

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

**Substantive Meeting
Monday, 6 January 2025 - Tuesday, 7 January 2025**

Virtual Meeting

Name of Registrant: Catherine Elizabeth Hudson

NMC PIN 10B1893E

Part(s) of the register: RNA: Registered Nurse – (sub part 1)
Adult – Level 1, 1 October 2010

Relevant Location: Blackpool

Type of case: Conviction

Panel members: Tracy Stephenson (Chair, lay member)
Elizabeth Coles (Registrant member)
Isobel Leaviss (Lay member)

Legal Assessor: Nina Ellin KC

Hearings Coordinator: Hanifah Choudhury

Facts proved: Charge 1 in its entirety

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mrs Hudson's last known address, namely HMP Styal on 25 November 2024 by recorded delivery and it had been signed for.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mrs Hudson has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

1. At Preston Crown Court:

a. On 5 June 2023 were convicted of the following offences:

- i. Theft by employee
- ii. Conspire to steal from employer
- iii. Conspire to steal from employer
- iv. Conspire to steal from employer
- v. Commit an act / series of acts with intent to pervert the course of public justice
- vi. Conspire to steal from employer
- vii. Conspire to steal from employer
- viii. Conspire to steal from employer

b. On 5 September 2023 were convicted of the following offence:

- i. Conspire to steal from employer

- c. On 5 October 2023 were convicted of the following offences:
- i. Care worker ill-treat / wilfully neglect an individual
 - ii. Care worker to conspire ill-treat / wilfully neglect an individual
 - iii. Care worker ill-treat / wilfully neglect an individual
 - iv. Care worker ill-treat / wilfully neglect an individual
 - v. Theft by employee

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

Background

Mrs Hudson worked as a Band 5 nurse at Blackpool Teaching Hospitals NHS Foundation Trust on the stroke unit when the incidents leading to the convictions took place.

Mrs Hudson's convictions relate to ill treatment of vulnerable patients in her care by the inappropriate administration of sedative medication; theft of drugs from the Trust, including a Class C controlled drug, Zopiclone; and perverting the course of justice in that Mrs Hudson sought to destroy evidence by disposing of stolen drugs to hamper the police investigation.

These offences were only exposed through the courage of a student nurse who Mrs Hudson tried to engage in the same practices.

In relation to the convictions for theft, the earliest theft of any drug was committed in 2014 and the latest in 2018. Mrs Hudson was arrested on 9 November 2018. During the criminal trial, Mrs Hudson stated that she had taken some for her partner, her partner's father and some for a colleague.

Mrs Hudson's first appearance was before Blackpool Magistrates Court on 31 May 2022 when no indication of a plea was given. Initially Mrs Hudson entered not guilty pleas. However, on 5 June 2023 Mrs Hudson entered guilty pleas to the following counts of the indictment:

Theft by Employee.

Conspire to steal from employer.

Conspire to steal from employer.

Conspire to steal from employer.

Commit an act/series of acts with intent to pervert the course of public justice.

Conspire to steal from employer.

Conspire to steal from employer.

Conspire to steal from employer.

Mrs Hudson's trial commenced on 5 September 2023, and on day 1 of the trial, she entered a guilty plea to:

Conspire to steal from employer.

On 5 October 2023, the jury returned guilty verdicts in respect of the following counts, following which Mrs Hudson was remanded in custody:

Care worker ill-treat/wilfully neglect an individual.

Care worker ill-treat/wilfully neglect an individual.

Care worker ill-treat/wilfully neglect an individual.

Care worker ill-treat/wilfully neglect an individual.

Theft by Employee.

On 14 December 2023, Mrs Hudson was sentenced to a total of 7 years and 2 months' imprisonment.

Decision and reasons on facts

The NMC charges arise from Mrs Hudson's criminal convictions and, having been provided with a copy of the certificates of conviction and hearing the advice of the legal assessor, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

- '31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom*

- (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
- (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

Fitness to practise

The panel next considered whether, on the basis of the facts found proved, Mrs Hudson's fitness to practise is currently impaired by reason of her convictions. 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.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

With regard to impairment the NMC invited the panel to find Mrs Hudson's fitness to practise impaired on public protection and public interest grounds stating that:

'Mrs Hudson's actions fall seriously below the standards expected of a nurse. She remains a risk to the health, safety or wellbeing of the public. A finding of impairment is therefore required for the protection of the public.'

Public interest

The NMC consider that a finding of impairment on public interest grounds is required to declare and uphold proper standards and to maintain confidence in the

profession and the NMC as a regulator. If no such finding of impairment is made this is likely to undermine confidence in the profession.

The convictions involve serious offences of breach of trust and abuse of authority and unsafe behaviour. We therefore consider that Mrs Hudson's fitness to practise is impaired on both public protection grounds and in the wider public interest.'

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

Decision and reasons on impairment

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 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.

The panel accepted the NMC's submission that Mrs Hudson's behaviour breached the following sections of The Code: Professional standards of practice and behaviour for nurses and midwives (2018) ('the Code'):

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion*
- 1.2 make sure you deliver the fundamentals of care effectively*
- 1.5 respect and uphold people's human rights*

4 Act in the best interests of people at all times

To achieve this, you must:

- 4.2 make sure that you get properly informed consent and document it before carrying out any action*

8 Work co-operatively

To achieve this, you must:

- 8.5 work with colleagues to evaluate the quality of your work and that of the team.*

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

- 18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*
- 18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs*

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...*
- 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 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)’

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/their fitness to practise is impaired in the sense that S/He/They:

- 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*

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

The panel first considered whether any of the limbs of the Grant test were engaged. It was of the view that at the time of the incidents, Mrs Hudson's actions put patients at significant risk of harm and put their families through great distress.

The panel determined that Mrs Hudson's convictions brought the nursing profession into disrepute. Mrs Hudson's convictions also constituted serious breaches of the fundamental tenets of the nursing profession as she failed to uphold the standards and values of the nursing profession. The panel found Mrs Hudson's ill-treatment of vulnerable stroke patients over a prolonged period of time particularly deplorable. The panel also found that Mrs Hudson had acted dishonestly.

Regarding insight, the panel noted that Mrs Hudson has not provided it with any information by way of reflective pieces to show that she had insight into her actions or had taken accountability for how her actions impacted patients and their families. As a result of this the panel also concluded that there is a real risk of repetition. Further, Mrs Hudson had not provided the panel with any information that she had taken steps to strengthen her practice.

The panel noted the judge's sentencing remarks, dated 14 December 2023, where he said:

'The patients were as vulnerable as anyone could be. They could not leave the stroke unit. Some of them found it difficult to make themselves understood. These defendants exploited them for an easy shift, for amusement, to exercise a contemptuous power over them...

... "I sedated one of them to within an inch of her life, laugh out loud, laugh out loud. Bet she's flat for a week"...

... she can be heard telling ... about an incident when she was present and another health care worker sedated a patient, who they believed was causing problems for them, with a cocktail of drugs. She told ... that the patient was "out flat for two

fucking days. He woke up a different man. We've never forgotten it. None of it was prescribed, not one fucking bit." She also told ... the same story... She said, "I know it was illegal, it was wrong, but it was piss funny. He was like a different man"...

... You were the leading offender in relation to the matters you face'

The panel found that Mrs Hudson's conduct of deliberate ill-treatment of multiple vulnerable patients, stealing drugs (including controlled drugs) and deliberately attempting to destroy evidence together with her contempt and disregard towards patients and their families was indicative of dangerous and deep-seated attitudinal issues. The panel noted that concerns of dishonesty and attitudinal issues are difficult to remediate.

In light of the seriousness of the convictions and there being no evidence of insight, remorse of the ill-treatment or strengthening of practice, the panel determined that there was a high risk of Mrs Hudson's behaviour being repeated. The panel accordingly found that all limbs of the Grant test were fully engaged in relation to both past and future conduct. It therefore found that a finding of impairment is necessary on the ground of public protection.

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

The panel took into consideration the judge's sentencing remarks where he said:

'The relatives of all those patients affected will forever be distressed by the knowledge that their loved ones were treated with such contempt and that those responsible for caring for them at their most vulnerable point acted to their detriment. There will be a loss of public confidence in health care workers.'

The panel had regard to the serious nature of Mrs Hudson's convictions and determined that public confidence in the profession would be undermined if a finding of impairment

were not made in this case, particularly as this misconduct related to putting vulnerable patients at significant risk of harm and dishonesty. It was of the view that a fully informed member of the public, aware of the convictions, would be horrified if Mrs Hudson were permitted to practise as a registered nurse without restrictions. For this reason, the panel determined that a finding of current impairment on public interest grounds is also required. It determined that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that Mrs Hudson's fitness to practise is currently impaired on both public protection and public interest grounds.

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 Hudson off the register. The effect of this order is that the NMC register will show that Mrs Hudson 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.

Representations on sanction

The panel noted that in the Statement of Case, sent to her on 25 November 2024, the NMC had advised Mrs Hudson that it would seek the imposition of a striking-off order if the panel found Mrs Hudson's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Hudson'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:

- Mrs Hudson's conduct put vulnerable patients at risk of significant harm.
- Abuse of a position of trust, seniority and authority.
- Mrs Hudson was the leading offender.
- A pattern of misconduct over a prolonged period time spanning several years, involving multiple patients and multiple drugs (including controlled drugs).
- Mrs Hudson has displayed significant deep-seated attitudinal issues including contempt for patients.
- Mrs Hudson's actions were calculated and pre-meditated.

The panel found there were no mitigating factors in Mrs Hudson's case.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the ongoing risk to the public. 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, an order that does not restrict Mrs Hudson'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 Hudson's convictions were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case and the ongoing risk to the public. 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 Hudson's registration would be a sufficient and appropriate response. Mrs Hudson was convicted on four counts of wilfully neglecting and ill-treatment of patients under her care. In the panel's

view such behaviour on the part of a member of a caring profession can only be regarded as extremely serious. The panel concluded that the placing of conditions on Mrs Hudson's registration would not adequately address the seriousness of this case and the ongoing risk to the public.

The panel was also of the view that there are no practical or workable conditions that could be formulated, given the nature of the matters underlying Mrs Hudson's conduct. Further as the panel has already stated, Mrs Hudson has not demonstrated any insight. The panel has no information from Mrs Hudson to indicate that she would comply with conditions or in relation to this matter. The panel noted that Mrs Hudson is currently serving a custodial sentence.

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 took into consideration the lack of insight from Mrs Hudson and her lack of accountability for the actions that led to her receiving the convictions. In the panel's view her actions were serious breaches of the fundamental tenets of the profession over a prolonged period of time which, together with her lack of remorse and insight, indicate a harmful and deep-seated attitudinal problem. Given the nature of the convictions, the panel was of the view that the public interest would not be satisfied by the imposition of a suspension order.

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 considered the NMC's guidance on 'Considering sanctions for serious cases; Abuse or neglect of children or vulnerable people':

'Safeguarding and protecting people from harm, abuse and neglect is an integral part of the standards and values set out in the Code, and any allegation involving the abuse or neglect of children or vulnerable people will always be treated seriously.'

'...However, as these behaviours can have a particularly severe impact on public confidence, a professional's ability to uphold the standards and values set out in the Code... any nurse, midwife or nursing associate who is found to have behaved in this way will be at risk of being removed from the register.'

Mrs Hudson's actions were significant departures from the standards expected of a registered nurse and in the panel's judgement they were fundamentally incompatible with her remaining on the register. The panel was of the view that a member of the public would find it morally reprehensible if a nurse were allowed to practise having been convicted of ill-treatment of patients, theft of drugs and perverting the course of justice.

Balancing all of these factors and after taking into account all the material before it during this case, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Hudson's actions in bringing the profession into disrepute and breaching the fundamental professional principles of caring for others and observing the law, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary in order to maintain public confidence in the nursing profession and in its regulatory process, and to declare to the public and the profession the standards of behaviour required of a registered nurse.

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

Representations on interim order

The panel took account of the written representations made by the NMC that an interim suspension order is necessary for the protection of the public and is otherwise in the public interest.

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 Hudson is sent the decision of this hearing in writing.

That concludes this determination.