

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

**Substantive Hearing
Wednesday, 15 – Wednesday, 22 February 2023**

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

Name of Registrant:	Thomas Keith Woodall
NMC PIN	09G1034E
Part(s) of the register:	Registered Nurse – Sub Part 1 RNMH: Mental Health nurse, level 1 27 July 2009)
Relevant Location:	Nottingham
Type of case:	Misconduct
Panel members:	Konrad Chrzanowski (Chair, lay member) Mark Gibson (Registrant member) Suzanna Jacoby (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Catherine Acevedo
Nursing and Midwifery Council:	Represented by David Claydon, Case Presenter
Mr Woodall:	Not present and unrepresented
Facts proved:	All
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order – 18 months

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Woodall was not in attendance and that the Notice of Hearing letter had been sent to Mr Woodall registered email address by secure email on 16 January 2023.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mr Woodall's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Woodall has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Woodall

The panel next considered whether it should proceed in the absence of Mr Woodall. It had regard to Rule 21 and heard the submissions of Mr Claydon who invited the panel to continue in the absence of Mr Woodall. He submitted that Mr Woodall had voluntarily absented himself.

Mr Claydon referred the panel to email correspondence from Mr Woodall's representative dated 19 January 2023, where it states, "*I can confirm that we will not be attending*" and a letter from Mr Woodall where he also advises that he will not be attending the hearing.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

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

- No application for an adjournment has been made by Mr Woodall;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- A witness has attended today to give live evidence and others are due to attend;
- Not proceeding may inconvenience the witnesses and their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2017;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Woodall in proceeding in his absence. The evidence upon which the NMC relies will have been sent to him at his registered address. He will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. In particular, the panel can take into account the contents of the email from his representative at the Royal College of Nursing (RCN) dated 19 January 2023, which was a consequence of a case conference in relation to this case with Mr Woodall. Furthermore, the limited disadvantage is the consequence of Mr Woodall's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

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

Details of charge

That you, a registered nurse whilst employed within Nottingham City Crisis Team:

1. Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:
 - a. On or around 10 April 2017 met Patient A in a café without any clinical justification;
 - b. Between 15 and 16 April 2017:
 - i. on one or more occasions, called Patient A on her mobile telephone without any clinical purpose;
 - ii. asked Patient A to cancel a home visit from Colleague A without any clinical justification;
 - iii. Asked Patient A to not inform the crisis team about the conversations;

- iv. Asked Patient A if they had 'WhatsApp';
 - v. Asked Patient A to delete records of your mobile telephone communications;
 - vi. Did not escalate your off-duty communication with Patient A;
2. Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:
- a. Met Patient A without any clinical purpose at:
 - i. Wollaton Hall on 25 April 2017;
 - ii. Newstead Abbey on 3 May 2017;
 - iii. The Hut Pub on 18 May 2017;
 - b. On one or more occasions, asked Patient A to have sexual intercourse with you;
 - c. On one or more occasions, engaged in telephone conversations of a sexual nature;
 - d. On one or more occasions, asked Patient A for photographs of a sexual nature;
 - e. On one or more occasions, sent Patient A text messages of a sexual/inappropriate nature;
 - f. On one or more occasions, sent Patient A photographs of your penis;
3. Your actions at all or any of charges 1 and 2 above were sexually motivated in that you intended to pursue a future sexual relationship with Patient A;
4. Your actions at all or any of charges 2(c)-(f) were sexually motivated in that you sought sexual gratification from such communication;
5. Your actions in charge 1(b)(iii) and/or 1(b)(v) and/or 1(b)(vi) were dishonest, in that you intended to conceal your contact with Patient A;

Or in the alternative

Your actions in charge 1(b)(iii) and/or 1(b)(v) and/or 1(b)(vi) were a failure to comply with your duty of candour, in that you failed to disclose that you had breached professional boundaries with Patient A to the Trust;

6. Between 19 May and 21 May 2017, contacted Patient A following an allegation being made, when your employer had told you not to contact them;
7. Did not record in Patient A's summary record all phone call and/or text message communication;
8. Did not record in the discharge summary that Patient A was upset and/or struggling with being discharged;

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

Background

The charges arose when Mr Woodall worked within the Nottingham City Crisis Team at Nottinghamshire Healthcare NHS Foundation Trust ("the Trust").

Mr Woodall met Patient A through his role as a mental health nurse on the Crisis Team. [PRIVATE]. Initially he had contact with Patient A over the telephone until she was accepted onto the Crisis Team caseload in March 2017. Mr Woodall first met Patient A on 28 March 2017 at her home address and attended another home visit on 7 April 2017 and a further home visit was booked for 10 April 2017.

Before the appointment, Patient A called Mr Woodall on his personal mobile number to ask if he could phone her Occupational Therapist, which Mr Woodall declined to do, and to arrange meeting with him in a café, rather than her home. Mr Woodall stated that Patient

A obtained his personal mobile number because he had not been provided with a work phone, and he had failed to withhold his number on a previous call.

On 11 April 2017 Mr Woodall was off duty and received a call from Patient A, which he answered. Mr Woodall states he explained to Patient A that he was off duty and referred her to the Crisis Team. Mr Woodall allegedly did not document or discuss the off-duty call with anyone else in the team. Mr Woodall then allegedly saw Patient A at her home on 13 April 2017.

The patient record inputted by Mr Woodall shows that the visit was difficult with Patient A and she was left feeling quite upset and deflated due to some of the issues they spoke about.

On 14 April 2017 Mr Woodall went on his brother's stag weekend. It is alleged that on the Friday night he sent Patient A a text message with a kiss ('x') at the end. Over the course of the weekend it is alleged that there were further text messages exchanged, Mr Woodall allegedly sent explicit images of his penis as well as images of his face to Patient A and he spoke to Patient A on the phone late at night.

Mr Woodall allegedly called Patient A after the stag weekend whilst he was off duty and continued to have regular telephone contact with her after she was discharged from the Crisis Team on 18 April 2017. He then allegedly met with Patient A on 25 April and 3 May 2017 for walks in parks.

Mr Woodall went out on the weekend of 12, 13 and 14 May 2017 and late on the Sunday evening allegedly exchanged texts (some of a sexual nature) and had telephone contact with Patient A, during which they allegedly discussed having sexual relations. Mr Woodall spoke with Patient A on the Monday and they met on 18 May 2017 for lunch. Following the meeting Mr Woodall spoke to Patient A on the phone and states he explained that he could not continue to contact Patient A and that he did not have any feelings for her.

On 19 May 2017 Patient A reported Mr Woodall to the police and he was suspended from duty by the Trust, pending an investigation. Mr Woodall telephoned Patient A that day. On 21 May 2017 Mr Woodall was reminded he was to have no further contact with Patient A by the Crisis Team Manager. He had been told at the time of his suspension on 19 May 2017 not to contact Patient A or patients. Mr Woodall allegedly continued to have contact with Patient A after she was discharged from the Crisis Team.

Decision and reasons on application for special measures in respect of Patient A

The panel then heard an application for special measures made by Mr Claydon in respect of Patient A under Rule 23 (1)(e) of the Rules.

Mr Claydon submitted that some of the charges which are of a sexual nature, relate to Patient A and therefore she is classed as a vulnerable witness under the Rules. Mr Claydon invited the panel to grant the special measures application in that Patient A should be permitted to have her father present and visible on screen with her during her oral evidence. Mr Claydon further invited the panel to hear Patient A's evidence in private as there will be reference to her health conditions which are linked to her evidence.

The panel accepted the advice of the legal assessor and had regard to Rule 23 (1)(e) of the Rules.

The panel bore in mind the submissions of both Mr Claydon and the advice of the legal assessor. It noted the nature of the charges Patient A was giving evidence in relation to. The panel was satisfied that the special measures as applied for by the NMC were appropriate, proportionate and fair. The panel determined that granting such special measures would be in the interest of Patient A and would allow her to provide her best evidence. It further determined that to hear Patient A's evidence in private would be fair and appropriate in the circumstances.

Decision and reasons on application to admit the written statement of Mr 3

The panel heard an application made by Mr Claydon under Rule 31 to allow the written statement of Mr 3 into evidence. Mr 3 was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, Mr 3 had declined further contact in 2021 and indicated that he did not wish to take part in proceedings.

Mr Claydon submitted that Mr 3's witness statement is not sole and decisive and the matters he speaks to are commented on by other witnesses. He submitted that Mr 3's witness statement evidence is fair and relevant and should therefore be admitted.

In the preparation of this hearing, the NMC had indicated to Mr Woodall that it was the NMC's intention for Mr 3 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Mr 3, Mr Woodall made the decision not to attend this hearing. On this basis Mr Claydon advanced the argument that there was no lack of fairness to Mr Woodall in allowing Mr 3's written statement into evidence.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. He specifically directed the panel to Rule 31 which provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Mr 3 detailed consideration. The panel noted that Mr 3's statement had specifically been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This statement ... is true to the best of my information, knowledge and belief' and signed by him.

The panel considered whether Mr Woodall would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 1 to that of a written statement.

The panel considered that as Mr Woodall had been provided with a copy of Mr 3's statement and, as the panel had already determined that Mr Woodall had chosen voluntarily to absent himself from these proceedings, he would not be in a position to cross-examine this witness in any event. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings. Further, in Mr Woodall's email of 19 January 2023, he indicated he did not want to have Patient A attend the hearing as he expressed concern for her welfare.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Mr 3 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Claydon on behalf of the NMC and the written representations from Mr Woodall.

The panel has drawn no adverse inference from the non-attendance of Mr Woodall.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Patient A: Patient A;
- Ms 1: Operational Manager at the Trust;

- Mr 2: Case Investigator at the Trust.

Before making any findings on the facts, the panel heard and accepted the written advice of the legal assessor who in his advice directed it in particular to the case of *Ivey (Appellant) V Genting Casinos (UK) LTD T/A Crockfords* [2017] UKSC 67 and how they should approach this issue of dishonesty.

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

Charge 1a

1. Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:
 - a. On or around 10 April 2017 met Patient A in a café without any clinical justification;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A, Ms 1 and Mr Woodall's written evidence.

Patient A stated in her evidence that she met Mr Woodall in a Café and that it was Mr Woodall's suggestion to meet there.

Mr Woodall does not appear to deny meeting Patient A in a café. However, the email from Mr Woodall's representative dated 19 January 2023, indicated that charge 1a was denied and stated "*We say that it is justifiable where appropriate to meet a patient in a public place as part of their overall care package*".

In Ms 1's evidence she exhibits the Trust's policy regarding professional boundaries dated March 2017. Ms 1 stated in her NMC statement:

“There is a list of boundary management guidelines/checklist which should be followed by all nurses working at the trust. Certain points should be examined to manage the following:

- a. Contact and the setting limits including difficulties setting limits on demands made by patients. Sharing personal details with the patient, feeling like they are being asked to work outside of their role, either by the patient or another colleague.*
- b. Time and place of client contact including time spent with the patient, arranging time with the patient outside of core working hours or in different locations, requesting to see the patient alone (not highlighted in the care plan)*
- c. Documenting, talking, reflecting including forgetting to document phone calls, appointments and conversations with patients. Withholding information including risk issues from colleagues and unprofessional language*
- d. Session content including lack of structure, treatment goals and evaluation of session. Deviation from treatment pathways and lack of baseline assessment. This includes non-submission or vague reporting of treatment intervention, not documenting time or venue of the session with the patient*
- e. Work-life balance including taking on more patient contact than required to fulfil a need to feel worthwhile”.*

The panel had sight of the Patient Record Summary completed by Mr Woodall. The notes did not specify the reason for the meeting with Patient A nor the type of meeting taking place and there was no suggestion that there was any clinical justification for meeting at the café.

The panel considered that there was potential clinical justification for meeting a patient in a café. However, in the context of what followed thereafter between Mr Woodall and Patient A, the panel rejected the submission from Mr Woodall’s representative that it was ‘justifiable’ or appropriate to meet Patient A in a public place. The panel considered that

Mr Woodall's actions in agreeing to meet Patient A in the café suggested a possible direction of travel in respect of his intentions.

The panel was satisfied that Mr Woodall breached professional boundaries when he met Patient A in a café without any clinical justification. The panel therefore found charge 1a proved.

Charge 1b(i)

Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:

Between 15 and 16 April 2017:

- i. on one or more occasions, called Patient A on her mobile telephone without any clinical purpose;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A and Mr Woodall's written evidence.

Patient A said in her NMC written statement *"I then contacted [Mr Woodall] the next day, which was Saturday. We had been texting each other through the day. He called me in the early evening at around 7pm when [Mr Woodall] told me he was on his brother's stag do."*

Mr Woodall accepts in his statement at the local investigation dated 8 January 2018 that he contacted Patient A on multiple occasions on her mobile telephone via call and text message when he was on his brother's stag do and therefore off duty.

The panel determined that as Mr Woodall was off duty, there would have been no clinical purpose for him to contact Patient A on her mobile telephone. The panel determined that

Mr Woodall had breached professional boundaries by calling Patient A on her mobile telephone without any clinical purpose. The panel therefore found charge 1b(i) proved.

Charge 1b(ii)

Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:

Between 15 and 16 April 2017:

- ii. asked Patient A to cancel a home visit from Colleague A without any clinical justification;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A and Mr Woodall's written evidence.

Patient A said in her NMC written statement *"He asked me to call him back and convinced me to cancel the home visit with the other nurse"*.

The email from Mr Woodall's representative dated 19 January 2023, indicated that charge 1b (ii) was denied and stated *"We say that the patient had already cancelled her home visit, [Mr Woodall] did not ask her to do so"*.

The panel considered Patient A's oral and written accounts of the incident to be clear and consistent. The panel found the evidence of Patient A to be credible and reliable. It accepted Patient A's version of events and rejected the submission made by Mr Woodall's representative. The panel determined on the balance of probabilities that Mr Woodall asked Patient A to cancel a home visit from Colleague A without any clinical justification and breached professional boundaries. The panel therefore found charge 1b(ii) proved.

Charge 1b (iii)

Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:

Between 15 and 16 April 2017:

- iii. Asked Patient A to not inform the crisis team about the conversations;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A said in her NMC written statement *“He told me not to tell the next nurse about the conversations we had been having”*. Patient A’s written evidence was consistent with her oral evidence. Patient A said during her oral evidence that she felt *‘blackmailed’* by Mr Woodall to not say anything to anyone about their conversations and she said she felt pressured to keep the secret from early on in their relationship.

The panel considered that Mr Woodall by asking Patient A not to share information which could have a direct effect on her wellbeing with the crisis team, he breached professional boundaries. The panel considered that it would have been clinically appropriate for Mr Woodall to keep the crisis team informed of his conversations with Patient A and he did not do so.

Having found Patient A’s evidence to be credible and reliable, the panel accepted her account of events. The panel determined that, on the balance of probabilities, Mr Woodall breached professional boundaries by asking Patient A to not inform the crisis team about the conversations. The panel therefore found charge 1b(iii) proved.

Charge 1b(iv)

Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:

Between 15 and 16 April 2017:

- iv. Asked Patient A if they had 'WhatsApp';

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A said in her NMC written statement "*I recall [Mr Woodall] asking me if I had Whatsapp*". Patient A's written evidence was consistent with her oral evidence.

Having already found Patient A's evidence to be credible and reliable, it accepted her account of events. The panel considered that Mr Woodall asking Patient A whether she had Whatsapp was probative of him acting outside of professional boundaries. The panel therefore found charge 1b(iv) proved.

Charge 1b(v)

Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:

Between 15 and 16 April 2017:

- v. Asked Patient A to delete records of your mobile telephone communications;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A's evidence in her NMC written statement is that "*When [Mr Woodall] was on the phone to me on his brothers stag do and he was telling me he had deleted all contact we had and was blackmailing me to tell me to do the same in case anyone would ever find our phones*". Patient A's written evidence was consistent with her oral evidence. Patient A

said during her oral evidence that she felt ‘*blackmailed*’ by Mr Woodall to not say anything to anyone about their relationship and she said she felt pressured to keep it a secret from early on in their relationship.

The email from Mr Woodall’s representative dated 19 January 2023 stated “*I am instructed that Mr Woodall would admit that he was dishonest in attempting to hide his relationship from his employer, including by asking the patient to delete messages in general, but not in relation to specific dates*”.

The panel accepted Mr Woodall’s admission in the written representations that he asked Patient A generally to delete records of his mobile telephone communications. The panel accepted Patient A’s account that this had occurred on the weekend of the stag do. The panel determined that, on the balance of probabilities, Mr Woodall asked Patient A to delete records of her mobile telephone communications and it was satisfied that this request was a breach of professional boundaries. The panel therefore found charge 1b(v) proved

Charge 1b(vi)

Whilst Patient A was a patient of the Crisis Team breached professional boundaries, in that you:

Between 15 and 16 April 2017:

- vi. Did not escalate your off-duty communication with Patient A;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms 1 and Mr Woodall’s evidence.

Mr Woodall accepts in his local statement that he did not escalate his off-duty communication with Patient A to any one on the crisis team.

Ms 1's evidence from her NMC witness statement is that *"[Mr Woodall] describes [Patient A] as "becoming increasingly dependent on him and the crisis team in general". I would have expected [Mr Woodall] to speak with other members of his team about this and to discuss the Patient's increasing dependency on [him]. There is no record of this". Ms 1 further stated "If [Mr Woodall] thought [Patient A] was becoming increasingly dependent and the professional relationship was being jeopardised then [Mr Woodall] had an obligation to inform his manager."*

The panel also had sight of the Patient A's record summary and saw no record that Mr Woodall has escalated the communication at all.

The panel considered Ms 1's oral and written accounts of the incident to be clear and consistent. The panel found the evidence of Patient A to be credible and reliable. It accepted her evidence that Mr Woodall had an obligation to escalate the communication with Patient A and that he had breached professional boundaries.

The panel determined that, on the balance of probabilities, Mr Woodall did not escalate his off-duty communication with Patient A to his supervisor or line manager. The panel therefore found charge 1b(vi) proved.

Charge 2a(i), 2a(ii) and 2a(iii)

Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:

- a. Met Patient A without any clinical purpose at:
 - i. Wollaton Hall on 25 April 2017;
 - ii. Newstead Abbey on 3 May 2017;
 - iii. The Hut Pub on 18 May 2017;

This charge is found proved.

In reaching this decision, the panel took into account Patient A's evidence and Mr Woodall's evidence.

Patient A's evidence in her NMC written statement is that *"I met [Mr Woodall] 3 times after the stag do and we were communicating by phone. The three places we met were firstly Wollaton Hall, the second was Newstead Abbey and finally The Hut Pub. These were not official visits or phone calls in relation to the support I was receiving from the crisis team"*. Patient A's written evidence was consistent with her oral evidence. Patient was clear that these meetings were not in relation to support from the crisis team and they took place after she had been discharged.

The email from Mr Woodall's representative dated 19 January 2023, stated *"I am instructed that Mr Woodall would admit that he was dishonest in attempting to hide his relationship from his employer"*.

The panel considered from the written representations that Mr Woodall admits that he had engaged in a 'relationship' with Patient A in a non-professional capacity and it was satisfied that the meetings were without clinical purpose.

Having found Patient A's evidence to be credible and reliable, it accepted her account of events. The panel determined that, on the balance of probabilities, Mr Woodall had engaged in a personal relationship with Patient A and met her in the three locations specified without clinical purpose. The panel therefore found charge 2a(i), 2a(ii) and 2a(iii) proved.

Charge 2b

Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:

- b. On one or more occasions, asked Patient A to have sexual intercourse with you;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A's evidence in her NMC written statement is that "[Mr Woodall] called me on 14 May 2017 and said "what do you feel about finding the romantic spark and fucking each other". This was consistent with her oral evidence.

Having already found Patient A's evidence to be credible and reliable, it accepted her account of events. The panel determined that, in light of his admissions in the email of 19 January 2023 in respect of charge 3 of his sexual motivation, on the balance of probabilities, Mr Woodall engaged in a personal relationship with Patient A by asking her A to have sexual intercourse with him. The panel therefore found charge 2b proved.

Charge 2c

Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:

- c. On one or more occasions, engaged in telephone conversations of a sexual nature;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A's evidence in her NMC written statement is that *"I didn't know he was going to phone me. We both flirted on the phone. He said he was getting aroused and felt turned on"*.

Having found Patient A's evidence to be credible and reliable, the panel accepted her account of events. The panel determined, on the balance of probabilities, that Mr Woodall engaged in a personal relationship with Patient A by engaging in telephone conversations of a sexual nature with her. The panel therefore found charge 2c proved.

Charge 2d

Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:

- d. On one or more occasions, asked Patient A for photographs of a sexual nature;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A and Mr Woodall's evidence.

Patient A's evidence in her NMC written statement is *"[Mr Woodall] messaged me and asked me for pictures of my 'boobs, tit and clit'. I took this to mean my breasts and my clitoris. [Mr Woodall] also did this on a second occasion"*.

The email from Mr Woodall's representative dated 19 January 2023, stated *"He denies requesting or receiving illicit photos and so it follows that he denies making requests about such messages"*. However, the panel noted that in the police interview, Mr Woodall admitted sending a photograph to Patient A which was of a sexual nature which contradicts the submission made in the written submissions.

Having found Patient A's evidence to be credible and reliable, the panel accepted her account of events. The panel determined, on the balance of probabilities, Mr Woodall engaged in a personal relationship with Patient A by asking her for photographs of a sexual nature. The panel therefore found charge 2d proved.

Charge 2e

Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:

- e. On one or more occasions, sent Patient A text messages of a sexual/inappropriate nature;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A's evidence in her NMC written statement is *"[Mr Woodall] messaged me and asked me for pictures of my 'boobs, tit and clit'. I took this to mean my breasts and my clitoris. [Mr Woodall] also did this on a second occasion"*.

Having already found Patient A's evidence to be credible and reliable, the panel accepted her account of events. The panel determined, on the balance of probabilities, Mr Woodall engaged in a personal relationship with Patient A by sending her text messages of a sexual/inappropriate nature. The panel therefore found charge 2e proved.

Charge 2f

Between 15 April 2017 and 22 May 2017 engaged in a personal relationship with Patient A in that you:

- f. On one or more occasions, sent Patient A photographs of your penis;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A.

Patient A's evidence in her NMC written statement is that *"[Mr Woodall] sent me three pictures of his erect penis and two pictures with [Mr Woodall] on his own"*.

The panel noted in the police interview, that Mr Woodall admitted sending a photograph of his penis to Patient A.

The panel accepted Mr Woodall's admission and accepted Patient A's account that Mr Woodall had sent her photographs of his penis on more than one occasion. The panel determined, on the balance of probabilities, Mr Woodall engaged in a personal relationship with Patient A by sending her photographs of his penis. The panel therefore found charge 2f proved.

Charge 3

You actions at all or any of charges 1 and 2 above were sexually motivated in that you intended to pursue a future sexual relationship with Patient A;

This charge is found proved.

In reaching this decision, the panel took into account Patient A's evidence and Mr Woodall's evidence.

The panel heard evidence from Patient A about the sexual nature of some of her communications with Mr Woodall, including being sent messages and photographs of a sexual nature.

The email from Mr Woodall's representative dated 19 January 2023, stated in relation to charge 3 *"No specific admission is made to Charge 3, but he does accept sexual motivation in his dealings with the patient after her discharge"*.

The panel accepted Mr Woodall's admission in relation to sexual motivation and accepted Patient A's account of events. The panel considered that Mr Woodall has spent a considerable amount of time with Patient A and this was most likely because he was interested in having a sexual relationship with her.

Having found all of the sub-charges in charges 1 and 2 proved, the panel determined that Mr Woodall's actions were sexually motivated in that he intended to pursue a future sexual relationship with Patient A. The panel therefore found charge 3 proved.

Charge 4

Your actions at all or any of charges 2(c)-(f) were sexually motivated in that you sought sexual gratification from such communication;

This charge is found proved.

In reaching this decision, the panel took into account Patient A's evidence and Mr Woodall's evidence.

The panel heard evidence from Patient A about the sexual nature of some of her communications with Mr Woodall, including being sent messages and photographs of a sexual nature.

The email from Mr Woodall's representative dated 19 January 2023, stated in relation to charge 3 *"No specific admission is made to Charge 3, but he does accept sexual motivation in his dealings with the patient after her discharge"*.

The panel accepted Mr Woodall's admission in relation to sexual motivation and accepted Patient A's account of events. The panel considered that Mr Woodall has spent a considerable amount of time with Patient A and this was most likely because he was interested in having a sexual relationship with her.

Having found that all of the actions in charges 2c- 2f were of a sexual nature and found proved, the panel determined that Mr Woodall's actions were sexually motivated in that he intended to pursue a future sexual relationship with Patient A. The panel therefore found charge 4 proved.

Charge 5

Your actions in charge 1(b)(iii) and/or 1(b)(v) and/or 1(b)(vi) were dishonest, in that you intended to conceal your contact with Patient A;

This charge is found proved.

In reaching this decision, the panel took into account your evidence.

The email from Mr Woodall's representative dated 19 January 2023 *"I am instructed that Mr Woodall would admit that he was dishonest in attempting to hide his relationship from his employer, including by asking the patient to delete messages in general, but not in relation to specific dates"*.

Having found that all of the actions in charges 1(b)(iii) and/or 1(b)(v) and/or 1(b)(vi) proved, the panel considered that Mr Woodall would have been aware of the relevant policies and procedures on appropriate communication with patients.

The panel determined that Mr Woodall's actions by asking Patient A to delete records of their mobile telephone communications and not informing or escalating to the crisis team

about their communications were dishonest and he intended to conceal his contact with Patient A. The panel therefore found charge 5 proved.

Charge 6

Between 19 May and 21 May 2017, contacted Patient A following an allegation being made, when your employer had told you not to contact them;

This charge is found proved.

In reaching this decision, the panel took into account Ms 1's evidence and your evidence.

Ms 1 stated in her NMC witness statement that *"My biggest concern is that the registrant contacted the patient when he had been directly told by me not to call her on the 19th May 2017. He admitted he'd called her when I called him on 21st May 2017, and the patient called him once but that his phone was then turned off, this led me to believe that he had only called her once after I instructed him no to contact her"*.

Patient A's evidence is that she had spoken to Mr Woodall on multiple occasions between 19 and 21 May and that her last telephone call with Mr Woodall had been on 22 May 2017.

Having found Ms 1's and Patient A's evidence to be credible and reliable, the panel accepted their accounts of events. The panel determined that, on the balance of probabilities, Mr Woodall had contacted Patient A following an allegation being made, when his employer had told him not to contact her. The panel therefore found charge 6 proved.

Charge 7

Did not record in Patient A's summary record all phone call and/or text message communication;

This charge is found proved.

In reaching this decision, the panel took into account Ms 1's evidence.

Ms 1's evidence is that *"All telephone calls made or received from Patient A should have been recorded on her patient record"*. She further stated *"[Mr Woodall] discharged Patient A but continued to contact Patient A and did not record the contact in Patient A's medical records"*.

The panel had sight of the police record of the telephone call log between Mr Woodall and Patient A and noted that the calls were not reflected in Patient A's medical records.

Having found Ms 1's evidence to be credible and reliable, the panel accepted her account. The panel determined, on the balance of probabilities, that Mr Woodall did not record in Patient A's summary record all phone call and/or text message communication. The panel therefore found charge 7 proved.

Charge 8

Did not record in the discharge summary that Patient A was upset and/or struggling with being discharged;

This charge is found proved.

In reaching this decision, the panel took into account Ms 1's evidence.

Ms 1's evidence is that *"The discharge summary was completed by [Mr Woodall]. This discharge summary does not reflect the RIO records. [Mr Woodall] indicates within the*

discharge summary that the patient was feeling better, could make decisions and was in the process of seeking employment. However, the narrative from the Patient Record Summary on 10 April 2017 indicates the Patient was upset and struggling about being discharged. [Mr Woodall] should have noted this in the discharge summary to reflect her thoughts and concerns about discharge from crisis services. The detail given in the discharge summary of Patient A does not appear to be a true reality of how Patient A felt”.

The panel also had sight of the Patient Record Summary which was consistent with Ms 1’s evidence.

Having found Ms 1’s evidence to be credible and reliable, the panel accepted her account. The panel determined, on the balance of probabilities, that Mr Woodall did not record in the discharge summary that Patient A was upset and/or struggling with being discharged. The panel therefore found charge 8 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Woodall’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 suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the

facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Woodall's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

Mr Claydon invited the panel to take the view that the facts found proved amount to misconduct. He referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) and identified the specific, relevant standards where the NMC say Mr Woodall's actions breached the Code and amounted to misconduct.

Mr Claydon invited the panel to consider that Mr Woodall's misconduct is of the highest level and can be summed up as a registrant acting in breach of trust towards a highly vulnerable patient in a sexually motivated way using dishonesty to attempt to cover up his actions which occurred over a prolonged period of time.

Submissions on impairment

Mr Claydon 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 Claydon submitted all four limbs of the *Grant* test are engaged. Mr Claydon submitted that a high level of harm was caused to Patient A and Mr Woodall brought the profession into disrepute. He submitted that Mr Woodall abused his position of trust involving a vulnerable patient and was dishonest in that he tried to cover up his behaviour from his colleagues and he put pressure on Patient A to not inform anyone.

Mr Claydon submitted that a member of the public would find Mr Woodall's actions deplorable. In terms of current impairment, Mr Claydon submitted that there is a continuing risk of harm as Mr Woodall has not addressed his misconduct and therefore there is a likelihood of repetition. Mr Claydon referred the panel to Mr Woodall's written statement and submitted that he has demonstrated little insight or reflection into his conduct but has demonstrated a realisation on his part that he will not be practising again. Mr Claydon invited the panel to make a finding of current impairment on both public protection and public interest grounds.

The panel accepted both the oral and written advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, and [General Medical Council v Meadow \[2007\] QB 462 \(Admin\)](#).

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 Mr Woodall's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Woodall's actions amounted to a breach of the Code. Specifically:

'10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

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

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times'

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

In relation to charges 1, 2, 3, 4 and 6 which relate to Mr Woodall's behaviour in respect of Patient A and, the panel found that Mr Woodall's conduct was serious in that he breached his position of trust in respect of a highly vulnerable patient, putting her at risk of harm. The panel determined that despite being aware of Patient A's vulnerability, Mr Woodall acted in a sexually motivated way in that he intended to pursue a future sexual relationship with her. The panel therefore found that Mr Woodall's actions at charges 1, 2, 3, 4 and 6 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

In relation to charges 1b(iii), 1b(v), 1b(vi) and 5 concerning Mr Woodall's dishonesty, the panel was of the view that his conduct in trying to cover up his communications with Patient A from his colleagues was serious and occurred over a period of time. Mr Woodall attempted to cover up his actions by not informing his colleagues and by putting pressure on Patient A to not say anything in respect of their communications which put Patient A at further risk of harm. The panel found that Mr Woodall's actions at charges 1b(iii), 1b(v), 1b(vi) and 5 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

In relation to charges 7 and 8 relating to record keeping, the panel considered that Mr Woodall put Patient A at risk by not recording in her records the communications that he had been having with her and also by not accurately recording how Patient A had felt upset about her being discharged which would not be an accurate record for his colleagues and would not reflect what Patient A had been experiencing. The panel found that Mr Woodall's actions at charges 7 and 8 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

The panel determined that a both a well-informed member of the public and a fellow professional would find Mr Woodall's actions towards Patient A deplorable. The panel therefore found Mr Woodall's actions in respect of the charges found proved fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Woodall's fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the

public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

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

The panel finds limbs a, b c and d engaged in the *Grant* test. The panel found that Patient A was put at risk and caused emotional harm as a result of Mr Woodall's misconduct. The panel found that Mr Woodall's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel also found that Mr Woodall used dishonesty to attempt to cover up his misconduct towards

Patient A and it was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel into account the email of 19 January 2023 from Mr Woodall's RCN representative. The panel also took account of the undated letter he provided to this panel which indicated that due to changes in his private life, he understood the unacceptability of his behaviour:

“Regardless of the changes I have made and the time which has passed since this occurred, removal from the register should be the only outcome given the severity of the behaviour. I have placed myself in the position of a father seeing his daughter with a serious mental illness having to access mental health services and how would I feel if a qualified nurse were to act in the way in which I did towards Patient A. Removal from the register is the least I would expect.

Therefore, it is on this basis that I ask the panel to proceed in removing me from the register. I am deeply and sincerely apologetic to Patient A and her family for the trauma I have caused. I will never forget what I have done and will carry both guilt and shame with me for the rest of my life. I also want to apologise to those close to me for the disappointment I have caused. I have brought their profession into disrepute and will continue to struggle to live with what I have done to them for a very long time”.

The panel considered that Mr Woodall had made admissions to some of the charges and had demonstrated, in his statement, an understanding of how his actions caused harm to Patient A. Mr Woodall has demonstrated an understanding of why what he did was wrong and how this impacted negatively on the reputation of the nursing profession.

The panel considered that Mr Woodall had also apologised and demonstrated remorse for his misconduct.

The panel carefully considered the evidence before it in determining whether or not Mr Woodall has taken steps to strengthen his practice. The panel took into account that Mr Woodall had demonstrated good insight into his misconduct. However, as Mr Woodall had indicated that he did not wish to continue practising as a nurse he had not provided evidence of how he might behave differently in a similar situation in the future. The panel also saw no evidence of any remediation in terms of training or learning Mr Woodall had undertaken.

The panel is of the view that there is a risk of repetition based on the absence of any evidence that he has addressed the concerns. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC: to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. The panel determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Woodall's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Woodall'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 Mr Woodall off the register. The effect of this order is that the NMC register will show that Mr Woodall has 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 careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Claydon referred the panel to the NMC guidance on considering sanctions for serious cases. Mr Claydon submitted that the NMC's sanction bid of a striking-off order is the most appropriate order in the circumstances of this case having considered the facts and the panel's finding on misconduct and impairment. Mr Claydon then set out for the panel what the NMC considered to be the aggravating and mitigating features.

Mr Claydon submitted that to take no further action or impose a caution order would not be appropriate and would not mark the seriousness of Mr Woodall's misconduct and would not protect the public. Mr Claydon submitted that a conditions of practice order would not mark the severity of the misconduct. He submitted that it is clear that this type of misconduct requires removal from the register, either temporarily or permanently. Mr Woodall has also indicated that he does not intend to work again as a nurse.

Mr Claydon submitted that a suspension order does not mark the seriousness of the misconduct. This was not a single instance of misconduct and there is a risk of repetition. He submitted that Mr Woodall's misconduct was sexually motivated and involved dishonesty and was behaviour that is incompatible with Mr Woodall remaining on the register. He submitted that Mr Woodall's behaviour was a deliberate and longstanding misuse of power involving a vulnerable victim. Mr Claydon submitted that anything less than a striking-off order would not be appropriate.

Decision and reasons on sanction

Having found Mr Woodall's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind

that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Mr Woodall's misconduct put a vulnerable patient at risk of harm.
- Mr Woodall abused his position of trust. Mr Woodall displayed a deliberate course of conduct in that he actively pursued a sexual relationship with Patient A.
- Mr Woodall displayed a pattern of misconduct over a period of time.

The panel also took into account the following mitigating features:

- Mr Woodall has demonstrated a degree of insight in his written statement. He stated that he now realises the seriousness of his misconduct and accepts that he should be struck-off.

The panel took into account the NMC sanctions guidance for considering serious cases guidance. The panel considered that Mr Woodall deliberately breached the professional duty of candour to be open and honest when things go wrong in a patient's care and he tried to cover up his conduct from his colleagues and caused harm to a vulnerable patient. The panel considered that Mr Woodall's sexual misconduct towards Patient A was particularly serious. Mr Woodall misused his position of trust over a period of time, undermining public trust in nurses.

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 neither protect the public nor be in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Woodall's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Woodall's misconduct 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. 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 Mr Woodall's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Woodall's registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel noted that there was no evidence Mr Woodall had repeated his behaviour since these incidents and it was satisfied that he had demonstrated a degree of insight into his

misconduct. However, the panel determined that Mr Woodall's misconduct was not a single instance of misconduct but took place over a six-week period. The panel considered that Mr Woodall, as a nurse on the crisis team, would have been aware of Patient A's health conditions [PRIVATE]. The panel determined that Mr Woodall's escalating sexualised behaviour towards Patient A was evidence of attitudinal problems. The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Woodall's actions is fundamentally incompatible with Mr Woodall remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

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

The panel determined that Mr Woodall's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Woodall's actions were serious and to allow him to continue practising 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 Mr Woodall's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This decision will be confirmed to Mr Woodall 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. 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 Mr Woodall's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Claydon. He submitted that an interim order is necessary for the protection of the public and is in the wider public interest. He invited the panel to impose an interim suspension order for a period of 18 months to cover the period of appeal.

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.

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 cover the appeal period.

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

That concludes this determination.

