

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

**Substantive Meeting
Wednesday, 16 July 2025 – Thursday 17 July 2025**

Virtual Meeting

Name of Registrant:	Dean Wright
NMC PIN:	80D2451E
Part(s) of the register:	Nursing Sub part 2 RN2, Registered Nurse – Adult (25 August 1982) Nursing Sub part 1 RN1, Registered Nurse – Adult (28 April 1992)
Relevant Location:	Powys
Type of case:	Misconduct
Panel members:	Judith Webb (Chair, lay member) Rebecca Aylward (Registrant member) David Raff (Lay member)
Legal Assessor:	Graeme Sampson
Hearings Coordinator:	Khatra Ibrahim
Facts proved:	Charges 1, 2, 3, 4a and 4b
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

At the outset of the meeting, the registrant panel member stated that they know the professionals who carried out the local investigation in a professional capacity. The panel heard and considered legal advice. The panel noted that the evidence of the professionals in question was unchallenged and was largely a matter of record. It also noted that the charges were admitted. Accordingly, the panel decided to continue with this substantive meeting.

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 Mr Wright's registered email address by secure email on 3 June 2025.

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 light of all of the information available, the panel was satisfied that Mr Wright 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, whilst employed at Powys Teaching Health Board ("the Health Board"):

- 1) Between July 2015 and October 2020, failed to record any and/or adequate records of patient appointments and/or assessments and/or interventions on the Health Board's electronic Welsh Patient Administration and Welsh Community Care Information Systems.
- 2) On 2 October 2020, falsely stated that you had recorded 30 cases on the Health Board's electronic Welsh Community Care Information System and/or in hard copy records stored at your home address.

3) Your conduct at Charge 2 above was dishonest in that you knew you had not made any entries and/or records and deliberately sought to represent that you had.

4) On unknown date(s) in 2020, breached confidentiality, in that you inappropriately and/or insecurely stored a patient's records:

a) on an office desk.

b) at your home address.

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

Background

Mr Wright was referred to the NMC on 12 August 2021 by Colleague A, who worked at Powys Teaching Health Board (The Board). The alleged charges arose whilst Mr Wright was employed as a Band 7 Cardiac Nurse Specialist by the Board. Alleged concerns were raised with Colleague A that Mr Wright did not record information on the electronic systems. It was then further investigated, and the systems indicated that Mr Wright's user account for the Welsh Community Care Information System (WCCIS) had been deactivated in May 2020, due to inactivity. It was then noted that Mr Wright's user account for WCCIS had last been accessed in 2017, but that he had never recorded any activity. Mr Wright allegedly had not recorded any activity in the Welsh Patient Administration System (WPAS), after 2015.

A meeting was arranged between Colleague A and Mr Wright on 26 October 2020, where Mr Wright admitted he had not been using the systems, but he could not explain why this was. He informed Colleague A that he had paper records of his interactions with patients, which were stored in a locked filing cabinet in his office. He also stated that he had left the key at his home address, and that he had kept one patient files at home. Mr Wright was asked to return the key, and [PRIVATE]. Mr Wright did not return the key, and when the Board eventually gained access to the locked cabinet, several records were found but

none after 2018, apart from external referrals from Consultants and GPs. In addition, Mr Wright's line manager found notes that were not securely stored as they were on his desk.

A local investigation was launched, but was subsequently suspended after Mr Wright had a period of unexplained absence. On 5 August 2021, a disciplinary meeting was held, and Mr Wright was dismissed with immediate effect due to poor attendance issues.

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

Decision and reasons on facts

At the outset of the meeting, the panel noted the Completed Response to the Charges Form (CMF), signed and dated 10 June 2025 by Mr Wright, which stated that he has made full admissions to all charges.

The panel therefore finds all charges proved in their entirety, by way of Mr Wright's admissions.

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 Wright'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, Mr Wright's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2004)' ("the Code") in making its decision. 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") in making its decision.

The NMC identified the specific, relevant standards where Mr Wright's actions amounted to misconduct. The panel had regard to written submissions from the NMC:

'12. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC

16 may provide some assistance when seeking to define misconduct:

'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.

13. As may the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively

'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.

And

'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.

14. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct.

15. We consider the following provision(s) of the Code have been breached in this case:

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 Make sure you deliver the fundamentals of care effectively

4 Act in the best interests of people at all times

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

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...

20.9 maintain the level of health you need to carry out your professional role.

16. We consider the misconduct serious because it is alleged that Mr Wright failed to maintain accurate patient records and claimed they had made system entries when they had not. Further, Mr Wright failed to store patient records in a secure manner and breached patient confidentiality by storing records in the office and their home.

17. The conduct, if found proved, amounts to a serious departure from the standards expected of a registered nurse. If Mr Wright's alleged conduct were to be repeated, patients would be put at significant risk of harm.'

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The panel also had regard to written submissions from the NMC on impairment:

'Impairment

'18. The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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?"

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

20. Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions the panel is invited to consider carefully the NMC's guidance on impairment.

21. When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

1. has [the Registrant] in the past acted and/or is liable in the future to act as so to
put a patient or patients at unwarranted risk of harm; and/or
2. has [the Registrant] in the past brought and/or is liable in the future to bring the
[nursing] profession into disrepute; and/or
3. has [the Registrant] in the past committed a breach of one of the
fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or
4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.

22. It is the submission of the NMC that limbs 1 – 4 can be answered in the affirmative in this case. Dealing with each in turn:

(a) This is a case which involves failings in record-keeping and making adequate records of patient appointments/assessment and/or interventions. Mr Wright also breached confidentiality and falsely stated that they had recorded 30 cases on the Health Board's electronic WCCIS and/or in hard copy records at their home address. Poor record-keeping exposes patients to a risk of harm and undermines effective working arrangements with colleagues who are deprived of accurate and up to date information. Mr Wright's actions directly impacted on and compromised patient safety and has the potential to cause serious harm to patients in their care. The NMC submits Mr Wright's conduct has in the past put patients at significant risk of unwarranted harm and is liable to do so in the future.

(b) The misconduct in this case has the potential to cause damage both now and, in the future, where a registrant fails to deliver appropriate care and document

accurately the care that has been provided to patients. Further, Mr Wright's actions have been dishonest in that they did not make any entries and/or records and sought to represent that they had. This behaviour is unacceptable and has the potential to damage the reputation of the profession. Registered professionals occupy a position of trust and must therefore act with integrity and promote a high standard of care at all times. Mr Wright's failure to do so has brought the profession into disrepute and is likely to bring the profession into disrepute in the future.

(c) Mr Wright's failings have also breached fundamental tenets of the profession. Nurses are expected to provide a high standard of care at all times and uphold the reputation of the profession. They also occupy a position of trust both as a nurse and employee. Mr Wright's misconduct completely contradicts those fundamental tenets of nursing. The failings in this case relate to fundamental nursing practice which raises serious concerns regarding Mr Wright's trustworthiness and ability to practise safely as a nurse.

(d) Mr Wright's conduct was dishonest in that Mr Wright knew they had not made any entries and/or records and deliberately sought to represent that they had. The NMC Guidance states that dishonesty may be more difficult to address and indicates an underlying attitudinal issue. Mr Wright has not shown any attempt to address these serious concerns and has not demonstrated any insight or made any attempts to address their dishonest conduct. It is therefore submitted that Mr Wright has in the past acted dishonestly and is liable to act dishonestly in the future.

23. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions:

- (i) whether the concern is easily remediable,*
- (ii) whether it has in fact been remedied and*
- (iii) whether it is highly unlikely to be repeated.*

24. We consider Mr Wright has displayed a lack of insight. Mr Wright failed to engage meaningfully with the NMC throughout its investigation and therefore there is no evidence of any insight developed into the concerns.

25. Mr Wright has not provided a reflective statement or any evidence of steps taken to address the concerns in this case. Mr Wright has not shown any insight into their conduct and the potential effects of this on patient safety and the reputation of the profession.

26. The NMC considers there to be a continuing risk to the public due to Mr Wright's lack of remediation and insight, and failure to demonstrate any meaningful reflection. There is a significant risk of harm to the public were Mr Wright allowed to practise without restriction. A finding of impairment is therefore required for the protection of the public.

Public interest

27. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council

(2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

"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."

28. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper

professional standards and conduct and/ or to maintain public confidence in the profession.

29. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

30. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

31. The NMC considers that there is public interest in a finding of impairment being made, in this case, to declare and uphold proper standards of conduct and behaviour, and to maintain public confidence in the profession and the NMC as its regulator. Mr Wright's dishonest conduct engages the public interest particularly because there is no evidence that the concerns identified have been remediated. The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a trustworthy manner. The public would therefore expect the NMC to regulate or restrict the practice of nurses who not only fail to make accurate records of care provided but also breach patient confidentiality and make false representations about the care they have provided.

32. It is further submitted that a failure to find current impairment on public interest grounds would send the wrong message to the profession and the public, suggesting that the type of conduct alleged was acceptable.'

The panel accepted the 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.

Decision and reasons on misconduct

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

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

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

4 Act in the best interests of people at all times

5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care.

This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

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

8.6 share information to identify and reduce risk

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

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

10.5 take all steps to make sure that records are kept securely

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

The panel considered the charges admitted collectively, and determined the misconduct serious because Mr Wright failed to maintain accurate patient records and claimed he had made system entries when he had not. It further considered that Mr Wright failed to store patient records in a secure manner and breached patient confidentiality by storing records insecurely in the office and his home.

The panel was of the view that Mr Wright's actions were so serious as to amount to misconduct. It determined that Mr Wright's conduct, as admitted, amounted to a serious departure from the standards expected of a registered nurse. It therefore concluded that If Mr Wright's conduct were to be repeated, patients would be put at significant risk of harm.

The panel was of the view that honesty and integrity, and practising kindly, safely and professionally are fundamental to the nursing profession, and Mr Wright's actions fell seriously short of the conduct and standards expected of a nurse. It therefore found that the charges admitted collectively amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Wright'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 and to maintain professional boundaries. Patients and their families must be able to trust nurses/midwives 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/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*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that limbs a, b, c and d were all engaged in this case. In relation to Grant, the panel determined that there is a risk of harm to patients, as Mr Wright has not expressed any remorse for his actions at the time, nor has he demonstrated any insight into his dishonesty or any other behaviours. The panel determined that Mr Wright's actions brought the nursing profession into disrepute, and that he had breached the fundamental tenets of the nursing profession and is highly likely to repeat such actions. He was also found to have acted dishonestly and there was nothing before the panel to demonstrate that he would not repeat this conduct in the future, and so the panel concluded the risk has not been mitigated. The panel therefore concluded that Mr Wright's fitness to practice is currently impaired on the grounds of public protection.

Further, 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 seriously undermined if a finding of impairment were not made in this case, particularly given the nature of the charges, and that Mr Wright had acted dishonestly and failed to create and appropriately and securely store patient records. The panel determined that a reasonable and well-informed member of the public would be concerned if Mr Wright's fitness to practise was not found impaired, given the panel's decisions on misconduct.

Accordingly, the panel also finds Mr Wright's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Wright'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 Wright off the register. The effect of this order is that the NMC register will show that Mr Wright 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 Notice of Meeting, dated 3 June 2025, the NMC had advised Mr Wright that it would seek the imposition of a striking off order if it were found that Mr Wright's fitness to practise was currently impaired.

The panel had regard to the NMC's written submissions on sanction:

'33. We consider the following sanction is proportionate:

- Striking-off Order*

34. With regard to our sanctions guidance the following aspects have led us to this conclusion.

35. The following aggravating features are present:

- The misconduct in this case occurred over a sustained period of time.*
- Mr Wright's actions had the potential to cause patient harm.*
- Mr Wright's dishonest actions are damaging to the reputation of the nursing profession.*
- The misconduct in this case included dishonesty relating to patient care.*
- Mr Wright abused his position of trust.*
- Mr Wright failed to demonstrate any meaningful insight, remorse and remediation.*
- There is evidence of deep-seated personality, attitudinal and behavioural issues.*

Taking no further action

36. The NMC guidance on taking no further action (SAN-3a) states that a panel has a discretion to take no further action after a finding of impairment but will only use that discretion rarely. It is submitted that there are no exceptional features in this case that would warrant taking no further action and given the serious and potentially attitudinal nature of the concerns, this would not be sufficient to protect the public, maintain standards, or maintain confidence in the NMC as a regulator.

Caution Order

37. The NMC guidance on caution orders (SAN-3b) states that a caution order is only appropriate if there is no risk to the public or patients, and the case is at the lower end of the spectrum of impaired fitness to practise. As there is no evidence that Mr Wright has sufficiently remediated the concerns, it is submitted that there is still a risk of harm to patients.

38. Further, as the conduct alleged is serious and relates to a potential attitudinal concern, which according to the NMC's guidance on seriousness is more difficult to put right, it cannot be said to fall at the lower end of impaired fitness to practice. As such, a caution order would not be sufficient to protect the public or satisfy the public interest considerations.

Conditions of Practice Order

39. The NMC guidance on conditions of practice orders (SAN-3c) states that the key consideration when looking at whether conditions of practice may be appropriate is whether conditions can be put in place that would be sufficient to protect patients and address public confidence in the profession and the NMC.

40. The record-keeping concerns are capable of being addressed because they relate to the safety of clinical practice. However, dishonesty indicates an underlying attitudinal issue which is difficult to address. As the conduct alleged does not relate solely to Mr Wright's clinical failings and alludes to an attitudinal or behavioural

concern, it is submitted that there are no workable, measurable or proportionate conditions that could be formulated to address this. As such, a conditions of practice order would not be appropriate or sufficient to protect patients.

Suspension Order

41. The NMC guidance on Suspension Orders (SAN-3d) provides a checklist of factors that indicate when a Suspension Order may be appropriate. This includes:

- 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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*

42. As the allegation relates to repeated conduct, it does not constitute a single instance of misconduct.

43. Additionally, the allegation includes dishonesty directly associated with patient care which indicates a potential deep-seated attitudinal concern.

44. Further, as there is no evidence that Mr Wright has insight into their conduct or has undertaken sufficient remediation, a significant risk of repetition remains. This is compounded by the fact that Mr Wright has not engaged with the NMC investigation.

45. On this basis, it is submitted that a suspension order would not be sufficient to protect patients or to maintain public confidence in the profession.

Striking-off Order

46. The guidance on striking-off orders (SAN-3e) outlines that, before imposing a striking off order, a panel should consider among other matters:

- Whether the regulatory concerns about the nurse raise fundamental questions about their professionalism.*

- *Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and*
- *Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.*

47. Mr Wright's conduct does raise fundamental concerns about their professionalism and trustworthiness.

48. The NMC guidance on sanctions for serious cases (SAN-2) states that honesty is of central importance, and that acts of dishonesty will always be considered serious. A list of factors is provided that should be considered when deciding whether a nurse should be allowed to remain on the register. It is submitted that the following factors apply in this case:

- *Misuse of power*
- *Premeditated deception*
- *Dishonesty directly linked to clinical practice*

49. Given the seriousness of the allegations, it is submitted that public confidence in the profession could not be maintained without removing Mr Wright's name from the register.

50. Further, given the seriousness of the allegations, the indication of a potential serious attitudinal concern, and a lack of evidence of sufficient insight or remediation, it is submitted that only a striking-off order is sufficient to protect patients, members of the public and to maintain professional standards.

51. The NMC considers that a striking off order should be imposed. It is the only sanction that would adequately protect the public and satisfy the public interest in this case.'

Decision and reasons on sanction

Having found Mr Wright'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:

- The misconduct in this case occurred over a sustained period of time;
- Mr Wright's actions had the potential to cause patient harm;
- Mr Wright's dishonest actions are damaging to the reputation of the nursing profession;
- The misconduct in this case included dishonesty relating to record keeping and storage of patient records;
- Mr Wright abused his position of trust as a senior cardiac nurse in a Band 7 position;
- Mr Wright failed to demonstrate any meaningful insight, remorse or remediation; and
- There is evidence of attitudinal and behavioural issues.

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 not be proportionate, protect the public or be in the wider 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 Wright'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 Wright's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would not be

proportionate, protect the public or satisfy the wider public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Wright's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the NMC guidance and that a conditions of practice order would only be appropriate where there was:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel noted that Mr Wright had failed to record any adequate records of patient appointments, assessments or interventions, falsely stated that he had recorded 30 cases on the Board's electronic WCCIS, was dishonest in that he knew he had not made any entries and deliberately sought to conceal it and breached confidentiality in that he inappropriately and insecurely stored patient records. It was therefore of the view that there are no practical or workable conditions that could be formulated, given the nature of the concerns in this case.

Furthermore, the panel concluded that the placing of conditions on Mr Wright's registration would not adequately address the seriousness of this case and would not protect the public or satisfy the wider public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a 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; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The panel considered that the matters admitted relate to the inadequate making and entering of records, storage of records, and dishonesty. The charges related to a long and persistent course of misconduct. It further considered that Mr Wright failed to demonstrate any kind of insight, remorse or remediation, and there is evidence of harmful attitudinal problems, and a significant risk of this behaviour being repeated. The panel therefore concluded that there remains a risk of harm.

The panel also considered the dishonesty and the number of breaches of the Code. It therefore concluded that a suspension order is not appropriate, would not adequately address the seriousness of this case and would not protect the public or satisfy the wider public interest.

The panel had regard to NMC guidance SAN-3e. It determined that Mr Wright's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with Mr Wright remaining on the register. The findings in this particular case demonstrate that Mr Wright's actions were very serious and dishonest, and to allow him to continue practising would put patients at risk of harm and undermine public confidence in the profession and in the NMC as a regulatory body.

After taking into account all the evidence before it during this case, the panel determined that the most appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Wright's serious misconduct, the panel considered that Mr Wright has brought the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves when caring for patients. The panel concluded that nothing short of a striking off order would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of protecting the public, 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.

Accordingly, the panel decided to strike Mr Wright off the NMC register.

This will be confirmed to Mr Wright 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 Wright'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 had regard to the NMC's written submissions:

'52. If a finding is made that Mr Wright's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'

53. If a finding is made that Mr Wright's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registrant we consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.'

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

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts admitted 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 striking-off order. The panel therefore imposed an interim suspension order for a period of 18 months to cover the 28-day appeal period and any period in which an appeal may be heard.

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

This will be confirmed to Mr Wright in writing.

That concludes this determination.