Home, potentially impacting the quality-of-care patients received. He submitted that Mrs Green-Wiles had breached fundamental tenets of the profession, brought the profession into disrepute, and was the type of behaviour which is not what the public or other colleagues would expect from a registered nurse.

Mr Webb submitted that bullying is a very serious concern and evidenced deep seated attitudinal issues which are inherently difficult to put right. He submitted that Mrs Green-Wiles has not engaged with these proceedings, and there is no evidence before the panel at present to suggest that Mrs Green-Wiles has engaged in any reflection or remediation of the concerns identified. For these reasons, there is a risk of Mrs Green-Wiles repeating the behaviours identified if she was permitted to practise unrestricted at this time.

Mr Webb submitted that a finding of impairment is required to maintain public confidence in the profession and to uphold proper professional standards. He submitted that public confidence in the profession and the NMC as its regulator would be undermined if such behaviour were not marked as unacceptable, and he invited the panel to find that Mrs Green-Wiles' fitness to practise is currently impaired by reason of her misconduct.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

The panel also took into account the NMC's Guidance on misconduct and impairment.

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mrs Green-Wiles's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Green-Wiles's actions amounted to a breach of the Code. Specifically:

'...1 Treat people as individuals and uphold their dignity

1.1 treat people with kindness, respect and compassion

8 Work cooperatively

8.2 maintain effective communication with colleagues

20 Uphold the reputation of your profession at all times

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

20.2 ...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 take advantage of their vulnerability or cause them upset or distress...'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mrs Green-Wiles actions in the charges found proved were sufficiently serious in nature that each would meet the threshold for misconduct.

The panel found that Mrs Green-Wiles's actions amounted to behaviour that would be considered as harassment, and that such behaviour did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. The panel determined that Mrs Green-Wiles's conduct could have impeded colleagues in their work at the Home,

potentially resulting in serious harm to vulnerable and unwell residents. The panel determined that her behaviour would be considered deplorable by fellow practitioners, thereby damaging the trust that they and the public place in the profession.

The panel gave some consideration to the background and context of the behaviour found proved. It noted that there appeared to have been a hostile environment amongst the staff at the Home and [PRIVATE]. However, in the absence of Mrs Green-Wiles providing the panel with any information regarding these matters, the panel could not attach much significance to them. It therefore had to consider Mrs Green-Wiles behaviour against the standards expected of a nurse when fulfilling their role. In these circumstances the panel determined that Mrs Green-Wiles actions did fall seriously short of the conduct expected of a nurse and she failed in her duty to uphold the standards and values of nursing, amounting to misconduct.

Decision and reasons on impairment

The panel went on to decide if as a result of the misconduct, Mrs Green-Wiles's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

'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. 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)'

In considering the first limb of the *Grant* test the panel noted that although there is no evidence before it that Mrs Green-Wiles's conduct resulted in any harm to patients and it heard that she delivered good nursing care, actual harm could have been caused to Witness 3, who reported feeling '*uncomfortable*' and '*very sad*' in response to Mrs Green-Wiles name calling. It was also reported by Witness 6 that Witness 3 had cried when she had seen that she would be on a shift with Mrs Green-Wiles. When a professional on the register demonstrated behaviours associated with harassment, the possible consequences can be far-reaching. It was of the view that harassment can have a profound effect on those who experience it and when nursing colleagues experience this from a fellow nurse it can affect teamwork and individual performance and through this the quality of care that patients receive. Hence the panel took the view that harassment has the potential to lead to a risk of harm to patients. Further, if Mrs Green-Wiles were to repeat her misconduct colleagues could be impacted leading to patients being negatively affected. On this basis, the panel determined that limb 'a' of the *Grant* 'test' was engaged.

The panel finds that Mrs Green-Wiles's misconduct had breached fundamental tenets of the nursing profession in that she failed to uphold the standards expected of nurses by harassing Witness 3. She brought the nursing profession's reputation into disrepute. It was of the view that Mrs Green-Wiles's behaviour demonstrated a failure to treat people fairly and respectfully. The panel determined that limbs 'b' and 'c' in the above *Grant* 'test' were also engaged in this case.

The panel was satisfied that the misconduct in this case is capable of being addressed notwithstanding that it appeared to evidence attitudinal issues. Mrs Green-Wiles had chosen not to attend the hearing to provide any insight and there was no evidence before

the panel to suggest that Mrs Green-Wiles has taken any steps to remediate the concerns or reflect on her behaviour.

The panel was of the view that there is a risk of repetition due to there being no evidence of Mrs Green-Wiles's insight, remorse or remediation. The panel determined that should Mrs Green-Wiles repeat her behaviour in the future there would be a risk of harm to colleagues and patients. On the basis of all the information before it, the panel decided that there is a risk to the public if Mrs Green-Wiles were permitted to practise without restriction. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind 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 as public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Green-Wiles's fitness to practise impaired on the ground of public interest. A member of the public in possession of all the facts in this case would be deeply concerned if a nurse had harassed fellow colleagues and a finding of impairment was not made. There would be a public expectation that the regulator would act in a case of this nature in order to uphold public confidence in the nursing profession. The panel therefore decided that a finding of impairment is necessary on the ground of public interest.

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

Sanction

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

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

Submissions on sanction

Mr Webb informed the panel that in the Notice of Hearing, dated 23 October 2025, the NMC had advised Mrs Green-Wiles that it would seek the imposition of a striking off order if it found Mrs Green-Wiles's fitness to practise currently impaired. During the course of the hearing, the NMC revised its proposal and submits that a suspension order is more appropriate in light of the panel's findings.

Mr Webb outlined the aggravating factors he identified in this case:

- Mrs Green-Wiles lack of insight into the failings as a result of her disengagement with the NMC
- A pattern of behaviour over a period of time
- The misconduct occurred despite Mrs Green-Wiles having practised as a registered nurse for a number of years

Further, Mr Webb submitted that there was no evidence that Mrs Green-Wiles had remediated the concerns in relation to her behaviour in these charges, and that her misconduct was attitudinal in nature and therefore difficult to remediate. He therefore

maintained that a risk of repetition of the misconduct remains in this case.

Mr Webb provided the panel with submissions on the sanctions available to it, going through the appropriateness and proportionality of each sanction and highlighting the relevant NMC guidance to which the panel could refer. He submitted that making no order or imposing a caution order would not be appropriate or proportionate given the serious nature of the charges, which the panel found amounted to harassment. Also, as the panel found that Witness 3 was affected as result of Mrs Green-Wiles misconduct, he submitted that if such conduct were repeated colleagues and patients could face a risk of harm. This was in conflict with a fundamental tenet of the nursing profession, namely promoting professionalism and trust. Therefore, he submitted that taking no action or imposing a caution order would not mark the seriousness of the case, nor would it protect the public or meet the public interest.

Mr Webb submitted that a conditions of practice order would not be the appropriate or proportionate as this was not a single incident of misconduct, and there are deep seated attitudinal issues in this case. Also, as Mrs Green-Wiles had not engaged with these proceedings, there was no information before the panel to suggest that she is currently practising as a nurse, and therefore, nothing before the panel today to suggest that Mrs Green-Wiles would comply with any conditions imposed.

Further, Mr Webb submitted that at present Mrs Green-Wiles has not demonstrated any insight, reflection, or remediation and, given the panel's findings, a risk of repetition remains. He submitted that a suspension order is the only order that would sufficiently protect colleagues and patients from harm, address the public interest, and maintain public confidence in the profession.

Decision and reasons on sanction

Having found Mrs Green-Wiles'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:

- No evidence of insight
- A pattern of behaviour over a period of time
- Mrs Green-Wiles put patients and colleagues at a risk of harm

The panel also took into account the following mitigating features:

- There was evidence that there was an unhappy working environment in the Home
- Lack of managerial support

The panel first considered the guidance on the sanctions for particularly serious cases and decided that although this case did not fall within any of the headings, there were certain elements that were applicable to this case.

The panel then considered whether to take no action but concluded that this would be inappropriate in view of the serious elements of the case. The panel decided that it would be neither proportionate, sufficient to protect the public 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 serious elements of the case, the public protection and public interest issues identified, an order that does not restrict Mrs Green-Wiles'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 Mrs Green-Wiles'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 placing conditions of practice on Mrs Green-Wiles'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 was 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 and the findings involved attitudinal issues. The panel were of the view in light of Mrs Green-Wiles non-engagement, there is no evidence that such an order would be workable or practicable.

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 certain factors are apparent.

The panel reached the conclusion that the behaviour of Mrs Green-Wiles was not fundamentally incompatible with her continuing to be a nurse. This episode of misconduct was limited in time and occurred in the context of a difficult environment. Whilst the panel is unaware of any steps that have been taken by Mrs Green-Wiles to remediate her behaviour, it did not consider that remediation was necessarily beyond her. In that circumstance the panel concluded that there was merit in affording Mrs Green-Wiles an opportunity to reflect on the matters which brought her to the attention of the NMC and to address them. It considered that the most appropriate and fairest way for this to happen was for the panel to impose a suspension order for 12 months to give Mrs Green-Wiles appropriate time and space to address her misconduct. The public will be protected by such an order of an otherwise capable nurse who has responded to an opportunity to remediate her practice.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Green-Wiles's case to impose a striking-off order.

The panel were of the view that with future sufficient insight and future personal development, Mrs Green-Wiles had the potential to continue to offer value to the nursing profession and therefore, should be given the opportunity to re-engage with the NMC and fully remediate.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mrs Green-Wiles. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary 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.

The panel determined that a suspension order for a period of 12 months (with review) was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- Mrs Green-Wiles engagement and attendance with the NMC proceedings

- Evidence of professional development, including documentary evidence of completion of relevant courses for example training on communication and treating other with respect and dignity
- A detailed reflective piece concerning the implications of her misconduct on the profession
- References and testimonials from previous and current employers

This will be confirmed to Mrs Green-Wiles in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Webb. He submitted that the NMC is seeking the imposition of an interim suspension order for a period of 18 months to cover any appeal period until the substantive suspension order takes effect.

Mr Webb submitted that given the seriousness of the charges found proved, an interim suspension order is necessary on the grounds of public protection and is also otherwise in the wider public interest.

Decision and reasons on interim order

The panel accepted the advice of the legal assessor.

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 in order to protect the public and the wider public interest to cover the 28-day appeal period and the duration of any appeal should Mrs Green-Wiles decide to appeal against the panel's decision.

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

That concludes this determination.