

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

**Substantive Order Review Hearing
Tuesday, 29 September 2026**

Virtual Hearing

Name of Registrant:	Harriette Lango Seiwoh
NMC PIN:	18F0175E
Part(s) of the register:	Registered Nurse, Sub Part 1 RNA: Adult nurse, level 1 – 20 May 2019 Specialist community public health nursing RHV: Health visitor – 9 November 2020
Relevant Location:	Bexley
Type of case:	Misconduct
Panel members:	Mary Idowu (Chair, lay member) Deepa Leelamany (Registrant member) Fern Basnett (Lay member)
Legal Assessor:	Tracy Ayling KC
Hearings Coordinator:	Clara Federizo
Nursing and Midwifery Council:	Represented by Sian Priory, Case Presenter
Miss Seiwoh:	Present and represented by Simon Holborn
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (12 months) to come into effect on 2 October 2026 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 2 October 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second effective review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 4 September 2024. This was subsequently reviewed on 19 August 2025, where the panel confirmed the suspension order for a further 12 months.

The current order is due to expire at the end of 2 October 2026.

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 were as follows:

'1. On the 10 August 2021,

*(a) failed to complete a new birth visit for Patient A's baby. **(FOUND PROVED)***

*(b) recorded a weight of 3.2 kg in Patient A's baby's notes when in fact no such weighing had taken place. **(FOUND PROVED)***

*(c) in the event that Patient A was not present at her address on the 10 August 2021, failed to arrange an alternative date for a new birth visit or refer the case back to a coordinator for reallocation; **(FOUND PROVED)***

2. On the 13th September 2021,

- (a) Completed only 10 minutes of a mandatory 1-hour new birth assessment for Patient I's baby **(FOUND PROVED)**
- (b) failed to weigh Patient I's baby, a requirement imposed by virtue of it being tongue tied. **(FOUND PROVED)**
- (c) Failed to discuss with Patient I safe sleeping positions and/or cot death prevention (SIDS). **(FOUND PROVED)**

3. On some or all of the dates set out in Schedule 1a) b,c and e, failed to record your health visitor's notes within 48 to 72 hours. **(FOUND PROVED)**

4. On the 9 April 2021, in conducting a removal into case load visit for Patient B and her children, failed in your assessment to take into account Patient B's medical records and/or a Maternity Safeguarding Notification dated 11 September 2020. **(FOUND PROVED)**

5. Placed Patient B on a normal universal caseload instead of a universal plus caseload. **(FOUND PROVED)**

The last reviewing panel on 19 August 2025 determined the following with regard to impairment:

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

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

- *it included some, but very limited understanding of the negative impact the misconduct had on colleagues, patients and families and the reputation of the nursing profession;*
- *limited understanding of the circumstance that led to the poor practice and the significance and nature of the concerns relating to that practice;*

- *lack of specificity in what measures Ms Seiwah would put in place to ensure the misconduct did not recur;*
- *limited evidence that Ms Seiwah accepts personal accountability for the misconduct, without seeking to blame others or excuse her actions, and limited understanding of the personal accountability to act with an appropriate level of professionalism.*

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

The panel considered the case of Grant [2011] EWHC 927 (Admin) in paragraph 76, whereby Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

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

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

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

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

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

The last reviewing panel on 19 August 2025 determined the following with regard to sanction:

'The panel next considered whether a conditions of practice on Ms Seiwoh's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, and workable. The panel gave due consideration to a variety of possible conditions of practice, but concluded that given the gravity of the original charges and the nature of the concerns about Ms Seiwoh's

practice, there are no practical or workable conditions that could be formulated. Further, the panel noted that Ms Seiwoh has not provided any submissions about her willingness to work within conditions of practice. The panel bore in mind the seriousness of the facts found proved at the original hearing and the lack of insight and development shown since and concluded that a conditions of practice order is not appropriate or proportionate, nor would it adequately protect the public or satisfy the public interest.

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

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

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

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

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

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

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

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and documentation submitted on your behalf. It has taken account of the submissions made by Ms Priory, on behalf of the NMC, and the submissions of Mr Holborn, on your behalf.

Ms Priory submitted that the NMC remained neutral as to the outcome of this review. She outlined the background to the regulatory concerns, which arose from your practice as a Health Visitor and included poor patient care, poor record-keeping, and failures in care planning and inadequate risk assessments. She reminded the panel that, when the suspension order was first imposed, the original panel identified a pattern of misconduct over a seven-month period, involving nine patients and creating a serious risk of harm to vulnerable new mothers and babies. At that stage, the original panel was of the view that you had demonstrated a lack of insight into the potential harm arising from your conduct and that there was no evidence that you had taken steps towards remediation.

Ms Priory also outlined that on the first review on 18 August 2025, the reviewing panel considered a personal reflection from you but found that this demonstrated only limited understanding of the negative impact of your misconduct on colleagues, patients and families, and on the reputation of the nursing profession. The previous reviewing panel identified that you had a limited understanding of the circumstances that led to the poor practice, the serious nature of the concerns and risks posed, together with a lack of specificity as to the measures you would put in place to prevent any repetition of the conduct in the future. In addition, there was limited evidence that you accepted personal accountability for your misconduct without seeking to blame or excuse your actions, or that

you understood your personal responsibility to act with an appropriate level of professionalism.

Ms Priory noted that the reviewing panel had concluded that your reflections did not demonstrate the depth of understanding and insight expected at that stage. It therefore found that your fitness to practise remained impaired and extended the suspension order for a further 12 months. Ms Priory reminded the panel that the previous reviewing panel indicated that the current panel might be assisted by a more focused reflection and greater insight into your personal accountability, together with evidence of development and demonstrable learning, how it related to your scope of practice and how you intended to apply it in future practice. It had also indicated that testimonials from a line manager, supervisor or mentor addressing your current work practices could assist this panel.

Ms Priory noted that you had provided further documentation including a detailed reflective piece, which she submitted the panel may wish to consider alongside the submissions made on your behalf. She concluded by reiterating that the NMC remained neutral as to the outcome of today's substantive order review.

The panel heard oral evidence from you under oath.

Mr Holborn, on your behalf, told the panel that the evidence you provided, in particular your oral evidence and your reflection, were more significant than his submissions. He submitted that you accepted responsibility for the misconduct, that you do not seek to blame anyone else, and recognise the seriousness of the concerns. He submitted that you recognised that your mistakes had been compounded by your initial response to them and were now working towards addressing those issues.

Mr Holborn submitted that you could only fully demonstrate the effectiveness of the steps you have taken towards remediation by being given an opportunity to return to meaningful work as a registered nurse or health visitor. He therefore invited the panel to consider replacing the current suspension order with a conditions of practice order.

Mr Holborn emphasised that you had not simply remained inactive during your period of suspension, but had engaged with the process and cooperated with the NMC, obtained

employment and worked effectively, have undertaken volunteering to remain connected to a clinical environment, and provided a genuine, '*open and heartfelt*' reflection as well as positive testimonials.

Mr Holborn submitted that you accepted the findings of the substantive hearing and understood that the purpose of this review was not to revisit the facts found proved, but to determine whether your fitness to practise remained impaired and, if so, what order was necessary and proportionate to protect the public, maintain public confidence and uphold professional standards. He submitted that, following two years of suspension, you needed an opportunity to return to practice in order to demonstrate that you could return to safe nursing practise.

Mr Holborn referred to the previous panel's indication that further reflective practice, training and development, and testimonials would assist at this review. He submitted that such evidence is now before the panel and this demonstrated that you have made progress, specifically in gaining insight and developing your practice. He accepted that written reflection, online learning and non-clinical work could not, by themselves, establish current unrestricted clinical competence. However, he submitted that the oral evidence demonstrated sufficient insight and development to justify replacing the current suspension with a conditions of practice order.

Mr Holborn acknowledged the seriousness of the original concerns and submitted that public protection, public confidence and professional standards remained central considerations. He submitted that the passage of time alone did not remove the risk, but highlighted for the panel that you have developed insight, undertaken targeted learning, demonstrated continued engagement in strengthening your practice and accepted that any return to practice should be supervised and monitored. He submitted that you had considered the regulatory concerns carefully, recognised where you had gone wrong and identified how you would practise differently in future.

Mr Holborn invited the panel to replace the suspension order with an appropriate and proportionate conditions of practice order. He suggested that the conditions could include working under supervision, regular and documented follow-up meetings with your supervisor and a personal development plan. He also submitted that you were willing to

keep the NMC informed of your progress and to comply with such arrangements. Mr Holborn submitted that such an order would protect the public, maintain professional standards and public confidence, and provide you with a structured way back to safe nursing practice.

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 your fitness to practise remains impaired.

In reaching this decision, the panel had regard to the evidence before it, including your written reflections, the documentary evidence and your oral evidence. The panel acknowledged that you had made positive progress since the last review. It recognised that you had developed insight into the concerns, accepted responsibility for your actions and failings, demonstrated an understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession and reflected on what you would do differently in future.

In considering whether you have taken steps to strengthen your practice, the panel took into account that you had undertaken additional targeted online learning relevant to the identified areas of concern. It also considered the positive testimonials you have provided and that the experience you gained in your voluntary and non-clinical roles demonstrated transferable skills relevant to nursing practice.

However, the panel noted that you had not had the opportunity to return to practice as a registered nurse or health visitor during the period of your suspension. As a result, there had been no opportunity to test your insight, remediation and learning in a clinical environment or to demonstrate sustained behavioural change in practice. The panel therefore considered that there remained a potential risk of repetition, and that it could not be satisfied that the concerns had been fully remedied.

The panel considered that the areas of practice giving rise to the concerns required to be tested in practice before it could be satisfied that you were no longer impaired. The panel therefore concluded that you remained liable to cause unwarranted harm to patients and that there remained uncertainty as to whether you could practise safely and professionally without appropriate safeguards. The panel therefore decided that a finding of continuing impairment is necessary on the ground of public protection.

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

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your 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, as it found that your fitness to practise remained impaired and that there remained a risk which had not yet been tested in clinical practice. In particular, it noted that you have not returned to work as a registered nurse or health visitor during the period of your suspension. The panel therefore considered that some restriction on your practice remained necessary to protect the public and maintain confidence in the profession.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the concerns and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG

states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that the concerns in this case were not at the lower end of the spectrum and that a caution order would not sufficiently address the outstanding concerns. In particular, although the panel recognised the significant progress you had made, your remediation had not yet been fully tested in a clinical environment. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. It first acknowledged the seriousness of the concerns that had been found proved. However, it had also identified significant evidence of progress since the last review. The panel considered that you had undertaken relevant and targeted e-learning and that your written reflection and acceptance of full responsibility for your past actions and omissions demonstrated developed insight. It also noted that you were able to identify what you had done wrong, the potential consequences of poor practice and what you would do differently in future. The panel also considered your specific oral evidence regarding clinical assessment, risk management, safeguarding, accurate record keeping, seeking advice and escalating concerns.

The panel further took into account the evidence of your non-clinical employment and voluntary work during the period of suspension. Although this did not establish current clinical competence, the panel considered that it demonstrated transferable skills and some evidence of your ability to work with others, manage responsibilities and apply learning. The panel also recognised that you had not simply remained inactive during your suspension and had taken steps to maintain and develop your clinical/nursing skills.

The panel considered that the concerns were capable of being remedied. It did not identify any deep-seated attitudinal or personality issues. It also considered that the areas of concern were identifiable and capable of being addressed through appropriate retraining, supervision, monitoring and support.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may enable you to return to practice in a structured and

supervised manner, and would serve to protect the public and the reputation of the profession in the meantime.

The panel considered your professional experience, and it noted that the concerns were not only related to health visiting. Although the original concerns arose from your practice as a health visitor, the underlying professional competencies engaged by those concerns are relevant to nursing practice more generally. The panel therefore considered that the conditions should enable you to work in a nursing role, should you wish to apply, and should include health visiting or another appropriate nursing role, such as adult nursing. The panel considered that such conditions could adequately address the identified risks while allowing you the opportunity to demonstrate that your learning and insight could be translated into safe and effective clinical practice.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your nursing practice to one substantive employer, excluding agencies. This must be a role for which you are appropriately trained, experienced and competent, including health visiting or another appropriate nursing role.
2. You must not undertake any clinical activity for which you have not demonstrated the required competence or received appropriate training.
3. You must ensure that you are directly supervised by another registered nurse any time you are working.
4. You must meet regularly with your line manager or supervisor, as nominated by your employer, to discuss the following:

- a) clinical assessment and decision-making;
- b) record keeping;
- c) safeguarding;
- d) risk assessment;
- e) workload and caseload management;
- f) escalation of concerns;
- g) completion of required clinical activity; and
- h) compliance with these conditions.

These meetings must take place at least once every three weeks for the first three months, and at least monthly thereafter.

5. You must not make any clinical decisions until you undertake appropriate clinical assessments within your scope of practice and are deemed competent to do so.
6. You must complete any safeguarding training required by your employer and demonstrate that you appropriately consider relevant safeguarding information when undertaking assessments and making decisions about care.
7. You must work with your line manager or named supervisor to develop a written Personal Development Plan (PDP) within 28 days of employment starting. The PDP must identify the areas of practice requiring development, the learning or training required, how your competence will be assessed, the evidence required to demonstrate improvement and appropriate timescales.
8. You must provide a copy of your PDP to the NMC within 28 days of your employment starting.
9. You must provide the NMC with an updated report from your line manager or named supervisor at least every three months, addressing

your progress against your PDP and your compliance with these conditions.

10. You must keep the NMC informed about anywhere you are working by:

- a) Telling your case officer within seven days of accepting or leaving any employment.
- b) Giving your case officer your employer's contact details.

11. You must keep the NMC informed about anywhere you are studying by:

- a) Telling your case officer within seven days of accepting any course of study.
- b) Giving your case officer the name and contact details of the organisation offering that course of study.

12. You must inform and immediately give a copy of these conditions to:

- a) Any organisation or person you work for.
- b) Any employers you apply to for work (at the time of application).
- c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

13. You must tell your NMC case officer, within seven days of your becoming aware of:

- a) Any clinical incident you are involved in.
- b) Any investigation started against you.
- c) Any disciplinary proceedings taken against you.

14. You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a) Any current or future employer.
- b) Any educational establishment.
- c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for **12 months**.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 2 October 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC and attendance at a future hearing;
- Evidence of accessing education which is of sufficient weight and relevance to assist the panel;
- Evidence of supervised work, paid or unpaid, in a directly relevant and transferable role;
- A reflective piece, which includes the key points of learning activities, how they are or will be linked to the scope of your practice, what you have learned and have been applying to your practice;
- Testimonials from a line manager or supervisor or mentor that detail your current work practices, whether paid or unpaid.

This will be confirmed to you in writing.

That concludes this determination.