

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

Substantive Hearing

30 - 31 May 2019

Nursing and Midwifery Council, 61 Aldwych, London WC2B 4AE

Name of registrant:	Violet Nhende
NMC PIN:	01L1072O
Part(s) of the register:	Registered Adult Nurse (1 January 2002)
Area of Registered Address:	England
Type of Case:	Conviction
Panel Members:	Trevor Spires (Chair, Lay member) Sandra Lamb (Registrant member) Jayanti Durai (Lay member)
Legal Assessor:	Gillian Hawken
Panel Secretary:	Kelly O'Brien
Registrant:	Present and represented by Catherine Stock
Nursing and Midwifery Council:	Represented by Neil Jeffs, Case Presenter, NMC Legal Team
Facts proved by admission:	All
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off Order
Interim Order:	Interim suspension order (18 months)

Details of charge

That you, a Registered Nurse:

1) *On 17 May 2018, were convicted at the Crown Court at Hull of conspiracy to dishonestly make false representation to make gain for self/ another or cause loss/expose other to risk*

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

Decision and reasons on application under Rule 19

Ms Stock made a request that parts of the hearing of your case be held in private on the basis that proper exploration of your case involves reference to your health. The application was made pursuant to Rule 19 of the Nursing and Midwifery Council (Fitness to Practise) Rules as amended (the Rules).

Mr Jeffs did not oppose the application.

The legal assessor reminded the panel that while Rule 19 (1) provides, as a starting point, that hearings shall be conducted in public, Rule 19 (3) states that the panel may hold 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.

Rule 19 states

- 19.—(1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.
- (2) Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.
- (2A) All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—
- (a) having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and
 - (b) having obtained the advice of the legal assessor, is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.

- (3) Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied—
 - (a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and
 - (b) having obtained the advice of the legal assessor, that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.
- (4) In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.

Having heard that there will be reference to your health the panel determined to hold such parts of the hearing in private. The panel determined to go into private session in connection with your health as and when such issues are raised.

Background

The charges arose whilst you were working as a Registered Nurse through recruitment agencies. The two agencies you worked with were ID Medical Group Limited (ID Medical) and Nursing 24 which shared the same management.

You were involved in a fraud by false representation, causing or permitting timesheets in your name to be submitted to the employing NHS organisation for shifts that you did not undertake. You attempted this in concert with employees of two nursing agencies, namely ID Medical and Nursing 24.

On 18 May 2018, at the Crown Court at Hull you pleaded guilty to and were convicted of, conspiracy to dishonestly make false representation to make gain for self/ another or cause loss/expose other to risk. You were sentenced to eight months imprisonment, suspended for two years.

As a result of the fraudulent conspiracy in which you played a part the NHS suffered a financial loss just short of £20,000.

Decision on the findings on facts and reasons

The charges concern your conviction and, having been provided with a copy of the certificate of conviction, and in light of your admission, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3) of the Rules which states:

- (2) Where a registrant has been convicted of a criminal offence—
 - (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and
 - (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.

Submission on impairment

Having announced its finding on the facts, the panel then moved on to consider whether your fitness to practise is currently impaired by reason of your conviction. There is no statutory definition of fitness to practise however the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Mr Jeffs drew the panel's attention to the Crown Court Judge's Sentencing Remarks which stated that your original conduct was "quite disgraceful". However the Judge also recognised that "no defendant had done more to try to make amends" and stated that "I regard the remorse that you expressed as genuine".

Mr Jeffs submitted that your conduct breached *The Code: Standards of conduct, performance and ethics for nurses and midwives 2008* (NMC 2008 Code), specifically paragraphs 49 and 61. Mr Jeffs submitted that your conduct was directly related to your position as nurse and was a breach of trust.

In his submissions, Mr Jeffs referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)* and addressed the panel on the need to uphold the reputation of the nursing profession. 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.

Mr Jeffs submitted that limbs b, c and d of the four part *Grant* 'test' were engaged. He submitted that patients were not directly put at risk of harm, however your actions did harm the general public as you diverted funds from the NHS. He submitted that your conviction has breached fundamental tenets of the profession, namely those of honesty and integrity.

Mr Jeffs referred the panel to the case of *Cohen v General Medical Council [2008] EWHC 581* and submitted that dishonesty can be difficult to remediate. Mr Jeffs submitted that the concerns have not been remedied as you continue to serve your prison sentence. He referred the panel to the case of *CRHP v GDC and Fleischmann [2005] EWHC 87 Admin* and submitted that a registrant should not be permitted to return to practice where they are still subject to a custodial sentence, even when this is suspended.

Mr Jeffs submitted that good standing of those in the profession is essential if the reputation of the profession is to be maintained. Mr Jeffs invited the panel to find that your fitness to practise is currently impaired.

Ms Stock submitted that you accept that your fitness to practise is currently impaired.

Ms Stock informed the panel that you have been a nurse since 1992. You were employed by ID Medical between 2011 and 2014. She submitted that Individual 1, who worked at the agency, told you to sign a timesheet on 28 December 2013 which was an advance payment for work to be done in the future as you were about to go on leave to Zimbabwe. Ms Stock told the panel that whilst you were on leave and outside the UK you saw that £5,000 had been transferred into your account and you immediately telephoned the agency to find out why. You were told by Individual 1 to transfer £2,500 to him, which you did. On your return to the UK in January 2014 you were again asked by Individual 1 to sign timesheets in your name for work you had not done. You initially refused but were coerced and then discovered that other time sheets had been signed in your name and further monies had been transferred into your account. Subsequently some of this money was paid to Individual 1.

Ms Stock submitted that you left the agency in April 2014, prior to your arrest, which was also in April 2014.

Ms Stock submitted that you admitted the offences at the outset of police interviews and you gave evidence for the prosecution at trial. Ms Stock referred the panel to the Court transcript which states *“As with most fraudsters [Individual 1] became greedy and developed a new method that did not involve having to split the money. He created some false timesheets without the assistance of a nurse but took the details of an innocent nurse...He created a fraudulent email address in her name. Used that e mail address to submit fraudulent timesheet to the ID Medial finance department. He then used the same email address to request a different bank account was used. This account being one in his control allowing him to keep all the proceeds of the fraudulent timesheets.”*

Ms Stock referred the panel to the Judge’s sentencing remarks which state, *“you raised no defence in these proceedings and no defendant has done more to try and make amends.”* Ms Stock submitted that you have accepted your guilt from the outset, and that you have expressed remorse. She submitted that you could not have done more to remedy your actions which led to your conviction.

Ms Stock told the panel that you are currently working as a Health Care Assistant and have worked for your current employer for over a year. She submitted that since these incidents you have suffered with serious health issues. Ms Stock submitted that you are a clinically competent nurse, and since 2014 there has been no repetition of dishonest conduct, nor will there be.

Ms Stock drew the panel’s attention to your recent reflective piece and a reference from your current employer.

The panel accepted the advice of the legal assessor. The legal assessor drew attention to the judgment of Newman J in *Council for the Regulation of Health Care Professionals v General Dental Council and Fleischmann* [2005] EWHC 87 (Admin) that, in principle, a nurse should not ordinarily be permitted to resume practice until she has satisfactorily completed any sentence imposed for a criminal offence. At paragraph 54 of his

judgment, Newman J said, *“I am satisfied the Committee did not sufficiently consider the significance of the sentence which had been imposed by the Crown Court. His duty of disclosure to his patients would require that patients were informed of the sentence and the conditions attached to it. I am satisfied that, as a general principle, where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise. Such circumstances could arise in connection with a period of disqualification from driving or time allowed by the court for the payment of a fine. The rationale for the principle is not that it can serve to punish the practitioner whilst serving his sentence, but that good standing in a profession must be earned if the reputation of the profession is to be maintained.”*

Decision on impairment

The panel considered that your conviction and the facts upon which it is based constituted a serious departure from the following standards of conduct as set out in the NMC 2008 Code:

Be open and honest, act with integrity and uphold the reputation of your profession

Act with integrity

49 You must adhere to the laws of the country in which you are practising.

61 You must uphold the reputation of your profession at all times.

The conviction in this case is serious, involving defrauding the NHS. Your behaviour clearly fell far below the standards to be expected of a registered nurse.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to behave in a lawful manner. 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 judgement of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)* in reaching its decision. In paragraph 74 she said:

“In determining whether a practitioner’s fitness to practise is impaired by reason of [her conviction], 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.”

Mrs Justice Cox went on to say in Paragraph 76:

“I would also add the following observations in this case...as to the helpful and comprehensive approach to determining this issue formulated by Dame Janet Smith in her Fifth Report from Shipman, referred to above. At paragraph 25.67 she identified the following as an appropriate test for panels considering impairment of a doctor’s fitness to practise, but in my view the test would be equally applicable to other practitioners governed by different regulatory schemes.

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 your behaviour was in breach of b, c, and d of the above.

The panel considered that you have been convicted of a serious offence of conspiracy to dishonestly make false representation to make gain for self/ another or cause loss/expose other to risk. The panel noted that the Crown Court, having taken into account your guilty plea, sentenced you to 8 months imprisonment, suspended for 2 years.

The panel considered that although there is harm to the wider public through loss to the NHS, there was no direct risk of harm to patients. Accordingly, it decided that there are no public protection concerns in this case.

The panel considered that your actions in defrauding the NHS to make a financial gain for yourself brought the nursing profession into disrepute and considered that any member of the public would be shocked by your conduct.

The panel considered that honesty and integrity are fundamental tenets of the profession and your actions in defrauding the NHS were inherently dishonest involving a series of deceptions over a sustained period of time. The panel were concerned that you had not come forward or admitted the dishonest conduct until you were arrested. The panel noted that you had worked with ID Medical for almost three years prior to this incident and you knew how the pay structure worked. However, the panel accepted that you trusted this employer, and you were facing difficult personal circumstances at the time so your mind may have been focused elsewhere.

Regarding insight, the panel took into account your reflective piece dated 30 May 2019. It considered that you made admissions at the earliest opportunity in the police investigation, at trial at the Crown Court, and you have made admissions at the outset of this hearing. You also have demonstrated an understanding of why what you did was wrong and how this impacted negatively on the public, the wider NHS, and reputation of the nursing profession. The panel concluded that you have shown good insight into the reasons for your conviction.

In its consideration of whether you have remedied your conduct the panel bore in mind that this is a serious conviction of dishonesty, and dishonesty by its nature is difficult to remediate. The panel considered that you cooperated with the police from the outset of your arrest, and at trial you gave evidence for the prosecution. You have also engaged with the NMC and these proceedings. The panel bore in mind that it has been five years since these incidents. The panel had regard to the sentencing Judge's remarks in the Crown Court Sentencing Transcript: "*Your original conduct in lending yourself to this offending was quite disgraceful. However, you raised no defence in these proceedings and no defendant has done more to try and make amends ...I regard the remorse that you expressed as genuine*".

In all the circumstances the panel considered that the dishonesty in this particular case was potentially remediable. The panel considered that in light of your reflection, admissions, and your insight into your dishonesty you have remedied your conduct.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. The panel determined that, in this case, a finding of impairment on public interest grounds alone was required. The panel determined that the public would be dismayed by your actions. The public would be shocked that a nurse defrauded the NHS which is funded from the public purse. In these circumstances, a finding of no impairment would greatly undermine public confidence in the profession, and the NMC as its regulator.

The panel had regard to the general principles set out in *CRHP v GDC and Fleischmann [2005] EWHC 87 Admin* and noted that "*where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence*". The panel considered that you had been sentenced to 8 months imprisonment albeit suspended

for two years. The panel bore in mind that you are currently serving this sentence which expires in May 2020. It decided that there were no exceptional circumstances “which plainly justify” a departure from the Fleischmann principle and a different course of action in this case.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Determination on sanction

In his submissions on sanction, Mr Jeffs invited the panel to impose a striking-off order. Mr Jeffs outlined what the NMC considered to be the aggravating and mitigating features of this case.

Mr Jeffs submitted that the decision for the panel is a “binary” one between suspension and strike-off, but he submitted that a suspension order falls short of upholding the public interest in this case. Mr Jeffs submitted that this was not a single incident of misconduct, but a sustained and dishonest act that involved personal financial gain from a breach of trust and resulted in a conviction. He submitted that your conviction directly relates to your nursing career. Mr Jeffs submitted that the only sanction that would suitably maintain professional standards and satisfy the public interest would be to remove your name from the register.

Ms Stock submitted that a 12 month suspension order is the appropriate and proportionate sanction in this case. She submitted that the incidents which led to your conviction occurred during an isolated, short period in your life and asked the panel to give due regard to your long standing career of 22 years.

Ms Stock invited the panel to look “under the surface of this case” and consider that you have no previous criminal history or regulatory findings. You assisted the police and the prosecution, and the Court accepted that there was an element of coercion by Individual 1 in this case.

Ms Stock submitted that there are mitigating circumstances which call for leniency, and that the panel should consider your personal and family circumstances at the time of the incidents. She submitted you have shown insight from the outset and you have remediated as best as you can. She told the panel that you will complete your criminal sentence in May 2020 and that a 12 month suspension order would be sufficient to

serve the public interest. Ms Stock submitted that a member of the public, informed of all the circumstances of this case, would be of the view that strike-off is not inevitable.

In reaching its decision, the panel had regard to all the evidence that has been adduced in this case. The panel accepted the advice of the legal assessor which included reference to the cases of *Kamberova v NMC [2016] EWHC 2955 (Admin)* and *Atkinson v GMC [2009] EWHC 3636 (Admin)*. The panel bore in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the Sanctions Guidance (SG) published by the NMC including document SAN-2 on considering sanctions for serious cases, particularly the sections involving dishonesty and criminal convictions. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement and must be a proportionate response to its findings.

After very careful consideration the panel 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.

Before making its determination on sanction, the panel had regard to the aggravating and mitigating features in this case.

The panel considered the aggravating features to be:

- Your dishonest acts were facilitated by your role as a nurse, and this was a serious breach of trust
- The conduct leading to your conviction was part of a conspiracy
- You obtained financial gain from your dishonesty
- This was not an isolated incident in terms of your actions or culpability
- You received a custodial sentence (albeit suspended) for your conviction which involved diverting public funds from the NHS for your own personal gain and the

gain of others. The public nature of this conviction undermines public confidence in the profession.

The panel considered the mitigating features to be:

- You have demonstrated good insight into your conduct and you have undertaken as much remediation as you personally could
- You made early admissions at the investigation stage of the criminal proceedings and pleaded guilty at the outset
- You gave evidence for the prosecution at trial
- You were experiencing difficult and complex family circumstances at the time of the events which led to the conviction
- The incidents occurred five years ago with no evidence of repetition whilst you were working as a nurse and most recently while working as a health care assistant
- You have displayed consistent and genuine remorse as noted by the trial Judge's Sentencing Remarks

The panel went on to consider the case of *Fleischmann* and the general principle that it was inappropriate for a nurse to practise whilst subject to the sentence imposed. The panel noted that you will be subject to a suspended custodial sentence until May 2020.

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

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the Sanctions Guidance (SG), which states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that your conduct was

not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case, and the *Fleischmann* principle. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. However, the panel considered that there are no clinical issues that arise in this case, and that your actions were not something that can be addressed through retraining. Further, the panel considered that the placing of conditions on your nursing registration would not adequately address the seriousness of this case, adhere to the *Fleischmann* principle, nor uphold the wider public interest. Accordingly, the panel determined that a conditions of practice order would not be the appropriate or proportionate sanction.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG indicates key considerations in relation to suspension:

This order suspends the nurse or midwife's registration for a period of up to one year and may be appropriate in cases where the misconduct isn't fundamentally incompatible with the nurse or midwife continuing to be a registered professional, and our overarching objective may be satisfied by a less severe outcome than permanent removal from the register.

Key things to weigh up before imposing this order include:

- whether the **seriousness of the case** require temporary removal from the register?
- will a period of suspension be sufficient to protect patients, public confidence in nurses and midwives, or professional standards?

Your conduct, as highlighted by the custodial sentence (albeit suspended) imposed by the Court was serious, and was a significant departure from the standards expected of a registered nurse. Your deception was directly connected to your role as a nurse and involved a conspiracy of diverting public funds from the NHS for your own personal gain and the gain of others.

The panel had regard to the SG and considered the seriousness of your dishonesty. It noted that whilst there was no risk to patient safety and, in the panel's view, there was no evidence of harmful deep-seated personality or attitudinal problems on your part, the following factors were present which puts your dishonesty towards the higher end of the spectrum of seriousness:

- You received a personal financial gain from a breach of trust related to your role as a nurse;
- This was not opportunistic conduct; and
- It was not an isolated incident.

The panel considered that there were mitigating circumstances in your case. It noted that although this was not an isolated incident, it took place over a period of 3 -4 months in a 22 year nursing career. The panel considered that it was satisfied that you had insight into your conduct and that it was unlikely that the conduct of the kind that led to the conviction would be repeated. However, the panel also considered the SG on conviction cases and bore in mind the following:

It's clear that the Committee's purpose isn't to punish the nurse or midwife for a second time. Because of this, the sentence passed by the criminal court isn't necessarily a reliable guide to how seriously the conviction affects the nurse or midwife's fitness to practise. So, the personal circumstances or mitigation of the nurse or midwife is also less likely to be useful or helpful to the Fitness to Practise Committee when making a sanction decision than it would have been to the criminal court.

Cases about criminal offending by nurses and midwives illustrate the principle that the reputation of the professions is more important than the fortunes of any individual member of those professions. Being a registered professional brings many benefits, but this principle is part of the 'price'.

In these circumstances, although the panel recognised the public interest in enabling a good nurse to continue her practise, overall it was not satisfied that a period of suspension would satisfy the public interest or uphold public trust and confidence in the profession or the NMC.

Balancing all of these factors, the panel has determined that a suspension order would not be an appropriate or proportionate sanction.

The panel therefore went on to consider the appropriateness of a striking-off order and took into account the following sections of the SG:

This sanction is likely to be appropriate when what the nurse or midwife has done is fundamentally incompatible with being a registered professional. Before imposing this sanction, key considerations the panel will take into account include:

- Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?
- Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?
- Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?

In this case you were convicted of fraud involving a conspiracy of diverting public funds from the NHS for your own personal gain and the gain of others. The panel considered that, despite not being the orchestrator of the fraud, you did not seek to report it prior to your arrest. The panel weighed the 'personal' component of your insight, genuine

remorse and your efforts to remediate your conduct with the 'public' component of this being such a serious departure from the behaviour expected of a registered nurse. After very careful consideration the panel determined that the dishonest conduct leading to your conviction is fundamentally incompatible with being a registered professional. Anything less than a striking-off order would undermine public confidence in the profession and in the NMC as its regulatory body.

The panel considered that trust and confidence in the profession and the NMC outweighs the fortunes of any individual member of the profession. 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. It concluded that, given the seriousness of the criminal offence, nothing short of this would be sufficient to uphold public confidence and the reputation of the profession. It would also send to the public and the profession a clear message about the standards of behaviour required of a registered nurse.

Accordingly, the panel decided to make a striking-off order.

Determination on interim order

The panel considered the submissions made by Mr Jeffs that an interim suspension order should be made on the grounds of public interest. Ms Stock did not oppose the application for an interim suspension order.

The panel accepted the advice of the legal assessor which included reference to *Sheikh v GDC [2007] EWHC 2972*.

The panel had regard to the seriousness of the conviction in this case, and the reasons set out in its decision for the substantive order, in reaching the decision to impose an interim order. The panel was satisfied that an interim suspension order is required in the public interest. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.