Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday 17 March 2025 – Friday 21, March 2025
Monday, 24 March 2025 - Tuesday 25 March 2025
Monday, 26 January 2026 – Thursday, 29 January 2026
Tuesday, 14 April 2026 – Wednesday, 15 April 2026
Monday, 21 September 2026 – Tuesday, 22 September 2026

Name of Registrant:	**Louise Diana Woodgate**
NMC PIN	12B0441E
Part(s) of the register:	Registered Nurse - Sub part 1 Adult nurse, level 1 (8 November 2012)
Relevant Location:	Great Yarmouth
Type of case:	Misconduct/Lack of competence
Panel members:	Sarah Lowe (Chair, Lay member) Sharon Peat (Registrant member) Janine Green (Lay member)
Legal Assessor:	Laura McGill
Hearings Coordinator:	Antonnea Johnson (17 – 21 March 2025 & 24 – 25 March 2025) Eyram Anka (26 January 2026 – 29 January 2026) Adaobi Ibuaka (21 – 22 September 2026)
Nursing and Midwifery Council:	Represented by Stephen Page, Case Presenter (17 – 21 March 2025, 24 – 25 March 2025, & 26 January 2026 – 29 January 2026) Represented by Laura Holgate, Case Presenter (21-22 September)
Ms Woodgate:	Present and represented by James Nash, Counsel, instructed by the Royal College of Nursing (RCN) (17 – 21 March 2025 & 24 – 25 March 2025)

	Ryan Evans (26 January 2026 – 29 January 2026 and 21 - 22 September 2026)
Facts proved:	Charges 1f, 1h, 1i, 1m, 1n, 2c, 2d, 2h, 2i, 2l, 2o, 3a, 3c, 3d, 4 and 5
Facts proved (by way of admission):	Charges 1a, 1b, 1c, 1d, 1e, 1g, 1j, 1l, 2b, 2e, 2j, 2k, 2n, 3b, 8 & 9
Facts not proved:	Charges 1k and 2a
No case to answer under Rule 24(7):	Charges 2f, 2g, 2m, 6 & 7
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

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

At the outset of the hearing, Mr Page made a request that this case be held in private on the basis that proper exploration of your case involved matters relating to your health conditions. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Nash indicated that he supported the application to the extent that any reference to your health conditions should be heard in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that the hearings shall be conducted in public, Rule 19(3) states that the panel may hold he hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session when issues surrounding your health conditions are raised as they are not so central that the entirety of the hearing needs to be held in private.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Page under Rule 31 to adduce the hearsay bundle exhibited by Jo Probert (Ms Probert) into the evidence before the panel.

Mr Page provided written submissions to the panel. He referred the panel to the NMC Guidance DMA-6 *Evidence* (last updated: 2 December 2024). He addressed the panel on the principles to be applied in respect of hearsay evidence in accordance with *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin).

Mr Page submitted that the statements, as identified in the exhibits from a number of sources represents a proportionate method in which to deal with the number of concerns raised that are before the panel.
Mr Nash opposed the application.

Mr Nash provided written submissions which he supplemented with oral submissions. He submitted that the exhibits do not meet the requirements set out in *Thorneycroft.* He submitted that the emails contain hearsay, multiple hearsay, or anonymous evidence. He submitted that no information was available as to the efforts made by the NMC to contact those witnesses about giving live evidence, providing a NMC witness statement or were any reasons given as to why they were not present. He submitted that several of the exhibits are the sole or decisive evidence for key charges, meaning their admission would cause serious unfairness.

Mr Nash submitted that you dispute the allegations and have no means of cross-examining the sources. Given these issues, he submitted that the evidence should be excluded as inadmissible.

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 noted that you made no objection to the admission of documents exhibited by Ms Probert, specifically Exhibits 4 and 5, which provided positive feedback about your practice. In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence Exhibit 4 and 5 but would give what it deemed appropriate weight to them once the panel had heard and evaluated all the evidence before it.

In respect of Ms Probert's Exhibit 9, the panel was of the view that the evidence was relevant to the concerns. It considered that there was no unfairness to you in admitting these exhibits as they provided positive feedback about your practice. The

panel also considered that Ms Probert can be cross examined about the telephone conversation detailed in the email. The panel noted that you made no objection to the admission of these exhibits into evidence. In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence Exhibit 9 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

In respect of Ms Probert's Exhibit 10, the panel noted that their evidence on the whole is relevant to a number of the charges. However, the panel determined that it would be relevant but unfair to admit the hearsay evidence. The panel noted that this evidence was not sole and decisive in respect of charge 1c. It noted that you dispute the allegation, and you have no way of challenging it because Crystal Logan (Ms Logan) has not provided a statement and has not been warned to attend. The panel was given no information as to whether Ms Logan was asked to attend or whether any effort was made to secure their attendance. The panel determined that admitting these exhibits would cause serious prejudice to you. The panel therefore refused the application to admit Exhibit 10 into evidence.

In respect of Ms Probert's Exhibit 11, the panel noted that Ms Logan's evidence on the whole is relevant to a number of the charges and that it is sole and decisive in respect of charge 2m. In light of this and for the same reasons as given in respect of Ms Probert's Exhibit 10, the panel determined that admitting this exhibit would cause serious prejudice to you. The panel therefore refused the application to admit Exhibit 11 into evidence.

In respect of Ms Probert's Exhibit 14 and Exhibit 23, the panel noted that these emails contain both anonymous and multiple hearsay. The emails report alleged patient concerns, but the patients are unidentified, meaning their credibility and reliability cannot be tested. There is also no direct account from Maria Luiz (Ms Luiz) or Jill Ireland (Ms Ireland) of witnessing any of the matters alleged. The panel therefore determined that it would be relevant but unfair to admit the hearsay evidence. It noted that you dispute the allegations and you have no way of challenging them because Ms Luiz and Ms Ireland have not provided statements and have not been warned to attend. The panel was given no information as to whether

either witness was asked to attend or whether any effort was made to secure their attendance. The panel determined that admitting these exhibits would cause serious prejudice to you. The panel therefore refused the application to admit Exhibit 14 and Exhibit 23 into evidence.

In respect of Ms Probert's Exhibits 15 and 21, the panel noted that Caroline Hunt's (Ms Hunt) emails include multiple hearsay from others without Ms Hunt's direct knowledge. The panel determined that it would be relevant but unfair to admit the hearsay evidence. It noted that you dispute the allegations, and you have no way of challenging the source of the information because they have not provided a statement and have not been warned to attend. The panel determined that admitting these exhibits would cause serious prejudice to you. The panel therefore refused the application to admit Exhibits 15 and 21 into evidence.

In respect of Ms Probert's Exhibit 16, the panel noted that Caroline Collyer's (Ms Collyer) evidence is relevant to the allegations regarding ineffective communication. However, the panel determined that it would be unfair to admit the hearsay evidence. The panel noted that this evidence was not sole and decisive in respect of charge 3. It noted that you dispute the allegations, and you have no way of challenging them because Ms Collyer has not provided a statement and has not been warned to attend. The panel was given no information as to whether Ms Collyer was asked to attend or whether any effort was made to secure their attendance. The panel determined that admitting this exhibit would cause serious prejudice to you. The panel therefore refused the application to admit Exhibit 16 into evidence.

In respect of Ms Probert's Exhibit 17, the panel noted that Ms Collyer's evidence is relevant and provides contemporaneous evidence of your practice. However, the panel determined that it would be unfair to admit the hearsay evidence. The panel noted that this evidence was sole and decisive in respect of charges 2f and 2g. It noted that you dispute the allegations, and you have no way of challenging because Ms Collyer has not provided a statement and has not been warned to attend. The panel was given no information as to whether Ms Collyer was asked to attend or whether any effort was made to secure their attendance. The panel determined that

admitting this exhibit would cause serious prejudice to you. The panel therefore refused the application to admit Exhibit 17 into evidence.

In respect of Ms Probert's Exhibit 19, the panel was of the view that the hearsay evidence was not relevant and did not speak directly to any of the allegations you are facing. The panel determined that the evidence was too vague and tenuous in nature and, therefore refused the application to admit Exhibit 19 into evidence.

In respect of Ms Probert's Exhibit 20, the panel noted that Tania Hughes's (Ms Hughes) evidence is relevant and comments on your general behaviour and practice. However, the panel determined that it would be unfair to admit the hearsay evidence. It noted that you have no way of challenging this because Ms Hughes has not provided a statement and has not been warned to attend. The panel was given no information as to whether Ms Hughes was asked to attend or whether any effort was made to secure their attendance. The panel determined that admitting this exhibit would cause serious prejudice to you. The panel therefore refused the application to admit Exhibit 20 into evidence.

The panel allowed the application to admit Ms Probert's Exhibits 4, 5 and 9 and refused the application in relation to Exhibits 10, 11, 14, 15, 16, 17, 19, 20, 21 and 23.

Details of charge (as amended)

That you, a registered nurse, between October 2022 and 26 April 2023 failed to demonstrate the standards of knowledge, skills and judgement required to practice without supervision as a Band 5 nurse, in medication management, infection control and communication, in that you:

1. On one or more occasions between October 2022 and 26 April 2023, whilst under supervised practice in relation to medication administration and management,

a. did not use the dilutant solution provided with Patient A's Teicoplanin
b. did not have knowledge of Patient B's medication
c. asked in front of Patient B which port would be used to take bloods
d. were unable to calculate 550mg of Teicoplanin
e. were unable to use Medusa to calculate medication
f. were unable to correct a non-dripping infusion bag
g. did not know how to measure the PICC's ('percutaneous indwelling central catheter') external length
h. did not check Patient H's prescription
i. did not check Patient H's medication expiry date
j. were unable to discuss the side effects of Patient H's medication
k. signed a drug chart without looking at the medication
l. attempted to connect a Ceftriaxone syringe to a port with 2ml of air
m. did not check Patient I's PICC
n. did not check Patient I's name, date of birth and/or prescription

2. On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

a. used the patient's own towels for hand drying
b. used hand gel when soap and water was available
c. entered patient's properties without washing your hands,
d. did not clean the equipment before and/or after use
e. were unaware of how many days a cannula was in situ
f. sought to reuse a bandage
g. did not assess the visual infusion phlebitis ('VIP') score correctly
h. did not know when to don on and don off PPE
i. did not maintain a sterile field whilst administering medication via a PICC line
j. did not change gloves between sterile and non-sterile tasks
k. desterilised gloves by doing other activities
l. opened a syringe and placed the open end down on the field
m. placed a syringe in the tray without the needle

n. did not know that cannula line observations required complication/charted at each visit
o. have poor ANTT (‘aseptic non touch technique’) practice

3. On one or more occasions between October 2022 and 26 April 2023 did not communicate effectively with patients in that you,

    a. did not engage in communication with patients
    b. did not explain procedures or actions to patients
    c. presented as rude and/or awkward and/or difficult
    d. where not empathic to Patient A, when they received upsetting news

4. On 25 January 2023 stated to Colleague A that Patient A’s respiratory rate was 14, when you had not assessed the rate.

5. Your actions at charge 4, were dishonest in that you intended to create a misleading impression that you had taken Patient A’s respiratory rate.

6. On 5 April 2023 recorded in an unknown patient’s clinical record that you had arrived at the property at 12:10 hours, when you had not.

7. Your actions at charge 6, were dishonest in that you intended to create a misleading impression, as to your arrival time.

8. On 6 April 2023 asked Colleague B not to give feedback on visit 2, to conceal the outcome.

9. Your actions in charge 8 were in breach of your duty of candour, in that you r sought to persuade Colleague B to not be open and honest about visit 2

AND in light of the above, you r fitness to practise is impaired by reason of your lack of competence at charges 1-3 and your misconduct at charges 4- 9.

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Page, on behalf of the NMC, to amend the wording of charge 7.

The proposed amendment was to amend a grammatical error. It was submitted by Mr Page that the proposed amendment would improve accuracy and ease of reading.

> "That you, a registered nurse, between October 2022 and 26 April 2023 failed to demonstrate the standards of knowledge, skills and judgement required to practice without supervision as a Band 5 nurse, in medication management, infection control and communication, in that you:
>
> 7. Your actions at charge 6, were dishonest in that ~~your~~ **you** intended to create a misleading impression, as to your arrival time."

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

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

Background

On 8 May 2023, the NMC received a referral from Ms Probert, Clinical and Operations Lead at Homelink Healthcare Ltd (Homelink). The charges arose whilst you were employed by Homelink Healthcare Ltd on 19 October 2022 as a Community IV Nurse.

Homelink is a private company which is also known to be part of the James Pageant Hospitals NHS Foundation Trust. It provides services to hospitals at home, which is commissioned by the Trust to provide care packages that include intravenous (IV) medication known as IV, observations at home, virtual ward support, physical services and care packages. It is of note that all services are provided within patients' homes with the intention of bridging acute care monitoring and treatment, otherwise delivered in a hospital setting, with the patient at home. The packages of care provide patients with personal care until Social Services can do so.

The following concerns were raised in relation to your practice, namely in relation to:

- Poor IV administration practice
- Poor communication skills
- Poor preparation for home visits, medication preparation and familiarisation with patient details
- Poor antiseptic non-touch technique, known as ANTT
- Dishonesty by falsifying patient observations records.

At your probation review meeting on 27 January 2023, you agreed that your core competency ratings scored 2 out of 4 (2 equates to needing development), save for your drive and enthusiasm rating which was 3 out of 4 (3 equates to meeting requirement).

Ms Probert provided you with support in your probationary period, you accepted the concerns raised and agreed to work towards rectifying them. You were offered support from different mentors, however, there was very little improvement identified.

Your employment was subsequently terminated on 26 April 2023 as a result of unacceptable improvement during your probationary period.

The charges arose whilst you were employed as a registered nurse by Homelink.

Decision and reasons on application of no case to answer

The panel considered a written application from Mr Nash that there is no case to answer in respect of 2f, 2g, 2m, 6 & 7. This application was made under Rule 24(7).

Mr Nash referred the panel to the test for whether a registrant has a case to answer set out in the (criminal) Court of Appeal decision of *R v Galbraith* [1981] 1 WLR 1039, which has been adopted in regulatory proceedings. The relevant passage states:

> *"Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case."*

In relation to this application, Mr Nash submitted there was no evidence before the panel to support charges 2f, 2g and 2m, 6 or 7 that would properly support a finding that you committed the alleged failures. He submitted that none of the witnesses that gave oral evidence had any recollection of the events set out in charges 2f, 2g, or 2m. In the absence of evidence, he submitted that these charges should not be allowed to remain before the panel.

Mr Nash supplemented his written submissions orally. He submitted that there was no evidence that could properly support the NMC having met the burden of proof in relation to charge 6 as there was no admissible evidence that the times recorded

were incorrect and that there was evidence of other reasons which could account for a discrepancy.

Mr Page opposed the application. He submitted that some of the evidence on which the panel could rely had been excluded from the hearsay bundle.

Mr Page submitted that Ms Probert did not work alongside you during the home visits but had received comprehensive feedback from Kate Thorne (Ms Thorne), Amanda Hall (Ms Hall) and Antonio Guanter (Mr Guanter) who had all worked alongside you in a mentoring capacity within the community.

Mr Page submitted that you could not be signed off as a lone worker as you did not meet the standards of Homelink's core competencies, which are relevant to charges 2f, 2g, 2m, 6 and 7. He submitted that you were unable to achieve the requisite competencies despite the support provided by mentors.

Mr Page invited the panel to consider the evidence from each of the four witnesses was credible and reliable. He further highlighted the credibility of Ms Thorne, as she was awarded 'Mentor of the Year' in 2018 and was able to give clear evidence relating to charge 6 and the use of the Encounter system.

Mr Page noted that given the evidence of both Ms Probert and 2, the Encounter system possesses both automatic and manual features that would establish the plausibility of charge 6.

In all the circumstances, Mr Page submitted that there is some evidence before the panel that is not weak nor tenuous that taken at its highest could properly result in a finding of fact.

The panel took account of the submissions made and heard and accepted the advice of the legal assessor who referred the Panel to the case of *Galbraith* and of *R (Tutin) v GMC* [2009] EWHC 553.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer.

The panel was of the view that, taking account of all the evidence before it, there was not a realistic prospect that it would find the facts of charges 2f, 2g, 2m, 6 and 7 proved.

Charge 2f and 2g

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

f) sought to reuse a bandage

g) did not assess the visual infusion phlebitis ('VIP') score correctly

The panel was of the view there was no admissible evidence to support this. Ms Probert's evidence relating to this charge was not from direct experience but was an account reliant on feedback from third parties which was subsequently excluded as hearsay. It bore in mind there was no oral or written evidence from other witnesses. The panel therefore determined that there was no case to answer in respect of charges 2f and 2g.

Charge 2m)

m) placed a syringe in the tray without the needle

The panel determined that there was no admissible evidence and that there was no case to answer in respect of charge 2m.

Charge 6

6. On 5 April 2023 recorded in an unknown patient's clinical record that you had arrived at the property at 12:10 hours, when you had not.

The panel had regard to the oral evidence of Ms Probert and Ms Thorne. It took into account the conflict of information provided by both witnesses as regards to how this system operated. The evidence of Ms Thorne, who had practical experience of using the system, stated that the system automatically populates timings without the need for manual input. Evidence from Ms Probert highlighted the possibility of a user manually inputting timings, and the risk of synchronisation problems. The panel had regard to Ms Thorne's greater knowledge of using the system as compared to that of Ms Probert. The panel determined that on the balance of probabilities, there was insufficient evidence to establish that you had manually populated the system with an incorrect time. It concluded that the evidence was so weak and tenuous that properly directed, a panel could not make a finding of fact and therefore there is no case to answer.

Charge 7

7. Your actions at charge 6, were dishonest in that you intended to create a misleading impression, as to your arrival time.

Having determined that there is no case to answer in respect of charge 6, the panel concluded that there is also no case to answer for charge 7.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Nash, who informed the panel that you made full admissions to charges 1a, 1b, 1c, 1d, 1e, 1g, 1j, 1l, 2b, 2e, 2j, 2k, 2n, 3b, 8 and 9.

The panel therefore finds charges 1a, 1b, 1c, 1d, 1e, 1g, 1j, 1l, 2b, 2e, 2j, 2k, 2n, 3b, 8 and 9 proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the relevant oral and documentary evidence in this case together with the submissions made by Mr Page on behalf of the NMC and by Mr Nash on your behalf.

The panel were 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:

Ms Probert: Clinical and Operational Lead / Referrer

Ms Thorne: Registered nurse

Ms Hall: Registered nurse

Mr Guanter: Registered nurse

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 1f)

On one or more occasions between October 2022 and 26 April 2023, whilst under supervised practice in relation to medication administration and management:

f) were unable to correct a non-dripping infusion bag

This charge is found proved

In reaching its decision the panel took account of the evidence of Mr Guanter. The panel was satisfied that there was direct and balanced evidence from Mr Guanter, that you did not correct the non-dripping infusion bag. *"The patients infusion bag, where fluid with antibiotics is, was not dripping as Mrs Woodgate had clamped it. Mrs Woodgate did not know how to unclamp/ open the infusion bag or how to get it running".* It also noted your oral evidence that you knew the infusion bag was not dripping but that you could not work out why that was and you were no longer thinking about how to correct it, when Mr Guanter stepped in to correct it. Therefore, the panel was satisfied this charge was found proved.

Charges 1h and 1i)

That you, a registered nurse, between October 2022 and 26 April 2023 failed to demonstrate the standards of knowledge, skills and judgement required to practice without supervision as a Band 5 nurse, in medication management, infection control and communication, in that you:

h) did not check Patient H's prescription
i) did not check Patient H's medication expiry date

These charges are found proved

In reaching its decision, the panel took into account the evidence of Ms Thorne. The panel was satisfied that there is direct and balanced evidence from Ms Thorne that you did not check Patient H's prescription, and that you did not check the medication expiry date. The panel bore in mind that this was a fundamental requirement for patient visits as outlined in The Safe Handling Administration of IV Therapy in Community Settings (the Policy), Ms Thorne's oral evidence, and your own

evidence. The panel also noted that you confirmed in your evidence that Ms Thorne attended the visit to Patient H with you in an observation and mentoring capacity.

The panel noted that this was not the first time Ms Thorne had accompanied you on patient visits in a mentoring capacity. In light of the reason for Ms Thorne accompanying you, the panel was of the view that Ms Thorne would have been actively looking to observe whether you checked the prescription and its expiry date, and, in their evidence, they confirmed that they did not observe you doing this. The panel considered your contrasting evidence that you could not recall this event, and that you were, unable to give direct evidence confirming that you did make the relevant checks, but you stated that you *"…would have made the checks"*. Evidence was provided by Ms Thorne and yourself that prescription charts were stored within a physical folder. In order to appropriately check the prescription and expiry date you would have needed to pick up the folder, open it and turn to the correct page. The panel concluded that such an act would have been unlikely to have occurred without Ms Thorne observing it. The panel was therefore satisfied that the way in which the records were kept would have meant that Ms Thorne would have observed the prescription checks inclusive of date checks, and on that basis the panel finds these facts proved.

Charge 1k)

That you, a registered nurse, between October 2022 and 26 April 2023 failed to demonstrate the standards of knowledge, skills and judgement required to practice without supervision as a Band 5 nurse, in medication management, infection control and communication, in that you:

k) signed a drug chart without looking at the medication

This charge is found NOT proved.

In reaching this decision, the panel took into account the documentary evidence before it. It noted the absence of any reference to this incident as alleged in the written statement or oral evidence of Ms Thorne. The panel was not satisfied that the

evidence presented by the NMC was sufficient to discharge the burden of proof. Therefore, the panel found the charge not proved.

Charge 1m)

That you, a registered nurse, between October 2022 and 26 April 2023 failed to demonstrate the standards of knowledge, skills and judgement required to practice without supervision as a Band 5 nurse, in medication management, infection control and communication, in that you:

m) did not check Patient I's PICC

This charge is found proved.

In reaching this decision, the panel took into account contemporaneous notes and oral evidence of Ms Thorne. The panel noted that as your mentor, Ms Thorne continuously observed you during this patient visit. Ms Thorne gave direct evidence confirming that they did not observe you assessing the PICC line. The contemporaneous notes further support this account and state:

> *"…Mrs Woodgate's knowledge of PICC care was limited, this was demonstrated by as not counting the line for migration, which means the line moving from the time of insertion. This is significant in line management, as if the line is measured and has moved more than two centimetres, the line needs to be checked in hospital for its placement and suitability to be used"*.

The panel considered that these notes further explain the significance of PICC line assessments, its placement and the potential repercussions of improper or the absence of assessments. The panel therefore prefer the evidence given by Ms Thorne as on cross examination you confirmed Ms Thorne was accurate in her recollection of events relating to your lack of assessment of the PICC line. The panel therefore found the charge proved.

Charge 1n)

That you, a registered nurse, between October 2022 and 26 April 2023 failed to demonstrate the standards of knowledge, skills and judgement required to practice without supervision as a Band 5 nurse, in medication management, infection control and communication, in that you:

n) did not check Patient I's name, date of birth and/or prescription

This charge is found proved.

In reaching its decision, the panel took into account the written and oral evidence provided by Ms Thorne that the relevant checks did not happen. The panel was satisfied that the checks would have been oral questions asked to the patient, these would have been difficult to miss. Ms Thorne gave evidence about the importance of these verifying questions, in light of this and the experience of Ms Thorne, the panel was of the view that this would have been something keenly anticipated by Ms Thorne because of its importance. In contrast you gave an equivocal response on questioning, where you were unable to pinpoint specifics during live evidence. When questioned on whether you had performed the relevant checks you responded, *"I always do it so it would have been done".* The panel therefore preferred the evidence of Ms Thorne and found the charge proved.

Charge 2a)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

a) used the patient's own towels for hand drying

This charge is found NOT proved.

In reaching this decision, the panel took into account the absence of any direct evidence that you used a patient's towel. The panel noted that during cross-examination you did not specifically recall using paper towels, nor did you recall bringing any into the patient's property. The panel referred to the evidence provided by Ms Hall in cross examination and concluded that there was no direct evidence to substantiate the claim that you used the patient's towel to dry your hands instead of a paper towel. The panel is satisfied that you did not use paper towels, however, notes it is unclear what was used as the alternative. The panel therefore found the charge not proved.

Charge 2c)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

c) entered patient's properties without washing your hands

This charge is found proved.

In reaching its decision, the panel took into account the documentary and oral evidence from Ms Hall and found that on one or more occasions you entered the patient's property without washing your hands. The panel referred to the statement of Ms Hall which stated

> *"…Mrs Woodgate required prompting to wash their hands and follow basic infection control procedures…", "…Mrs Woodgate would not sanitise her hands initially or at any time during the visits. From what I can recall, Mrs Woodgate would wash her hands when we entered the property, but then other occasions she would do this after she had looked at the CVC line …*
>
> *Initially on around two occasions, Mrs Woodgate, required prompting to wash their hands at our visits, I noticed that when Mrs Woodgate did wash them they seemed to be very quick as Mrs Woodgate was in and out of the*

bathroom / kitchen within 10-15 seconds. Hand washing itself should take at least 20 seconds to clean hands effectively. The whole procedure should take 20 to 30 seconds, including drying hands."

The panel considered the hand-washing policy in addition to the evidence from Ms Hall and was satisfied that all evidence relating to hand washing from Ms Hall was contemporaneous. It was therefore satisfied that you did not wash your hands on one or more occasions.

Charge 2d)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

d) did not clean the equipment before and/or after use

This charge is found proved.

In reaching its decision, the panel took into account the clarity of evidence provided by Ms Thorne that was in part supported by the evidence of Ms Hall. Both witnesses stated that they each, on separate occasions, accompanied you on patient visits in the capacity of mentor, and told the panel you did not clean the equipment both before and after use. Ms Thorne stated,

"Louise lacks awareness of IP+C procedures. I have observed Louise not cleaning her equipment (BP monitor, sats probe etc.) following visiting a patient."

The panel was not persuaded that the equipment was cleaned outside the patient's home as there was clear evidence that cleaning wipes were not on your person nor did you have any in your car. The panel determined that the cleaning of clinical equipment should have been given a high priority, and you must have known this

through your induction training and your experience as an infection-control nurse specialist. Therefore, the panel determined this charge is found proved.

Charge 2h)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

h) did not know when to don on and don off PPE

This charge is found proved.

In reaching its decision, the panel took into account the documentary evidence before it and noted the absence of a specific policy that would support the donning and doffing of PPE. The panel noted however, that there was a clear expectation to work with the principles communicated within team meetings, which initially specified that PPE should be donned on prior to entering a patient's house. The panel referred to Ms Thorne's evidence which states:

"Louise will apply her mask and apron before arriving at the property. She then enters and applies gloves to open the box and empties tray. Louise is able to dispose of PPE effectively."

The panel also had regard to Ms Thorne's oral evidence in which they stated the changes communicated to the team relating to the principle of donning on PPE prior to entering a patient's home was in consideration of the heightened public fears of COVID 19.

The panel went on to consider the evidence from Ms Probert's assessment which stated:

"Louise must remember the correct procedure for ANTT, infection-control and PPE, donning and doffing".

Additionally, it referred to your oral evidence where you stated you would wait to be told when to don and doff your PPE.

Based on the information before it, the panel concluded that your donning and doffing of PPE was not rigorous or consistent which was supported by contemporaneous evidence from Ms Probert and Ms Thorne. Therefore, the panel determined this charge is found proved.

Charge 2i)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

> i) did not maintain a sterile field whilst administering medication via a PICC line

This charge is found proved.

In reaching its decision, the panel took into account the statement from Ms Hall which states:

> *"…I cannot recall the date, for in that Mrs Woodgate's hands were not fully in their gloves, instead the cuff was halfway up the palm of her hand, meaning she could not do things well. As a general observation, Mrs Woodgate also touched things whilst sterile."*

It also took into account evidence from Ms Thorne who stated,

> "Mrs Woodgate demonstrated no understanding of sterile and cleaned fields, not touching key parts of syringes or general cleanliness. This could cause a problem with infection control principles and cross-contamination…
> ...
> ...For PICC care the procedure is washing hands, putting on gloves and apron, taking the dressing down, observing the line, mixing medication, then

putting on sterile gloves and clean the line, as it is a sterile procedure. However, Mrs Woodgate would put her sterile gloves on before taking the dressing down (which would be against the patent's clothes and furniture) therefore making the gloves unsterile before starting anything process [SIC] with the PICC line".

It also took into account your oral evidence in which you stated

"…all nurses have a slightly different way of working. I used to get confused when mentor showed me a slightly different way. I may have done things differently on different occasions I can't recall guarding making stuff and sterile, I don't think I would have done that.."

The panel was of the view that in light of your admissions, in relation to charge 1j. It was of the view there was a lack of consistency with that admission and your oral evidence about your approach to sterile fields in your nursing practice. In addition to that, the panel had regard to the contemporaneous evidence from Witnesses 2 and 3, along with the emphasis on the importance of sterile fields in the Policy. Therefore, the panel determined this charge is found proved.

Charge 2l)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

l) opened a syringe and placed the open end down on the field

In reaching its decision, the panel took into account the oral evidence of Ms Thorne who confirmed they witnessed you placing a sterile syringe open end down on the sterile field which does not accord with the best practice that had been demonstrated to you a number of times. As you could not recall the specific event the panel accepted the account from Ms Thorne which it found to be credible and cogent. Therefore, the panel determined this charge is found proved.

Charge 2o)

On one or more occasions between October 2022 and 26 April 2023, failed to adopt infection control and prevention measures in that you,

o) have poor ANTT ('aseptic non touch technique') practice

This charge is found proved.

In reaching its decision, the panel considered the wide-ranging evidence from the contemporaneous notes along with the evidence relating to charge 2i which it considered amounted to poor ANTT practice below the standard required. In oral evidence Ms Thorne confirmed that you had some knowledge of good ANTT practice but that you were unable to put this theory into practice. Ms Thorne stated your practice was not up to standard and was considered *"…not safe and not fit for practice in the community or in a hospital".* Ms Hall stated,

> *"Mrs Woodgate would put gloves on after entering a patient's property. She would then open a sterile pack and get the apron from there. Mrs Woodgate would then put on the sterile apron she took from the pack and go to the patient to check CVC line [SIC] Mrs Woodgate would not sanitise her hands initially or at any time during the visits. From what I can recall Mrs Woodgate would wash her hands when we entered the property but on other occasions she would do this after she looked at the CVC line. I felt there was never any consistency. We have a tray which we use to put our sterile dressing pack on, at times she would use the tray but would not wipe it down first with the sterile wipes. Also Mrs Woodgate would be touching things in the sterile pack when they should not have been doing so as her hands/gloves were not sterile."*

The panel further considered your oral evidence and noted when questioned you confirmed good ANTT practice every time however, on cross examination you stated you could not recall if you applied the ANTT practice every time.

The panel also considered evidence from Witnesses 2 and 3, in which they stated that all nurses have slightly different ways of working and noted that you did not communicate your rationale for your methods. Based on the information before it, along with your partial admission, the panel determined this charge is found proved.

Charge 3a)

On one or more occasions between October 2022 and 26 April 2023 did not communicate effectively with patients in that you,

a) did not engage in communication with patients

This charge is found proved.

In reaching is decision, the panel took into account documentary evidence from Ms Thorne which stated:

"I believe Mrs Woodgate did not mean to be rude but lacked confidence. On one visit with [SIC] which lasted 40 minutes, I cannot recall the date, Mrs Woodgate only spoke five words to the patient. We usually arrive at a property and introduce ourselves at the door…"

It also had regard to the Policy which states:

"Verbal communication is thought to be the most common communication method between patient and nurses (Wallace 2001). The skills required for effective verbal communication can assist the nurse in gaining information from the patient as well as communicating and clarifying understanding back to the patient…. Communication is an essential component of effective teamwork which in turn contributes to the quality of care delivered to patients."

The panel was of the view that effective communication is part of the NMC Code of Practice 2015 (the Code) in addition to your job description and the Policy. It concluded that the level of communication demonstrated by you during the visits in

question did not meet the requirements of either the Code or the Policy. The panel was of the view that although it is satisfied that you did speak to the patient, the communication was of extremely poor quality and was not of the necessary standard to establish a therapeutic relationship with your patients. Therefore, the panel determined this charge is found proved.

Charge 3c)

On one or more occasions between October 2022 and 26 April 2023 did not communicate effectively with patients in that you,

c) presented as rude and/or awkward and/or difficult

This charge is found proved.

In reaching its decision, the panel took into account contemporaneous evidence from charge 3a. The panel preferred the evidence of Ms Thorne and Ms Hall for the reasons outlined in charge 3a. Whilst the panel noted that Ms Thorne did not think you intended to be rude, she indicated that there were occasions where your lack of communication made patients uncomfortable and if there was nothing further to do at a patient's home, you left abruptly and on occasions stared blankly at patients, creating an awkward atmosphere. The panel also took into account Ms Hall's oral evidence, in which she stated that one patent was upset during a visit and thought that you were patronising, requesting that you not visit again. This was further evidenced by a contemporaneous note, JP24, of a meeting with you raising patient complaints about your manner towards them. Therefore, the panel determined this charge is found proved.

Charge 3d)

On one or more occasions between October 2022 and 26 April 2023 did not communicate effectively with patients in that you,

d) were not empathetic to Patient A, when they received upsetting news

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence provided by Ms Thorne which noted,

> *"Mrs Woodgate did not engage with Patient A when preparing equipment and mixing the drug, which in this visit was Teicoplanin. I thought this was because she was concentrating and focused, but there was no conversation at all. During the visit, Patient A received a phone call from their daughter following a hospital visit, to say that they had received a poor prognosis, which made Patient A upset. Mrs Woodgate did not reassure or comfort Patient A or offer some tissues or to make Patient A tea. We were in the property for a long time, approximately 60 to 70 minutes, and there was limited communication with Patient A and their husband."*

In your oral evidence, you stated you were a kind Ms Logannd would be supportive if bad news had been received by a patient however, you could not remember this specific event. The panel was of the view that your oral evidence was inconsistent and unclear and your justification of concentrating on medication administration was insufficient. The panel therefore prefer the evidence of Ms Thorne. The panel was of the view that the event was significant enough that you would likely recall it and that Ms Thorne had more likely than not had a conversation with you after the visit, providing constructive feedback. Therefore, the panel found this charge proved.

Charge 4)

On 25 January 2023 stated to Colleague A that Patient A's respiratory rate was 14, when you had not assessed the rate.

This charge is found proved.

In reaching this decision, the panel took into account your evidence, in which you described how you observed a respiratory rate with a fob watch. Ms Thorne gave evidence that you were not observing the patient to see the rise and fall of their chest. With Ms Thorne's account, and the supplementary evidence relating to the failure to carry out other observations at that time in mind, the panel was satisfied that on the balance of probabilities, it is more likely than not that the conduct as alleged occurred. The panel noted that Ms Thorne, in her role as a mentor, would have been keen to observe you conducting physical observations. The panel considered Ms Thorne's evidence to be more consistent and reliable. Therefore, it found this charge proved.

Charge 5)

Your actions at charge 4, were dishonest in that you intended to create a misleading impression that you had taken Patient A's respiratory rate

This charge is found proved.

In reaching this decision, the panel considered the 'NMC Guidance DMA-8 *Making decisions on dishonesty charges and the duty of candour* (last updated: 27 February 2024) which states that:

> *"The law assumes that people from all walks of life can recognise dishonesty when they see it and that in most situations it is not difficult to identify how an honest person would behave."*

It further considered the guidance as it refers to dishonesty and whether your actions were a careless or honest mistake.

The panel carefully considered your circumstances at the time of the allegations and the impact these may have had on your confidence and decision making. This included your [PRIVATE], your awareness of negative performance feedback and that you were in a new job, still within a probationary period.

Whilst the panel acknowledged that your circumstances may have presented some challenge, the panel also considered that you were being directly support by Ms Thorne, who you stated you were comfortable working with. The panel also considered that given your experience in nursing, you would have been aware of the significance of observations, particularly in respect of giving patients who were markedly unwell appropriate levels of monitoring and care.

The panel considered an alternative explanation of carelessness, however having found the evidence of Ms Thorne to be consistent and reliable, it concluded that you did not observe the respiratory rate of the patient meaning that the figure of 14 respirations per minute given to Ms Thorne was misleading.

In light of this the panel concluded that your actions were dishonest. Therefore, the panel found this charge proved.

Application for an adjournment

On 27 January 2026, Mr Evans made an application to adjourn the proceedings on the basis that Mrs Woodgate is unable to attend due to [PRIVATE]. He reminded the panel that it had made clear on 26 January 2026, that Mrs Woodgate would be expected to provide medical evidence to accompany any application to adjourn the entire hearing.

Mr Evans' application at first instance is for an adjournment until midday, 28 January 2026, to allow time Mrs Woodgate sufficient time to obtain medical evidence in support of her being unable to participate due to her [PRIVATE].

Mr Evans reminded the panel that Mrs Woodgate attended this hearing briefly via video link for the handing down of the decision on facts. He explained that immediately prior to joining the hearing, Mrs Woodgate had told him that she was [PRIVATE].

Mr Evans submitted that Mrs Woodgate sent him WhatsApp messaging indicating that she was unable to continue with the hearing and was considering applying for

new dates for the hearing to resume. He informed the panel that the RCN had subsequently spoken Mrs Woodgate directly, who confirmed that she is not well enough to attend the hearing this week and that she wanted new hearing dates so that she participates fully once she is well enough to do so.

Mr Evans stated that Mrs Woodgate informed the RCN that she had spoken to a doctor, who indicated that she would be able to obtain a medical note from her general practitioner (GP) outlining her condition by Wednesday, 28 January 2026.

Mr Evans referred the NMC guidance CMT-11 ('When we postpone or adjourn hearings'). Mr Evans submitted that granting an adjournment would not disadvantage either party. He emphasised that it is not Mrs Woodgate's fault that the resumption of this hearing has been delayed to date and submitted that the efficient disposal of the case has already been impacted by the length of time before the hearing resumed. Mr Evans further submitted that Mrs Woodgate's illness is no fault of her own, given the time of year.

Mr Evans argued that granting this adjournment would allow Mrs Woodgate to substantiate her claims of [PRIVATE] with medical evidence and would enable him to take full instructions from her on impairment and, if necessary, sanction. He submitted that Mrs Woodgate's case cannot currently be presented at its highest, as she is not well enough to engage meaningfully with the proceedings.

Mr Evans submitted that granting the adjournment at this stage will not cause any unfairness to the NMC and that issues of public protection do not arise as Mrs Woodgate is not currently working.

Mr Evans invited the panel to weigh all these factors and submitted that an adjournment until midday on 28 January 2026 should be granted.

Mr Page confirmed and adopted the guidance Mr Evans referred to, in relation to CMT-11. Mr Page referred to the case of *Hayat v General Medical Council* [2017] EWHC 1899 (Admin) and reminded the panel that any medical evidence provided ought to be scrutinised.

Mr Page submitted that the NMC are neutral at this stage for a short adjournment until midday 28 January 2026.

The panel accepted the advice of the legal assessor.
The panel bore in mind the need for the expeditious progression of this case. However, it noted that Mrs Woodgate has engaged throughout and has been in attendance when able. In the panel's judgment, there is no reasons to believe that Mrs Woodgate does would not wish to continue engaging with the process. The panel considered that a registrant's demonstrated willingness to engage is a relevant and valuable factor when reaching any decision.

The panel accepted Mr Evans' submissions regarding his inability to take full instructions at this time due to Mrs Woodgate's [PRIVATE] and determined that this would compromise Mrs Woodgate's ability to present her case.

The panel considered the consequences of granting an adjournment. It noted that, at this point, the application is for a short adjournment until midday on 28 January 2026, for the purpose of obtaining medical evidence. The panel determined that it is entirely plausible that Mrs Woodgate is unwell at this time of year and found no indication that this was in anyway contrived.

Having weighed the considerations, the panel concluded that fairness to Mrs Woodgate outweighs the public interest in the expeditious disposal of this case. Accordingly, the panel decided to grant an adjournment until midday tomorrow, 28 January 2026.

Application for a further adjournment

At noon on 28 January 2026, Mr Evans made an application for a further adjournment until 09:30 on 29 January 2026. He submitted that his understanding is that Mrs Woodgate called the GP this morning and was told that she would be offered a telephone consultation at some point this afternoon. The GP could not give her a specific time because they have a full clinic but guaranteed her a callback this

afternoon. He stated that his understanding is that the medical evidence will be provided to Mrs Woodgate following the telephone consultation.

Mr Page submitted that the NMC's position remains neutral. However, Mr Page highlighted concerns regarding the timetable and the remaining time allocated for this hearing, in light of the delays to date.

Mr Evans assured the panel that he made Mrs Woodgate aware of this position and confirmed that she seems confident that she will have the medical evidence by 09:30 on Thursday, 29 January 2026.

The panel accepted the advice of the legal assessor.

The panel granted the application for a further adjournment for the same reasons as set out above.

Application for a further adjournment

At 09:30 on 29 January 2026, Mr Evans made an application for a further adjournment. Mr Evans referred the panel to the medical evidence Mrs Woodgate provided which confirms that she had a consultation with her GP on Wednesday, 28 January 2026. He stated that the form recorded the GP's assessment that Mrs Woodgate has [PRIVATE]. The form also confirms Mrs Woodgate as unfit for work backdated from Monday, 26 January 2026 until Sunday, 1 February 2026.

Mr Evans stated that Mrs Woodgate informed him that this is the form her GP was willing and able to provide following her consultation. He informed the panel that Mrs Woodgate asked the GP about obtaining a letter addressing her fitness to attend legal proceedings but was told by her GP that it would be for the panel to make an assessment based on the information on the form.

Mr Evans reminded the panel that his application has always been to adjourn the proceedings on the ground of Mrs Woodgate's [PRIVATE] and her inability to participate in the proceedings. He submitted that the panel now has evidence from

Mrs Woodgate's GP [PRIVATE]. He referred to his previous submission on the factors set out in CMT-11.

Mr Evans submitted that there is a strong possibility that this hearing will not conclude today as scheduled, even if the application is refused. He argued that proceeding to the impairment stage in Mrs Woodgate's absence, when she is not in a position provide full instructions on matters that may be raised by the NMC, would risk an injustice to her. He asked the panel to take this into account and submitted that the just outcome would be to adjourn this hearing and resume it at a later date when Mrs Woodgate is able to fully engage with the next stage of the process. He submitted that such an adjournment would not cause delay, given that the proceedings are unlikely to conclude today in any event.

The panel put questions to Mr Evans.

Mr Evans told the panel that his discussions with Mrs Woodgate have been limited. He stated that it is his understanding that Mrs Woodgate would not be giving evidence at this stage. However, Mr Evans submitted that this is not a decision that has been finalised as he does not have full instructions from Mrs Woodgate as to all the issues that may be addressed at the impairment stage. He stated that he has not had a full conference with her at any point since the hearing resumed. Mr Evans submitted that Mrs Woodgate's position has been that she is unable to engage with him because of her [PRIVATE].

Mr Page referred the panel to the CMT-11 and the case of *Hayat*. He submitted that Hayat sets out that the medical evidence provided by a registrant must be evidence that the individual is unfit to participate in the hearing. It must identify the individual's condition and explain why that condition prevents their participation in the hearing.

Mr Page submitted that the evidence Mrs Woodgate provided appears to be a pro forma sick note which confirms that Mrs Woodgate's is unfit to work. Mr Page submitted that the medical evidence in support of the adjournment application is insufficient and does not meet the requirements as set out in *Hayat*. Mr Page submitted that the hearing should proceed in Mrs Woodgate's absence.

The panel accepted the advice of the legal assessor who referred the panel to the guidance CMT-11 and the cases of *Hayat v General Medical Council* [2017] EWHC 1899 (Admin) *Gatawa v NMC* [2013] EWHC 3435 (Admin) *R v Jones* [2002] UKHL 5, *GMC v Adeogba* [2016] EWCA Civ 162.

The panel determined that the medical evidence submitted by Mrs Woodgate was insufficient to support the application. The onus is on Mrs Woodgate to provide such evidence. While the panel acknowledged that the lack of detailed information from the general practitioner was not attributable to Mrs Woodgate, it nevertheless considered whether any resulting unfairness could be mitigated. In this regard, the panel concluded that Mrs Woodgate retains the capacity to provide instructions to her representative in writing.

In reaching its decision, the panel bore in mind that several charges had been found proved by Mrs Woodgate's admission in March 2025 and so she was on notice since then that the panel would move forward to the impairment stage. The panel considered that Mrs Woodgate has had adequate time to prepare for these proceedings, particularly where she has been represented by the RCN throughout these proceedings. There is no evidence before the panel to suggest that she has been unable to do so. The panel further noted that Mrs Woodgate has not indicated that she wishes to give oral evidence at this stage. The panel considered that this does not prevent Mrs Woodgate from providing written instruction, submissions or evidence in order to present her case should she choose to do so.

In the panel's judgement, the consequences of granting an adjournment are that this case would not be relisted for a considerable period of time, resulting in further delay. The panel considered that such delay would be contrary to the public interest in the expeditious disposal of this case.

The panel went on to consider whether to proceed in Mrs Woodgate's absence. It noted that Mrs Woodgate has previously engaged and there is no indication that she does not intend to attend in the future. However, the panel considered that the likely impact of an adjournment would be significant in terms of further delaying the

resolution of this case which impacts on public confidence in the profession and in the regulator.

The panel determined that reasonable measures could be adopted to enable Mrs Woodgate to provide instructions to her representative, should she wish to do so. In the panel's view, the onus is on Mrs Woodgate to engage with the process for the fair and expeditious disposal of her case.

The panel concluded that the medical evidence does not articulate why Mrs Woodgate is unable to participate in these proceedings. The panel determined that Mrs Woodgate has not provided any evidence of preparation for this stage of the hearing, notwithstanding her current [PRIVATE], despite her having the benefit of representation throughout.

The panel also took account of fairness to the NMC. On balance, the panel was satisfied that there was no injustice to the parties in not granting the application for an adjournment.

For these reasons, the panel decided to proceed in Mrs Woodgate's absence.

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 a lack of competence, and if so, whether Mrs Woodgate'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 NMC has defined a lack of competence as:

> *'A lack of knowledge, skill or judgment of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice.'*

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct and a lack of competence. Secondly, only if the facts found proved amount to misconduct/lack of competence, the panel must decide whether, in all the circumstances, Mrs Woodgate's fitness to practise is currently impaired as a result of that misconduct and a lack of competence.

NMC submissions on misconduct and lack of competence

Mr Page's written submissions are set out in summary below.

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

Mr Page submitted that Mrs Woodgate's conduct fell short of the standard set out in The Code: Professional standards of practice and behaviour for nurses and midwives 2015 (the Code). Mr Page invited the panel to take the view that the facts found proved amount to misconduct and a lack of competence. He identified the specific and relevant sections of the Code that were breached as a result of Mrs Woodgate's conduct and lack of competence: 1.1, 1.2, 2.6, 6.2, 8, 8.2, 8.5, 9.2, 13.5 and 20.2.

Mr Page submitted that the charges found proved raise fundamental questions about Mrs Woodgate's ability to uphold the standards and values as set out in the Code. He referred the panel to the NMC guidance FTP-2a ('Misconduct'), that indicate the seriousness of the case, namely serious concerns which are more difficult to put right.

Mr Page submitted that the charges found proved by admission can be grouped together by way of significant repeated patterns of misconduct as a result of a lack of competence. It was submitted that the conduct was repeated, wide ranging and put patients at risk of suffering harm, relating to infection prevention and control measures, aseptic techniques, IV administration, failure to communicate effectively with patients and dishonesty. Mr Page referred the panel to the NMC guidance DMA-8 ('Making decisions on dishonesty charges and the professional duty of candour').

Mr Page submitted that the charges found proved by the panel are similar and wide ranging in substance and nature, representing a pattern of conduct in respect of lack of competence which is aggravated by the dishonesty element.

Mr Page submitted that the repeated concerns of basic nursing skills are serious and wide-ranging. It was his submission that a pattern of conduct representing a lack of competence is present throughout the charges found proved, which poses a risk of harm to patients.

Mr Evans' submissions on misconduct and lack of competence

Mr Evans' written submissions are set out in summary below.

Mr Evans conceded that, when taken cumulatively, the conduct found proved evidencing a lack of competence, together with the findings of dishonesty and lack of candour, means that the threshold for misconduct has been met.

NMC submissions on impairment

Mr Page's written submissions are set out in summary below.

Mr Page 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).

Mr Page submitted that Mrs Woodgate's conduct placed members of the public at an unwarranted risk of harm on a number of occasions over a significant period. He referred to FTP-15 ('Insight and strengthened practice') and submitted that there is no evidence that Mrs Woodgate has addressed the concerns and strengthened her practice. Mr Page submitted that the panel may conclude that Mrs Woodgate's conduct breached the fundamental tenet of promoting professionalism.

Mr Page argued that the repeated and wide-ranging nature of Mrs Woodgate's conduct presents a significant risk of harm to members of the public. He submitted that the panel may regard the facts found proved in relation to lack of competence as being aggravated by the findings of dishonesty. It was submitted that dishonesty is particularly difficult to remediate as it may indicate a deep-seated attitudinal issue.

Mr Page referenced the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* and outlined the factors to consider:

a. is the failing easily remediable
b. and that it has already been remedied
c. and that it is highly unlikely to be repeated

Mr Page asked the panel to take into account NMC guidance FTP-15a ('Can the concern be addressed').

Mr Page submitted that Mrs Woodgate has demonstrated limited insight and reflection into the impact of her conduct. He stated that there is no evidence before the panel that Mrs Woodgate's conduct was as a consequence of any underlying health condition.

Mr Page argued that cases involving a lack of competence may, in some circumstances, be capable of remediation through development of insight, reflection and relevant training. However, he submitted that this case was aggravated by the

finding of dishonesty. Mr Page's submission was that dishonesty may indicate a deep-seated attitudinal issue and, in such circumstances, there remains a risk that conduct of the kind found proved could be repeated in the future.

Mr Page submitted that, given the seriousness of the breaches of professional standard, public confidence in the profession would be undermined if a finding of impairment was not made. Accordingly, it was submitted that Mrs Woodgate's fitness to practise is currently impaired on both public protection and public interest grounds.

Mr Evans' submissions on impairment

Mr Evans' written submissions are set out in summary below.

Lack of competence

Mr Evans submitted that a person's competence should be assessed against the training they have received. He stated that the panel should have regard to the evidence it heard in relation to Mrs Woodgate's training whilst at HomeLink and assess the quality of that training.

Mr Evans submitted that Mrs Woodgate was in a new role where she was learning on the job, during a probationary period. He asked the panel to consider the [PRIVATE] that level of supervision may have generated, and the impact it may have had on Mrs Woodgate's performance.

Mr Evans took the panel through the charges found proved in relation to a lack of competence and identified the further training Mrs Woodgate completed to address those concerns.

Mr Evans submitted that charge 1 concerns a lack of competence in medication administration and management and directed the panel to Mrs Woodgate's training certificates indicating that she completed further training in Medication Administration in June 2024. He also referred to Mrs Woodgate's reflective accounts in which she addressed these concerns.

Mr Evans submitted that charge 2 concerns lack of competence in infection control and prevention measures. He invited the panel to consider the reflective accounts Mrs Woodgate provided in relation to infection control.

Mr Evans submitted that charge 3 concerns ineffective communication. He invited the panel to consider the further training Mrs Woodgate completed on 'The importance of interpersonal skills' in June 2024 and the reflective statements provided in relation to communication skills.

Mr Evans submitted that the panel may conclude that, in light of the relevant training, the reflective accounts and the specific context in which the conduct occurred, Mrs Woodgate's fitness to practise is not currently impaired by reason of her lack of competence.

Misconduct

Mr Evans noted that the charges found proved relate to dishonesty and a lack of candour. He referred to NMC guidance SAN-2 ('Sanctions for particularly serious cases') and submitted that the principles may also be of assistance when considering dishonesty and impairment. He stated that the guidance draws a distinction between actions which are intrinsically dishonest, such as fraud or forgery, and those which relates to conduct capable of being performed honestly or dishonestly (e.g. record keeping). It is submitted that these charges fall into the latter category.

Mr Evans argued that the fact that the panel rejected the explanation put forward by Mrs Woodgate in relation to charge 5 does not aggravate this charge. He noted that the panel has given weight to the circumstances at the time, including the impact of [PRIVATE] and a lack of confidence may have had on Mrs Woodgate's decision making. It was Mr Evans' submission that whilst dishonesty has been proven, the context may mean this conduct does not represent a deep-seated attitudinal issue. He submitted that it is remediable and highly unlikely to be repeated.

In respect of charges 8 and 9, Mr Evans referred the panel to Mrs Woodgate's reflective statement. He submitted that Mrs Woodgate takes full responsibility for this conduct, evidenced by her early admissions. Mr Evans added that Mrs Woodgate has identified the trigger for her lack of candour as she has demonstrated an awareness of her underperformance and her general [PRIVATE] about her job. In light of this, Mr Evans submitted that it is far less likely that she would act this way in the future.

Mr Evans submitted that while findings of dishonesty and lack of candour are serious, they do not automatically lead to a finding of impairment. He asked the panel to consider them in the context of which they occurred and weigh them against Mrs Woodgate's career history.

For these reasons, Mr Evans submitted that Mrs Woodgate's fitness to practise is not currently impaired on either public protection or public interest grounds.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Cohen v General Medical Council [2008] EWHC 581 (Admin), Holton v General Medical Council* [2006] EWHC 2960 (Admin), *Calhaem v General Medical Council* [2007] EWHC 2606 (Admin), *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311 and *Grant.*

Decision and reasons on misconduct

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

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

*'**1 Treat people as individuals and uphold their dignity***
To achieve this, you must:
1.1 treat people with kindness, respect and compassion.'

*'**8 Work co-operatively***

To achieve this, you must:

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

8.5 work with colleagues to preserve the safety of those receiving care'

*'**14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm'

*'**20 Uphold the reputation of your profession at all times***

To achieve this, you must:

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

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

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

The panel determined that Mrs Woodgate's conduct was serious, with the charges found proved relating to honesty, integrity and candour. The panel noted that these are fundamental tenets of nursing practice and are essential to maintain public confidence in the profession.

The panel considered that Mrs Woodgate was aware that there were potential ramifications for her continued employment given there were concerns regarding her practice which had resulted in her being closely mentored and observed. However,

given the wide-ranging fundamental nature of the issues with Mrs Woodgate's practice, the panel considered that this was appropriate action by her employer and whilst that may have caused some [PRIVATE], it did not justify the range and serious nature of Mrs Woodgate's conduct.

The panel took into account Mrs Woodgate's admissions to the charges relating to duty of candour. While the panel acknowledged that making admissions demonstrates some insight, it bore in mind that Mrs Woodgate was aware of the personal gain in asking Colleague B not to give feedback on visit 2 to conceal the outcome. In the panel's judgement, this meant that a wider group of colleagues would not have been made aware of the issues about Mrs Woodgate's practice, thereby reducing the opportunity for risks to patients to be identified and mitigated.

The panel noted that the first incident of dishonesty occurred in January 2023 and the second in April 2023. The panel had regard to the NMC guidance FTP-2a ('Misconduct') and determined that the repeated nature of these incidents increases the seriousness. Given the circumstances in which they arose, the panel considered that the misconduct is at the higher end of the scale of seriousness.

The panel took the view that fellow practitioners would find Mrs Woodgate's conduct deplorable. Accordingly, the panel found that Mrs Woodgate's actions in the charges found proved fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on lack of competence

The panel bore in mind, when reaching its decision, that Mrs Woodgate should be judged by the standards of the reasonable average band 5 registered nurse and not by any higher or more demanding standard. The panel had regard to the case of *Calhaem v General Medical Council* [2007] EWHC 2606 (Admin).

The panel noted that Mrs Woodgate admitted 14 separate professional shortcomings within the charges and 13 were found proved between period October 2022 and April 2023. The panel consider the numerous errors cumulatively and collectively.

The panel noted that that Mrs Woodgate's professional shortcomings involved basic, core and critical areas of nursing practice and knowledge, and involved several patients over a protracted period of time.

In considering the evidence before it, the panel noted that Mrs Woodgate was made aware of the problems with her practice across a range of nursing areas, some of which involved basic and fundamental nursing skills, including omitting critical aspects of patient observations, the principles of infection control, administration of medications, IV cannulas and infusion management, use of patient records and communication with patients and colleagues.

The panel noted these concerns were first raised by Mrs Woodgate's manager in her induction training. Mrs Woodgate then had a probationary review meeting on 27 January 2023, followed by another progress review meeting on 8 March 2023 and a further progress review meeting on 11 April 2023. The panel heard evidence that, between these reviews, Mrs Woodgate was being mentored by an experienced colleague (Ms Thorne) and by another registered nurse (Ms Hall). In their oral evidence, Witnesses 2 and 3 stated that they provided direct feedback to Mrs Woodgate and made her aware of their concerns. The panel determined that Mrs Woodgate was afforded ample opportunity to improve her practice between October 2022 and April 2023. The panel also bore in mind that Mrs Woodgate was undertaking training in the relevant areas of concern throughout this period.

The panel considered Mrs Woodgate's oral evidence that she had worked as nurse specialist in infection control for five years and had undertaken further training whilst at HomeLink. The panel noted from the written and oral evidence before it that Mrs Woodgate was repeatedly unable to apply the principles of infection control to the standards required.

In terms of IV administration, the panel recognised that some of those were basic skills and some were more advanced. However, the panel determined that Mrs Woodgate's inability to carry out the basic skill of opening the valve on a non-dripping infusion bag was indicative of her lack of competence in this area.

The panel further considered Mrs Woodgate demonstrated repeatedly poor communication and a lack of compassion for patients.

Given the breadth of skills assessed, the period over which they were observed and the feedback, both written and oral, provided on numerous occasions, the panel determined the evidence represents a fair sample of Mrs Woodgate's work and that her performance was of an unacceptably low standard.

Taking into account the reasons given by the panel for the findings of the facts, the panel concluded that Mrs Woodgate's practice was below the standard that one would expect of the average registered nurse acting in Mrs Woodgate's role. In all the circumstances, the panel determined that Mrs Woodgate's performance demonstrated a lack of competence.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct and the lack of competence, Mrs Woodgate'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. Patients and their families must be able to trust nurses with

their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that all the limbs of *Grant* are relevant and engaged in this case.

In the panel's judgement, Mrs Woodgate's misconduct and lack of competence put patients at an unwarranted risk of harm. The panel determined that Mrs Woodgate's deliberate dishonest conduct brought the profession into disrepute and breached the fundamental professional tenets of preserving safety, promoting professionalism and trust practising effectively, prioritising people and duty of candour. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty very serious.

The panel took into account that Mrs Woodgate made admissions to some of the charges. However, the panel found that Mrs Woodgate demonstrated limited insight into the seriousness of her misconduct, the breadth of her lack of competence and the impact of her actions on patients, her colleagues and the nursing profession.

Therefore, the panel determined that Mrs Woodgate is also liable in the future to put patients at an unwarranted risk of harm, breach the fundamental tenets and bring the nursing profession into disrepute.

The panel determined that Mrs Woodgate has not demonstrated sufficient insight into her misconduct to be satisfied that there is no risk of repetition, particularly considering the repeated incidents of dishonesty before it. In the panel's view Mrs Woodgate has not shown an understanding of how her actions put the patients at a risk of harm or how this impacted negatively on the reputation of the nursing profession.

The panel considered the following considerations set out in the case of *Cohen*:

a. *'Is the conduct that led to the charge easily remediable?*

b. *Has it in fact been remedied?*

c. *Is it highly unlikely to be repeated?'*

The panel was satisfied that Mrs Woodgate's lack of competence is capable of being addressed through reflective practice and appropriate retraining in the areas of concern as well as evidence of good practice. The panel carefully considered the evidence before it in determining whether Mrs Woodgate has taken steps to strengthen her practice. The panel took into account the relevant training Mrs Woodgate has undertaken, her reflective accounts addressing the areas of concern and testimonials from her colleagues.

The panel had regard to a testimonial from Mrs Woodgate's Clinical Team Leader at Carlton Court Hospital from April 2024 until an unknown date in 2025. The panel noted that the testimonial referred to improved hand-washing practice and use of PPE, but that Mrs Woodgate remained *'anxious'* and *'defensive'* about her performance and issues around communication continued. This role involved a further nine months of supervision, albeit the panel noted that Mrs Woodgate was not at work for all of those nine months. Further, the testimonial states,

> *'Due to the significant length of time Louise has been absent from work, I have been unable to fully assess Louise's competency in the areas identified above.*
> *…*
> *A final probation review meeting was held on 29 January 2025.*
> *…*
> *The likely outcome of this meeting is that Louise may be issued with notice of dismissal due to unsatisfactory performance'*

In the panel's judgement, the above indicates that Mrs Woodgate's competence in the areas of concern has not been tested, as she has been unable to practise. The panel determined that there is no evidence that Mrs Woodgate implemented the training she undertook to improve her practice.

The panel also considered the wider context of Mrs Woodgate's failings. The panel noted that, at the time of the incidents, Mrs Woodgate was experiencing difficulties related to her [PRIVATE], her awareness of negative performance feedback and that she was in a new job, still within a probationary period. However, the panel found that Mrs Woodgate was provided with adequate support and opportunity to strengthen her practice, but the same concerns persisted.

The panel determined that Mrs Woodgate's misconduct in this case may be capable of being addressed. However, in light of the findings relating to dishonesty and a breach of duty of candour, the panel determined that Mrs Woodgate's misconduct would be more difficult to remediate as it suggests an underlying attitudinal concern.

The panel considered the reflective accounts provided in relation to Mrs Woodgate's misconduct. The panel determined that while these accounts contain general and theoretical references to professional standards of nursing practice, they were remote from Mrs Woodgate's own practice and demonstrated limited practical application. The panel noted a lack of meaningful reflection on how the incidents occurred, she deflects responsibility and fails to acknowledge her repeated shortcomings or what she has learnt and how she would act differently in the future. Although the panel had regard to the relevant training Mrs Woodgate has undertaken, it concluded that, in the absence of evidence of application in practice, they carried limited weight in the panel's assessment of the risk of repetition.

Given the absence of comprehensive and personal reflection, the findings of dishonesty and the limited insight, the panel concluded that there is a high likelihood of repetition. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

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

In the panel's view public confidence in the nursing profession would be seriously undermined if a finding of impairment were not made in this case, given the seriousness of the charges found proved, the wide-ranging areas of lack of competence in fundamental basic tenets of nursing, and the deep-seated attitudinal concerns relating to dishonesty and breach of duty of candour. The panel concluded that Mrs Woodgate's misconduct and lack of competence, combined with the risk of repetition, makes a finding of impairment on public interest grounds necessary. The panel determined a finding on public interest grounds is required in order to uphold proper professional standards of conduct and performance and to maintain trust in the profession and in the regulator.

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

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

Submissions on sanction

Ms Holgate referred the panel to the NMC sanctions guidance and submitted that a striking off order is the most appropriate order to protect the public and satisfy the public interest in this case.

Ms Holgate submitted that there are no mitigating factors in this case that could lessen the seriousness of the conduct found proved. She further submitted that any previous good character cannot outweigh the seriousness of the misconduct.

Ms Holgate submitted that the following are aggravating factors:

- Lack of insight into your failings
- There was a pattern of misconduct over a period of time
- Conduct found proved put patients at a risk of harm.

Ms Holgate further submitted that the concerns are wide ranging and occurred over a period of time, despite you being closely monitored and observed. She submitted that the dishonesty found suggests a deep seated attitudinal or personality issue which could not be easily remediated. She submitted in these circumstances a conditions of practice order would not be appropriate.

Ms Holgate submitted that although you made admissions to the charges relating to the duty of candour, you lacked insight into the wider implications your actions had on patients and the nursing profession. Ms Holgate submitted that the repeated instances of dishonesty and lack of insight into your failings suggest that there is a risk of you repeating this behaviour in the future.

Ms Holgate submitted that this was not just a lack of competence case, but also includes misconduct, in which she further submitted is so serious that the only appropriate sanction would be a striking-off order.

Mr Evans, on your behalf, invited the panel to consider the least restrictive sanction that may be sufficient. Mr Evans submitted that a suspension order with a review would provide protection to the public. However, Mr Evans further submitted that a conditions of practice order could be imposed as an alternative.

Mr Evans submitted that you intend to further your education and undertake a Health Visiting course at the University of Suffolk within 12 months. He submitted that in order for you to undertake this course and allow you to change career, you would need to be a registered nurse to be able to complete the practical element of the course. Therefore, a conditions of practice order would not only protect the public but allow you to do this and strengthen your practice.

Mr Evans submitted that there were mitigating factors in this case, including:

- Honesty and openness, a clear level of insight in making 14 admissions in relation to the charges
- You are an experienced nurse with previous good character
- The reflective pieces submitted
- You have undertaken targeted training of your own volition to address the specific areas of concerns raised
- It was a new role, you were learning on the job and your level of [PRIVATE] from the supervision impacted on your performance

Mr Evans referred the panel to the guidance on sanctions for the highest risk cases (SAN-4). He submitted that the guidance distinguishes between misconduct that is intrinsically dishonest and dishonesty relating to conduct e.g. record keeping. Mr Evans submitted that the misconduct in this case was not intrinsically dishonest, but rather something cable of being performed honestly. He further submitted that you take full responsibility for your dishonesty in your reflection evidencing your insight, meaning that you are less likely to repeat this.

Mr Evans submitted that you have been subject to an interim conditions of practice order which has been considered sufficient to protect the public thus far and uphold public confidence in the profession. He further submitted that you have not been working since 2024 and that you had been in a bad car accident that left you with a severe injury to your hand. Mr Evans submitted [PRIVATE]. He further submitted that it was because [PRIVATE] that you had to leave your job in 2024, as part of the role required you to use restraint on patients which you [PRIVATE] could not do.

Mr Evans submitted that you have [PRIVATE] and you are therefore limited in the [PRIVATE] roles you could carry out as a nurse, for example, you could not carry out some roles such as taking blood. Mr Evans outlined your personal circumstances indicating any restriction on your practise would have an impact both [PRIVATE] and on your ability to practise.

Mr Evans submitted that you have been taking steps to strengthen your practice and you have applied to be a volunteer and you are currently completing an online course in [PRIVATE].

The panel asked you questions during Mr Evans submission. In response to panel questions about your [PRIVATE]. You further told the panel in relation to the Health Visiting course, that applications open in June 2027 and you are awaiting the outcome of this substantive hearing, before making the application.

Mr Evans referred the panel to the NMC sanctions guidance SAN-2 and submitted that although this case does involve dishonesty and a breach of the duty of candour; this type of dishonesty is not at the higher end of the spectrum and does not therefore meet the very high threshold set out in SAN-2e for a striking off order to be imposed.

Mr Evans invited the panel firstly, to consider imposing a conditions of practice order, to allow you to attend the training course next year. However, if the panel does not agree that this is the most proportionate and appropriate order, it should consider imposing a suspension order with a review.

The panel accepted the advice of the legal assessor who referred the panel to the relevant sanctions guidance to include sanctions for the highest risk cases. She further referred the Panel to the cases of *Lusinga and NMC* [2017] EWHC 1458 *and Igboaka v GMC* [2016] EWHC 2845.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating factors:

- Dishonest conduct, deliberately breaching the professional duty of candour, covering up when things have gone wrong
- Conduct which deliberately or recklessly puts highly vulnerable patients receiving care at risk of serious harm
- A pattern of misconduct over a period of time
- Failings across a wide range of basic nursing tenets, including an inability to transfer existing knowledge and skills into your current situation
- Lack of insight including minimising and deflecting the seriousness of the facts found proved.

The panel also took into account the following mitigating factors:

- Early admission to some of the charges
- Some evidence of relevant online training courses
- A self-reported period of [PRIVATE]

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.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 your actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore

determined that a sanction that does not restrict your practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on your registration. In considering whether conditions of practice are appropriate, the panel had regard to the submissions of Mr Evans and the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026).

The panel having had regard to the nature and seriousness of your conduct, your lack of insight and self-awareness into your failings, determined that a conditions of practice order would not be appropriate or proportionate. The panel considered that the concerns relating to your lack of competency could usually be addressed with retraining. However, the panel noted you had failed to understand the rationale for clinical actions and interventions and had been unable to perform a wide range of basic tasks appropriately, as required of a registered nurse. This is despite being provided with training and supervision and under close scrutiny, over a prolonged period of time. You continued to have significant communication issues with HomeLink and demonstrated an inability to accept and apply guidance or feedback from your supervisors. It noted that the employer after HomeLink continued to have similar concerns with your performance and attitude.

The panel had regard to Mr Evans submissions in relation to your personal circumstances, your current physical health and the impact an order would have on you. It considered that you are required to be on the register in order to apply for a Health Visiting course. The panel however determined that this did not outweigh the seriousness nature of the charges found proved. It considered that your failings were not only clinical, but included repeated dishonesty, which indicates deep seated attitudinal issues.

The panel concluded that your response to the guidance and supervision that was put in place previously at HomeLink with a variety of educators and supervisors, indicates that any conditions would not provide the required protection to keep

patients safe. The panel was satisfied that it would be impossible to formulate workable and effective conditions of practice as you did not meaningfully engage or improve from feedback provided. The panel also concluded that the level of supervision and support you would require would mean that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*

- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel took into account that your dishonesty involved covering up that you had not taken or recorded a highly vulnerable patients respiratory rate. This patient was extremely vulnerable and their respiratory rate would have been a key marker and early warning for the onset of deterioration. Failing to record an accurate respiratory rate could lead to a deteriorating patient not being recognised in a timely manner and therefore delay appropriate treatment with serious consequences. The panel noted there was no evidence of insight in relation to this, despite a significant passage of time.

The panel also had regard to your only insight in relation to the second instance of dishonesty in your reflective piece dated 10 March 2025, stating:

> *'I take full responsibility for this, I can only say that I'm struggling as to why I did this and can only conclude it was* [PRIVATE] *about not succeeding in my training, this act was totally unprofessional and unfair to my colleagues and would never happen again'*

The panel had regard to NMC guidance SAN-4. It was satisfied that your dishonesty was not a one off incident, that there was a direct personal gain and that it '*deliberately breached the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care'.* The panel noted that you asking a colleague not to give feedback to conceal an unfavourable outcome meant that colleagues would believe you to be more competent than you were. In addition, you potentially caused distress and sought to compromise your colleague by seeking to persuade them not to be open and honest. For these reasons the panel determined that your dishonesty was on the more serious end of the spectrum.

The panel considered whether as a result of your lack of insight and attitude to addressing concerns, it would be realistically possible that this would change positively during a period of suspension. The panel noted you failed to make significant sustained progress despite training, supervision, feedback and an extended probation period at HomeLink. The panel considered that this inability to learn and develop alongside your very limited insight meant that little if anything would change during a period of suspension. This is supported by the lack of substance within your reflections which the panel considered to be general and theoretical. Your references to professional standards of nursing practise are remote from your own practise and failed to demonstrate how you would implement them to improve your practise. The panel noted the generic nature of the reflective piece dated 10 March 2025 and the lack of evidence of reflection since.

In light of the above, the panel considered that on balance, it was not a realistic possibility that you could address the concerns to such a level where you could return to practise safely. The panel determined that your interests were outweighed by the need to protect the public, the public interest in this case and maintain professional standards.

Further the panel acknowledged that whilst some of the risks identified could be managed by you being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and attitudinal nature of the facts found proved. Therefore, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026), *'Deciding between a suspension and strike off'* (Reference SAN-3 Last Updated: 28/01/2026), and '*Striking-off order*' (Reference SAN-2e Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

In all the circumstances, the panel found your conduct demonstrated an absence of professionalism. It also found that your conduct was serious and incompatible with the standards expected of a registered nurse. Your actions represented a serious breach of the fundamental tenets of the profession, including to provide safe and effective care and to put the needs of those receiving care as your first priority. This included your inability to recognise the importance of being open and honest and the impact this has on others.

The panel considered that fully informed members of the public would be extremely concerned if a registered nurse who lacked insight and understanding into the seriousness of her failings and had not demonstrated any insight or meaningful remediation, were permitted to remain on the register. The panel determined that public confidence in the profession and the NMC as a regulator would be seriously undermined if a sanction short of striking-off were imposed.

Your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would not protect

the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

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

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Holgate. She submitted that given the panel's decision on sanction, an interim suspension order for a period of 18 months is necessary to protect the public and is also otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective.

The panel also took account of the submissions made by Mr Evans. He submitted that it is a matter for the panel to decide and it may consider continuing with the interim conditions of practice order.

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

Decision and reasons on interim order

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. To not impose an interim suspension order would be inconsistent with the panel's earlier findings and determination.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for the appeal period.

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

This will be confirmed to you in writing.

That concludes this determination.