

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

**Substantive Hearing
Wednesday, 9 – Tuesday, 22 October 2024**

Virtual Hearing

Name of Registrant: Eugenia Mujima Ugwoaga

NMC PIN 21F1889O

Part(s) of the register: Registered Nurse – Adult (24 June 2021)

Relevant Location: Lancashire

Type of case: Misconduct

Panel members: Philip Sayce (Chair, registrant member)
Jonathan Coombes (Registrant member)
Georgina Foster (Lay member)

Legal Assessor: Alice Robertson Rickard

Hearings Coordinator: Catherine Acevedo (9 October 2024)
Sharmilla Nanan

Nursing and Midwifery Council: Represented by Simon Gruchy, Case Presenter

Mrs Ugwoaga: Not present and not represented at the hearing

Facts proved: Charges 1, 2a, 2b, 3a, 3b, 3c, 4, 5, 6 and 7

Facts not proved: Charge 2c

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 Mrs Ugwoaga was not in attendance and that the Notice of Hearing letter had been sent to Mrs Ugwoaga's registered email address by secure email on 11 September 2024.

Mr Gruchy, 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 allegations, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Ugwoaga's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Ugwoaga 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 Mrs Ugwoaga

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

Mr Gruchy submitted that there had been no recent engagement by Mrs Ugwoaga with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

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

The panel noted that Mrs Ugwoaga requested that her NMC PIN be allowed to lapse from the register in her representations dated April 2023.

The panel has decided to proceed in the absence of Mrs Ugwoaga. In reaching this decision, the panel has considered the submissions of Mr Gruchy and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Ugwoaga;
- Mrs Ugwoaga has not engaged with the NMC since April 2023 and has not responded to any of the letters sent to her about this hearing;
- There is no reason to suppose that adjourning would secure Mrs Ugwoaga's attendance at some future date;
- Three witnesses have been warned to attend today to give live evidence, others are due to attend;
- Not proceeding may inconvenience the witnesses, 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 2021 - 2023;
- 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 Mrs Ugwoaga in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and it can explore any inconsistencies in the evidence which it identifies. It also has the benefit of the written submissions made by her in April 2023. Furthermore, the limited disadvantage is the consequence of Mrs Ugwoaga's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Ugwoaga.

Details of charges

That you, a registered nurse whilst working at the Royal Lancaster Infirmary Hospital:

- 1) On or around 27 August 2021 whilst working on Ward 3, raised your voice to and/or shouted at Colleague A

- 2) On an unknown date in January 2022 whilst working on Ward 23:
 - a) raised your voice to and/or shouted at Colleague B
 - b) swore
 - c) spat

- 3) On 2 September 2022 whilst working on Ward 23:
 - a) raised your voice to and/or shouted at Patient A
 - b) hit Patient A

- c) raised your voice to and/or shouted at Colleague C
- 4) On a date between 1 April 2022 and 2 September 2023 whilst working on Ward 23, raised your voice to and/or shouted at Colleague D.
- 5) Having been charged with common assault by postal requisition on 8 February 2023 failed to attend Preston Magistrates Court on 30 March 2023 as required.
- 6) Failed to notify the NMC of your criminal charge.
- 7) Your action as specified in charge 6 was dishonest and/or lacking in integrity in that you knew or ought to have been aware that you had a duty to notify the NMC that you had been charged with a criminal offence as soon as you could.

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

Background

The charges arose whilst Mrs Ugwoaga was employed as a registered nurse by The Royal Lancaster Infirmary Hospital (the Hospital), managed by the University Hospitals of Morecambe Bay NHS Foundation Trust (the Trust).

A number of complaints have been raised regarding Mrs Ugwoaga's attitude toward her colleagues.

It is also alleged that on 2 September 2022 whilst working on ward 23, a clinical support worker and a patient's relative witnessed Mrs Ugwoaga hit Patient A. A police investigation was conducted, and Mrs Ugwoaga was charged with common assault and failed to attend court as required. Mrs Ugwoaga failed to inform the NMC of her criminal

charge. It is the NMC's case that by failing to inform the NMC of her criminal charge Mrs Ugwoaga's actions are dishonest and/or lack integrity.

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 Gruchy on behalf of the NMC and by Mrs Ugwoaga's written representations to the NMC.

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

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:

- Colleague A: At the material time, she was a staff nurse at the Trust. She is a registered nurse.

- Colleague B: Employed at the Trust as a Clinical Lead Nurse and knew Mrs Ugwoaga in a professional capacity. She is a registered nurse.

- Colleague C: Employed as a Clinical Support Worker at the Trust and knew Mrs Ugwoaga in a professional capacity.

- Colleague D: Employed at the Trust as a Clinical Lead Nurse and knew Mrs Ugwoaga in a professional capacity. She is a registered nurse.
- Witness 2: At the material time, she was employed as an Accident and Emergency Unit Manager at the Trust. She is a registered nurse. She conducted the local investigation.
- Witness 3: At the material time, she was employed as a Clinical Support Worker at the Trust and knew Mrs Ugwoaga in a professional capacity.
- Witness 4: At the material time, she was employed as a Clinical Support Worker at the Trust and knew Mrs Ugwoaga in a professional capacity.
- Witness 8: Employed at the Trust as a Matron and knew Mrs Ugwoaga in a professional capacity. She is a registered nurse.
- Witness 9: Employed as a Band 5 Staff Nurse by the Trust.
- Witness 10: Patient B's granddaughter and witness to the alleged incident on 2 September 2022.

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

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

Charge 1

“That you, a registered nurse whilst working at the Royal Lancaster Infirmary Hospital:

1) On or around 27 August 2021 whilst working on Ward 3, raised your voice to and/or shouted at Colleague A”

This charge is found PROVED.

In reaching this decision, the panel took into account the evidence of Colleague A, Witness 8 and Mrs Ugwoaga’s response to the NMC.

The panel had regard to Colleague A’s evidence. In her witness statement, she stated:

“On 27 August 2021, I was tasked with overseeing and supervising Eugenia during a medication round she was doing... At the time of the incident, I was standing on one side of the medication trolley observing Eugenia. During the medication round, I needed to quickly tend to another task. I cannot recall what that task. I asked Eugenia to “kindly wait for me” while I tended to the other task before we continued with the medication round. Eugenia responded by shouting at me in the patient bay, with everyone watching, and said something to the effect of “you go and sit down; this is not your business, you stay back.” I cannot recall exactly who was present or who witnessed the incident but it occurred in the main bay of ward 3. There were a

lot of patients in their beds and other staff members. When Eugenia shouted at me, I asked her to stop the medication round because it was unsafe to continue.”

The panel noted that in Colleague A said in her oral evidence that she was trying to help Mrs Ugwoaga however Mrs Ugwoaga felt insulted. She stated that Mrs Ugwoaga’s response was inappropriate and unprofessional.

The panel considered the evidence of Witness 8. She stated in her NMC witness statement:

“On 27 August 2021, [Ms 3], ward manager of ward 3, come to my office and talked to me about concerns she had regarding Eugenia’s behaviour. [Ms 1] told me that Eugenia was shouting at staff over a disagreement and asked if I could speak to her. Given the passage of time, I cannot remember the specifics of the disagreement. I cannot recall the specifics of the incident or my conversation with Eugenia. To the best of my recollection, Eugenia was upset about medication duties and being asked to wait for her supervisor before completing the medication round. Eugenia felt she had enough experience and was competent to do the medication round without any supervision and believed she was being treated like an incompetent or junior nurse. During my conversation with Eugenia, she expressed frustration about the constant requirement for supervision, especially when administering medication.”

What Witness 8 said in her oral evidence was consistent with her NMC witness statement.

The panel had regard to an email dated 30 August 2021 exhibited by Witness 8, between Ms 3 and Witness 8. The email states:

“I was contacted by the [Ms 4] and [Witness 5] Band 6 on Friday, a large outburst on the ward where raised voices in front of patients and relatives occurred. There had been a conflict of interest were [Witness 5] had requested Eugenia did not carry on the medication round as she was currently busy. Eugenia explained this

was shouted from the nurse's station. Eugenia started the raised her voice at [Witness 5] stating that she was not a student nurse she was supernumerary and was to be supervised. [Witness 5] explained that Eugenia was still supernumerary and should be supervised whilst doing medications. This has been confirmed with the me the ward manager and [Witness 8] Matron."

The panel had regard to Mrs Ugwoaga's response to the NMC allegations, dated 26 April 2023. She stated:

"I was doing the drug, my supervisor was close by me seeing what I was doing by way of supervision, but after being spoken to by [Ms 4], she decided to take over from me, doing the drug herself while I stood by and watched her. I had no objection to this, I cooperated with her, then asked her if I had done anything wrong, to which she said "no." [Ms 4] also spoke to some other staff, but never spoke to me. I wondered within me, if my training and progress was her concern, why did she not speak to me, at least to ask how I was getting on. This incident made it seem I was incompetent. If she saw me with the medication, it was obvious she misjudged the situation, quickly concluding that I was doing it alone or independently. More importantly, after that time, the attitude towards me by some staff in ward 23 began to change negatively."

The panel accepted the evidence of Colleague A. She was consistent in both her statement and her oral evidence that Mrs Ugwoaga had shouted at her on the day in question. It also accepted her evidence that Mrs Ugwoaga was angry and emotional and had shouted at her. Mrs Ugwoaga's conduct was such that Colleague A had considered it to be necessary at the time to escalate the matter to the site manager.

The panel considered the evidence before it and determined that on or around 27 August 2021 whilst working on Ward 3, Mrs Ugwoaga raised her voice and shouted at Colleague A. The panel therefore found charge 1 proved.

Charge 2

“2) On an unknown date in January 2022 whilst working on Ward 23:

- a) raised your voice to and/or shouted at Colleague B
- b) swore
- c) spat”

Charges 2a and 2b are found PROVED.

Charge 2c is found NOT PROVED.

In reaching this decision, the panel took into account the evidence of Colleague B.

The panel considered Colleague B’s NMC witness statement. She stated:

“I recall a specific occasion when Eugenia was directly rude and unprofessional toward me. I cannot recall the specific date but it was around January 2022. I was the nurse in charge on the shift and I was allocating the bays to the staff for that particular shift... On this particular day, I had to allocate Eugenia bays 7-12 which was a Covid 19 bay, as the nurse that was normally assigned to this bay was not working... A few minutes after the allocation discussion, Eugenia started to hand out full face masks to the staff. I asked her why she was giving them out as they were the wrong masks to use unless you were allocated that mask at your fitting. She started to shout at me really loudly saying “you want me to die”, “you are wicked”. She started to shout in Nigerian and swear and spit. Her body language was really intimidating and she was gesturing with her hands and arms aggressively. She was really angry and just kept shouting and shouting. [Ms 1], Clinical Support Worker, and [Ms 2], a band 5 nurse, tried to intervene and said something to the effect of “you cannot talk to her like that, calm down” but Eugenia would not listen and continued to shout at me. I got very upset and started to cry so had to walk away from her. I went to the nurse’s station and called the site

manager. Eugenia followed me to the nurse's station and continued to shout at me while I was on the telephone calling me a "liar". About an hour later, Eugenia approached me and asked me to supervise her checking a patient's insulin levels. Due to the confrontation earlier that day, I did not want to put myself in another potentially confrontational situation with her so I asked her to ask another nurse. She started to shout at me again telling me I had to do it as I was the nurse in charge. This is not accurate and any other nurse was able to supervise Eugenia checking the insulin levels of patients."

Colleague B said in her oral evidence that Mrs Ugwoaga was "so rude", "calling her names" and "swearing in Nigerian". Colleague B said that another nurse, who was also Nigerian, had intervened to tell Mrs Ugwoaga to stop. Colleague B repeated the evidence she had outlined in her NMC witness statement. The panel noted that Colleague B did not clarify what the swear word was said by Mrs Ugwoaga in Nigerian.

The panel accepted the evidence of Colleague B in relation to charges 2a and 2b as her oral evidence was consistent with her witness statement. It found that on an unknown date in January 2022 whilst working on Ward 23, Mrs Ugwoaga raised her voice and shouted at Colleague B and that Mrs Ugwoaga swore. The panel therefore found charges 2a and 2b proved.

The panel accepted the oral evidence of Colleague B where she clarified that although she had used the word 'spat' in her written statement no saliva had left Mrs Ugwoaga's mouth. The panel therefore found charge 2c not proved.

Charge 3

"3) On 2 September 2022 whilst working on Ward 23:

- a) raised your voice to and/or shouted at Patient A
- b) hit Patient A

c) raised your voice to and/or shouted at Colleague C”

This charge is found PROVED in its entirety.

In reaching this decision, the panel took into account the evidence of Colleague C, Colleague D, Colleague B, Witness 2, Witness 10 and Mrs Ugwoaga’s responses to the NMC in relation to the charges.

The panel considered the evidence of Colleague C. In Colleague C’s witness statement, he stated:

“On 02 September 2022, I was working as Clinical Support Worker on ward 20... I was in the cleaning utility room... The cleaning utility room is about 10 meters from where Eugenia was so I had a clear, unobstructed view of Eugenia. I heard a loud scream from a female so I immediately came out of the utility room to see what was happening. As I stepped out of the utility room, I saw Eugenia with her back to Patient A and she swung her body and arms around and back handed Patient A. Eugenia’s right forearm swung round and connected with Patient A’s throat area. She shouted very loudly “don’t you touch me!”.... [Colleague D] asked to speak to Eugenia away from the beds.... Shortly afterwards [Colleague D] asked me to go to the visitors lounge to discuss what I had seen. [Colleague B], [Colleague D], Eugenia and I all had a discussion. I told them what I had witnessed. Eugenia immediately started to shout at me very loudly calling me a “liar” and saying that it was a “conspiracy”. She said that we all “had it in for her”. I asked her to calm down and stop shouting and being aggressive but she would not. She shouted “I am African and proud and this is how I speak”.”

The panel had regard to Colleague C’s local interview with Witness 2, dated 28 September 2022. Colleague C stated during the interview:

“As I came to the door, I saw the patient swing for the nurse (Eugenia) and he just missed her and caught the nurses tunic, the nurse then swung round (he was right behind her), and she shouted “do not hit me”. What it looked it to me, it looked like it was caught between the jaw and the shoulder where it connected, that is what I saw, as far as I am aware. Because of where I was, it faces the 5-20 beds directly so I could pretty much see everything... I can't say 100%, it did look like it to me from where I was. She definitely made contact I don't know if it was full force or reactive, the way she swung around it looked like she made contact with her forearm from the angle I was at.”

Colleague C also added in relation to the follow up conversation that took place with Mrs Ugwoaga and other staff after the incident:

“She was very aggressive, at first she was calling me a liar. She said “I am African and proud, this is how I talk”. I said to her that she is the only one who shouts and screams, she denies she even shouted at him. I had to walk out the meeting as she was getting aggressive at me, pointing her finger at me and almost spitting whilst she was talking to me.”

The panel considered Colleague C's police statement. Colleague C stated in this statement:

“The incident I wish to talk about happened around teatime on the 2nd of September...As I was in the room, I heard a loud shout from Eugenia saying, “Stop” it was almost a scream which I'm sure could be heard throughout the ward. I went to the doorway of the sluice room and looked across to see Eugenia with her back to Pnt A. Pnt A was sat on the edge of a bed. He was side on to her. I saw him grab out at her from behind which may have touched the rear of her tunic. In apparent response Eugenia shouted, “Do not hit me” and swung her right arm backwards towards Pnt A and her forearm appeared to make contact the side of his neck between his shoulder and head.”

The panel considered the evidence of Colleague D. In her NMC witness statement she stated:

“On 02 September 2022, I was working as the nurse in charge on ward 23... I heard several loud voices shouting and I recognised the female voice as Eugenia’s. I immediately went to see what was wrong and [Colleague B] followed me. When I walked into bay 7-12, I saw Patient A who was allocated to bed 11, sitting on bed 12... Patient A was very agitated and confused. He was my primary concern so I calmed him down and [Colleague B] and I assisted him back to his bed. I cannot remember what he was saying but I do recall that he seemed very confused and distressed. Eugenia said multiple times that Patient A had hit her. Once Patient A was calm and I was sure he was safe and unharmed, I returned to the nurse’s station to continue my paperwork. Within a few minutes or so, I was approached at the nurse’s station by [Colleague C], Clinical Support Worker. [Colleague C] told me that he had witnessed Eugenia hit Patient A... I gathered Eugenia, [Colleague C] and [Colleague B] as chaperone, together into the day room. I asked [Colleague C] to explain again what he had witnessed. [Colleague C] stated that he had seen Eugenia swing her arms around and hit Patient A in the neck area. Eugenia was very upset and angry and started to call [Colleague C] a ‘liar’ and denied hitting Patient A.”

The panel had regard to Colleague D’s local interview with Witness 2, dated 28 September 2022. Colleague C stated during the interview that

“[Colleague C] said he saw her, her hand kind of swung on the neck of the patient. Well, I had to escalate it so I phoned the bed manager... They advised me to speak to Eugenia and speak to [Colleague C] as well with a chaperone and ask what really happened. When I was there with them, I asked what had happened and [Colleague C] said I saw you do this and she shouted back saying that he was a liar and I don’t do things like that.”

The panel considered Colleague D's police statement. Colleague D's police statement stated

"...I could hear Eugenia shouting "don't hit me, don't hit me" I could see Pnt A sat on the end of bed 11 which is next to his. I assumed at that point that Pnt A had been challenging with Eugenia, so my priority was to get Pnt A back to his chair and deescalate the situation. [redacted] and I started to guide Pnt A back towards his chair and got him sat down... I was going to continue with my duties when I was approached by [Colleague C]. [Colleague C] alleged to me he had seen Eugenia 'Hit Pnt A across the neck' ...I went into a room with [Colleague C], [redacted] and Eugenia. I asked Eugenia what had happened. She told me she had been grabbed from behind by Pnt A and had twisted away. She denied hitting or striking Pnt A. In anyway saying to [Colleague C] "you are a liar; you are a liar" and "why would I do a thing like that?""

The panel considered Colleague D's oral evidence. It noted that her oral evidence was consistent with her witness statements.

The panel considered the evidence of Colleague B. In her NMC witness statement she stated:

"On 2 September 2022, I was working as a Clinical Lead Nurse on ward 20... I heard a very loud from a female... I immediately stopped what I was doing and went to investigate... When I walked in, I saw Patient A who was allocated to bed 10 sitting on bed 11 with another patient.... Patient A was very panicky and distressed. He said that Eugenia had hit him. At that point, my main priority was to calm Patient A down and settle him. I then calmly removed Eugenia from the room and told her to document what had happened... A short while later I was asked by the nurse in charge to be a witness to a meeting including Eugenia and [Colleague C] who said he witnessed Eugenia hitting Patient A. [Colleague D], Eugenia,

[Colleague C] and myself went to the relatives waiting area. [Colleague D] asked [Colleague C] to tell them what he had seen. He said that he saw Eugenia hit Patient A. Eugenia was extremely angry when she heard this and called [Colleague C] a 'liar' and that it was a 'conspiracy'. Eugenia just kept shouting so I walked out of the meeting..."

The panel considered Colleague B's oral evidence. It noted that her evidence was consistent with her NMC witness statement. She confirmed in her oral evidence that Patient A said that Mrs Ugwoaga had hit him.

The panel considered the evidence of Witness 2. It noted that she interviewed Colleague C, Colleague D and Mrs Ugwoaga following the incident. In her NMC statement she stated:

"On 28 September 2022, I held an interview with Eugenia... During the interview Eugenia stated that the shift was like any other normal shift. She denied hitting Patient A or displaying any aggressive behaviour towards him. I also asked her about allegations of her shouting at both [Colleague D] and [Colleague C] and accusing them of lying about her actions. Eugenia admitting to shouting [Colleague C] and [Colleague D]."

The panel considered Witness 2's oral evidence. It noted that her account was consistent with her NMC witness statement.

The panel considered the evidence of Witness 10. In her police statement she states:

"I am providing this statement in relation to an incident which took place on WARD 23 ROYAL LANCASTER INFIRMARY, LANCASTER on Friday 2nd September 2022... I was talking to my grandad when the female nurse walked towards Patient A. She was stood facing him and seemed to be reasoning with him. When I looked up again, she was behind him and I saw her smack him with an open palm on the

tip of his left shoulder and he stumbled slightly... As she had done this, the ward sister walked in. I heard the female nurse say that he had been trying to hit and punch her all day. She said that he had smacked or punched her but I did not see him do this."

The panel took into consideration that in her oral evidence she stated that she could recall the incident and that she was certain that Mrs Ugwoaga had made contact with Patient A. She said that she heard it as well as saw it. She said she had a very clear view of what had happened. She thought that Mrs Ugwoaga had hit Patient A out of frustration.

The panel took into consideration Mrs Ugwoaga's response to the NMC regarding this allegation. It noted that she was shocked by the allegation and that she denies ever hitting Patient A. She noted that it was not the first time that he had hit her. It noted that she accepts that she raises her voice on occasion but not with the intention of shouting at colleagues.

The panel considered the evidence before it and considered carefully the discrepancies between each of the accounts provided in respect to the position of Mrs Ugwoaga in relation to Patient A, which bed Patient A was sat upon, the area on which Patient A was struck and which part of Mrs Ugwoaga struck Patient A. However, it was nonetheless satisfied that in either description Patient A was hit. It also noted that Patient A himself reported that he was hit by Mrs Ugwoaga and that he was observed to be distressed after the incident.

In relation to shouting at Patient A, it noted that Mrs Ugwoaga herself accepted that she had done this, albeit that she said it was an involuntary reaction. In relation to shouting at Colleague C, it accepted Colleague C's evidence on this, which it found to be clear and consistent.

The panel determined that on a balance of probabilities on 2 September 2022 whilst working on Ward 23, Mrs Ugwoaga raised her voice and shouted at Patient A, hit Patient

A and raised her voice and shouted at Colleague C. The panel therefore found charges 3a, 3b and 3c proved.

Charge 4

“4) On a date between 1 April 2022 and 2 September 2023 whilst working on Ward 23, raised your voice to and/or shouted at Colleague D.”

This charge is found PROVED.

In reaching this decision, the panel took into account the evidence of Colleague D and Witness 9.

The panel considered the evidence of Colleague D. In her NMC witness statement, she stated:

“Due to the passage of time, I cannot recall specific events but I remember one particular occasion when Eugenia was particularly rude and confrontational with me directly. I had to speak to her about the way that had spoken to another staff member. She started to shout at me so I had to walk away from her. She did not ever like to be told she was wrong or that she should have done something differently.”

In her oral evidence, Colleague D said she did not remember a specific incident which led to Mrs Ugwoaga shouting at her but that she did recall Mrs Ugwoaga had shouted at her whilst they worked together. Colleague D added that Mrs Ugwoaga would appear calm but became angry when confronted.

The panel had regard to the evidence of other witnesses. Witness 9 who said in her oral evidence that she had witnessed Mrs Ugwoaga shouting at Colleague D.

The panel considered the evidence before it. The panel accepted the evidence of Colleague D which was supported by Witness 9. It noted that Mrs Ugwoaga worked on ward 23 between April 2022 and September 2022. The panel was satisfied that during this time Mrs Ugwoaga shouted at Colleague D. The panel was satisfied that on a balance of probabilities on a date between 1 April 2022 and 2 September 2023 whilst working on Ward 23, Mrs Ugwoaga raised her voice to and shouted at Colleague D. The panel therefore found charge 4 proved.

Charge 5

“5) Having been charged with common assault by postal requisition on 8 February 2023 failed to attend Preston Magistrates Court on 30 March 2023 as required.”

This charge is found PROVED.

In reaching this decision, the panel took into account documentary evidence obtained during the investigation including exhibits from Witness 2.

The panel considered an email between the police and the Trust, dated 7 December 2022. The email states

“I have informed [Mrs Ugwoaga] that a charge has been authorised against her however she has not yet had the official paperwork through as the investigation cannot be submitted until we have [redacted] Patient notes.”

The panel took into account the email correspondence between the NMC and the police dated 15 June 2023. The email states

“The person in question has been charged with the offence of common assault and was due to attend court. However they did not attend court and is now currently wanted on a fail to appear warrant”.

The panel also had regard to the email correspondence between the NMC and a Disclosure Officer from Lancashire Constabulary Headquarters, dated 21 June 2024. The email states:

“With regard to your queries below, the OIC[officer in the case] has advised:

1. Please can you provide an update regarding the current status of the investigation?

This investigation is essentially closed at this point she is wanted on PNC but we simply have no idea where she is

2. Please can you also confirm the date that the registrant was charged with common assault?

The case was charge via postal requisition which was posted out on 08/02/2023

3. Please can you confirm the date that she informed of said charge?

Same as point 2

4. Please can you confirm the date that she was due to attend court (but failed to do so)?

They were due to attend Preston Magistrates court on 30/03/2023”

The panel considered the evidence before it. The panel noted that the disclosure received from Lancashire Police, dated 9 October 2023, stated the outcome of the police investigation was *“Outcome type: Type 1 – Charges/Summonsed/Postal Requisition”*. The panel was of the view that on a balance of probabilities Mrs Ugwoaga would have been aware of the criminal charges against her. Further, it noted that in the email correspondence from the police to the NMC, dated 15 June 2023, stated that Mrs Ugwoaga had failed to attend court. The panel determined that Mrs Ugwoaga had been charged with common assault by postal requisition on 8 February 2023 and failed to

attend Preston Magistrates Court on 30 March 2023 as required. The panel therefore found charge 5 proved.

Charge 6

“6) Failed to notify the NMC of your criminal charge.”

This charge is found PROVED.

In reaching this decision, the panel took into account its findings at charge 5 that Mrs Ugwoaga would have been aware of the criminal charges against her. It was satisfied that Mrs Ugwoaga had a duty to inform the NMC about the criminal charge against her as outlined by “The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2015)”, Code 23.2 which states *“tell both us and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)”*.

The panel noted that the written representations provided by Mrs Ugwoaga on 26 April 2023 did not mention or refer to the criminal charges.

The panel had considered Mrs Ugwoaga’s action timeline on the NMC registrations database. It noted that there is no record on the database that Mrs Ugwoaga contacted the NMC to inform them of her criminal charge despite being in touch with the NMC both prior to and after the date of her court hearing and receiving her postal requisition.

The panel considered the evidence before it. The panel determined that Mrs Ugwoaga failed to notify the NMC of her criminal charge. The panel therefore found charge 6 proved.

Charge 7

“7) Your action as specified in charge 6 was dishonest and/or lacking in integrity in that you knew or ought to have been aware that you had a duty to notify the NMC that you had been charged with a criminal offence as soon as you could.”

This charge is found PROVED.

The panel had regard to the judgment outlined in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67. In reaching this decision, the panel took into account its findings at charge 6 that Mrs Ugwoaga did know she had been charged.

The panel found that Mrs Ugwoaga would have been aware of the NMC’s Code of Conduct and her responsibilities to notify the NMC of the criminal charges against her. The panel noted that no explanation had been provided for Mrs Ugwoaga’s failure to notify the NMC regarding her criminal charge. It also noted that she was in correspondence with the NMC at the relevant time. The panel was of the view that Mrs Ugwoaga deliberately did not notify the NMC of the criminal charge against her.

The panel was of the view that an ordinary decent person would find Mrs Ugwoaga’s actions at charge 6 dishonest as she had deliberately withheld information from the Trust.

The panel bore in mind Mrs Ugwoaga’s hitherto good character. However, the panel found that on a balance of probabilities Mrs Ugwoaga’s actions as specified in charge 6 were dishonest in that she knew that she had a duty to notify the NMC that she had been charged with a criminal offence as soon as she could but did not do so. The panel therefore found charge 7 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 Mrs Ugwoaga's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

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

Submissions on misconduct

Mr Gruchy submitted that Mrs Ugwoaga's actions as outlined in the charges are a serious departure from the standards expected of a registered nurse.

Mr Gruchy 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 he submitted Mrs Ugwoaga's actions amount to serious professional misconduct.

Mr Gruchy submitted that individually and collectively the conduct in the charges depart from the appropriate standards expected of a registered nurse. He submitted that Mrs Ugwoaga's actions are not isolated and represent an attitudinal concern.

Submissions on impairment

Mr Gruchy 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 case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Gruchy referred the panel to the NMC's Guidance on Impairment. He submitted that there is little evidence to assist the panel to determine Mrs Ugwoaga's level of insight, strengthened practice or remorse. He submitted that the panel should consider whether Mrs Ugwoaga's nursing practice is currently impaired and what the risk of repetition is.

Mr Gruchy submitted that the panel may conclude that some of the conduct found proved in the charges is not capable of being remediated.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

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

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

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 *treat people with kindness, respect and compassion*

3 *Make sure that people's physical, social and psychological needs are assessed and responded to*

To achieve this, you must:

- 3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

8 *Work co-operatively*

To achieve this, you must:

- 8.1 *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*
- 8.2 *maintain effective communication with colleagues*
- 8.4 *work with colleagues to evaluate the quality of your work and that of the team*
- 8.5 *work with colleagues to preserve the safety of those receiving care*

9 *Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues*

To achieve this, you must:

- 9.3 *deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times*

13 *Recognise and work within the limits of your competence*

To achieve this, you must, as appropriate:

- 13.3 *ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

13.4 *take account of your own personal safety as well as the safety of people in your care*

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

To achieve this, you must:

14.2 *explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers*

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*

20.4 *keep to the laws of the country in which you are practising*

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

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

23 *Cooperate with all investigations and audits*

To achieve this, you must:

23.2 *tell both us and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)*

24 *Respond to any complaints made against you professionally*

To achieve this, you must:

24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct and considered each charge in turn.

In respect of charge 1, the panel considered the context of Mrs Ugwoaga's behaviour. It noted that Colleague A was supervising Mrs Ugwoaga during a medication round. Colleague A was concerned that patient safety would be compromised if Mrs Ugwoaga were to continue with the medication round whilst Colleague A tended to another task temporarily and asked Mrs Ugwoaga to "wait for her". The panel noted Mrs Ugwoaga shouted at Colleague A in front of patients and that Colleague A had felt insulted by Mrs Ugwoaga's conduct, which she described as inappropriate and unprofessional. The panel was satisfied that Mrs Ugwoaga's conduct in this charge is sufficiently serious to amount to misconduct.

In relation to charges 2a and 2b, the panel considered Mrs Ugwoaga's behaviour that she shouted and swore at her colleague in Nigerian, their common language. This was witnessed by another Nigerian nurse who asked Mrs Ugwoaga not to insult Colleague B. The panel was of the view that by swearing Mrs Ugwoaga used abusive language towards her colleague. The panel concluded that Mrs Ugwoaga's behaviour as outlined in the charge is sufficiently serious to amount to misconduct.

Next, the panel considered charge 3a, 3b and 3c. The panel bore in mind its findings that Mrs Ugwoaga shouted and hit Patient A. It also took into consideration that Mrs Ugwoaga shouted at Colleague C. The panel was of the view that Mrs Ugwoaga's behaviour in this charge goes far beyond what is considered to be the reasonable response expected of a registered nurse in that she assaulted Patient A. The panel was of the view that Mrs Ugwoaga's behaviour in this charge is sufficiently serious to amount to misconduct.

The panel considered charge 4. The panel took into consideration that it did not have any information about the context of Mrs Ugwoaga's behaviour with Colleague D. The panel was not satisfied that it had enough information to find that Mrs Ugwoaga's conduct in this charge is sufficiently serious to amount to misconduct. The panel did not find misconduct in relation to charge 4.

In relation to charge 5, the panel noted its finding that Mrs Ugwoaga had received a postal requisition for a charge of common assault. It bore in mind that Mrs Ugwoaga has a responsibility to abide by the laws in this country and to attend when summonsed to court. The panel concluded that by failing to attend court when required to do so is sufficiently serious to amount to misconduct.

In respect of charge 6, the panel took into account Mrs Ugwoaga had a duty to report her criminal charge to the NMC as per the NMC Code of Conduct. The panel determined that Mrs Ugwoaga knowingly failed to report her criminal charge to the NMC as required and this is sufficiently serious to amount to misconduct.

Finally, the panel considered charge 7. The panel took into consideration that this charge relates to dishonesty. It bore in mind that dishonest conduct is serious and it was satisfied that Mrs Ugwoaga's conduct, as found proved, is sufficiently serious to amount to misconduct.

The panel found that Mrs Ugwoaga's actions did fall 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, Mrs Ugwoaga's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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

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

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

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

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

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

The panel found all limbs of Dame Janet Smith’s “test” engaged.

The panel finds that Patient A was caused harm as a result of Mrs Ugwoaga’s misconduct. It also found that she had not worked collaboratively with her colleagues and that this could have had an impact on the quality of care received and had put patients at risk of harm. Mrs Ugwoaga’s misconduct had breached the fundamental tenets of the nursing profession, particularly in relation to her dishonesty, and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that Mrs Ugwoaga has very limited insight. The panel took into consideration that Mrs Ugwoaga has made qualified admissions to shouting at her colleagues. However, it noted that she has not demonstrated an understanding of how her actions put Patient A and other patients receiving care at a risk of harm. The panel noted she has not demonstrated an understanding of why what she

did was wrong and how this would impact negatively on the reputation of the nursing profession. The panel has no information that Mrs Ugwoaga has apologised to Patient A or to her colleagues for her misconduct, nor has she demonstrated how she would handle similar situations differently in the future.

The panel bore in mind that dishonesty is difficult to remediate. In relation to shouting at a patient and colleagues, such behaviour is suggestive of attitudinal issues and is also difficult to remediate. In any event, there is no evidence before the panel that Mrs Ugwoaga has attempted to remediate her misconduct. It noted the last substantive correspondence regarding this case was in April 2023. The panel took into account that it had no evidence of any relevant training completed by Mrs Ugwoaga, any further reflective statements addressing her conduct or recent testimonials regarding her current work practices.

The panel took into consideration that Mrs Ugwoaga has repeated the conduct of shouting at her colleagues as demonstrated by the charges found proved. The panel took into account that there is no evidence of strengthened practice addressing the concerns identified and how she would handle similar situations in the future. On this basis, the panel concluded that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because an informed member of the public and fellow registered professional would be concerned to learn that a registered nurse with the allegations found proved in this case is allowed to practise without restrictions on their practice.

In addition, the panel concluded that public confidence in the profession and the NMC, as Mrs Ugwoaga's regulator, would be undermined if a finding of impairment were not made in this case.

Having regard to all of the above, the panel was satisfied that Mrs Ugwoaga'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 Mrs Ugwoaga off the register. The effect of this order is that the NMC register will show that Mrs Ugwoaga 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 Gruchy invited the panel to impose a striking-off order as it found Mrs Ugwoaga's fitness to practise currently impaired. He provided the panel with submissions on the mitigating and aggravating factors of the case. He provided submissions on the sanctions available to the panel and the appropriateness of each. He submitted that the panel should impose a sanction which is appropriate and proportionate. He submitted that a striking off order is the only order that would be sufficient to protect patients, the public and maintain professional standards.

Decision and reasons on sanction

Having found Mrs Ugwoaga'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:

- Actual harm caused to Patient A. Patient A was a vulnerable patient who had severe dementia and who was visibly distressed by the incident.
- Mrs Ugwoaga's behaviour during a supervised medication round put patients at risk of harm.
- Pattern of misconduct over a sustained period of time.
- No insight, remorse or strengthened practice demonstrated by Mrs Ugwoaga. She failed to address any of the concerns and deflected blame onto others.
- Serious concerns involving dishonesty.

The panel also took into account the following mitigating feature:

- There may not have been a clear support framework at the Trust for international nurses at the time of these incidents.

The panel took into the NMC's guidance on "Considering sanctions for serious cases", SAN-2, dated 27 February 2024. The panel took into account that Mrs Ugwoaga's conduct was dishonest in that she did not notify the NMC of her criminal charge when she knew she should have done so. The panel concluded that Mrs Ugwoaga's conduct outlined by the charges are at the serious end of the spectrum of misconduct.

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

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 Mrs Ugwoaga's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Ugwoaga'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 Mrs Ugwoaga's registration would be a sufficient and appropriate response. The panel took into consideration the dishonesty and deep-seated attitudinal concerns identified by the charges found proved. The panel determined that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case.

Further, the panel concluded that the placing of conditions on Mrs Ugwoaga'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 some of the factors where a suspension order may be appropriate. The panel took into consideration that this was not a single instance of misconduct. The panel bore in mind that there is evidence of harmful deep-seated attitudinal problems. It took into consideration its finding that Mrs Ugwoaga has very limited insight and that there is a risk of repetition of the behaviour found proved. Although

there is no evidence of Mrs Ugwoaga demonstrating this behaviour since the incident, her whereabouts is not currently known.

Mrs Ugwoaga's conduct was a significant departure from the standards expected of a registered nurse. The panel considered that the serious breach of the fundamental tenets of the profession evidenced by Mrs Ugwoaga's actions is fundamentally incompatible with Mrs Ugwoaga 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?*

Mrs Ugwoaga's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Ugwoaga's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Having regard to the effect of Mrs Ugwoaga's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of imposing a striking-off order would be sufficient in this case. 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.

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 will be confirmed to Mrs Ugwoaga 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 Mrs Ugwoaga'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 Gruchy. He submitted that the panel should impose an interim suspension order for a period of 18 months to cover any potential 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 any potential period of appeal.

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

That concludes this determination.