

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

**Substantive Hearing  
Friday, 22 May 2026 – Thursday 28 May 2026**

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

<b>Name of Registrant:</b>	<b>Faith Chareka</b>
<b>NMC PIN:</b>	0014666E
<b>Part(s) of the register:</b>	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 30 September 2003
<b>Relevant Location:</b>	Surrey
<b>Type of case:</b>	Conviction
<b>Panel members:</b>	Rachel Onikosi (Chair, lay member) Michelle Wells-Braithwaite (Registrant member) Sam Wade (Lay member)
<b>Legal Assessor:</b>	Robin Hay
<b>Hearings Coordinator:</b>	Ekaette Uwa
<b>Nursing and Midwifery Council:</b>	Represented by Rosie Welsh, Case Presenter
<b>Ms Chareka:</b>	Present and represented by Alexandra Monaghan, instructed by the Royal College of Nursing (RCN)
<b>Facts proved:</b>	All
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## Details of charge

That you, a registered nurse:

- 1) On 1 November 2024, at Reading Magistrates Court, were convicted of Fraud by abuse of position.

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

## Decision and reasons on facts

The charge concerns your conviction and, having been provided with a copy of the Certificate of Conviction, 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.'*

## Background

You were referred to the Nursing and Midwifery Council (NMC) by Frimley Health NHS Foundation Trust ('the Trust') on 19 June 2023. The Trust alleged that whilst working as a Band 7 nurse and Senior Sister in the Emergency Department (ED),

you falsified records in the electronic health roster as a deliberate attempt to defraud the Trust for financial gain and personal gain. In that you:

- added shifts not worked to the Health Roster, to accumulate excess hours.
- Added night shifts onto the roster prior to the rota being locked for payment, therefore leading to having excess pay of unsocial hours when you had not physically worked those shifts.
- Falsified documentation by adding your name onto the shift daily allocation paperwork, to make it appear as though you were present on shift, even though there was evidence that you were not working.

You were suspended from the Trust on 21 April 2023 whilst the Trust investigated the allegations. The Trust concluded its internal investigation on 22 May 2023. You were dismissed by the Trust on the 14 June 2023 on the grounds of gross misconduct, in respect of fraud/dishonesty over a prolonged period. There were no concerns regarding your clinical skills.

The NHS Counter Fraud Authority passed evidence to the Crown Prosecution Service (CPS) for consideration. The NMC received information that you were subject to criminal proceedings, formally charged and appeared at court on 5 September 2024 where you pleaded guilty to the charge of fraud by abuse of position.

The Court found you guilty of adding 50 shifts between 1 November 2020 and 1 February 2023, some of which were paid at the basic rate whilst the majority was paid at an enhanced rate which applied to night shifts, bank holidays and weekends. You received a financial benefit of £19,575.41 and personal gain of 540 hours as time off in lieu (TOIL) for which you were not required to work.

You were sentenced to an 18-month suspended sentence with a Rehabilitation Activity Requirement (RAR) for 15 days and unpaid work requirement of 200 hours.

## **Fitness to practise**

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

## **Submissions on impairment**

Ms Welsh addressed the panel on the issue of impairment and reminded the panel 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) Grant* [2011] EWHC 927 (Admin).

Ms Welsh identified the specific, relevant standards where your actions breached The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code):

### ***'10 Keep clear and accurate records relevant to your practice***

*To achieve this, you must:*

*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*

### ***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,...*

*20.3 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.*

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

**21 Uphold your position as a registered nurse, midwife or nursing associate.**

*To achieve this, you must:*

*21.3 Act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship...*

**25 Provide leadership to make sure people's wellbeing is protected and to improve their experience of the health and care system.**

*To achieve this, you must:*

*25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first.'*

Ms Welsh submitted that your conviction was serious. She referred the panel to the relevant Guidance, namely impairment, dishonesty, conviction, insight and remediation. She submitted that the seriousness was aggravated by the fact that the offending occurred in the course of professional practice and arose directly from your position within the ED.

Ms Welsh referred the panel to the sentencing remarks of the Crown Court, describing the offending as being committed against a publicly funded NHS body already under financial pressure.

Ms Welsh submitted that you placed patients at potential risk of harm by exposing the ED to the potential risk of understaffing, delays, reduced support for colleagues and wider strain upon the service.

In relation to insight and remediation, Ms Welsh submitted that the concerns have not been fully addressed. Whilst acknowledging the reflective piece and training certificates you provided, she submitted that your reflection failed to adequately

explain the underlying cause of your conduct or what has changed to prevent repetition in the future. Ms Welsh further submitted that the online courses you have undertaken and the testimonials provided did not sufficiently address the concerns arising from your prolonged dishonesty.

Ms Welsh submitted that your fitness to practise remained impaired on both public protection and public interest grounds.

Ms Monaghan urged the panel to take full account of the material that you have submitted.

Ms Monaghan submitted that you have demonstrated genuine remorse and insight into the seriousness of your conduct. You have expressed repeated heartfelt apologies and have spent considerable time reflecting upon your conduct. As a consequence, your current position differed significantly from the position you adopted at the time of sentencing.

Ms Monaghan referred the panel to the positive testimonials provided on your behalf. She submitted that the references demonstrate remorse, reflection, your honesty and a commitment to remediation. She also referred the panel to the probation service letter which described you as demonstrating insight into the seriousness of the offending.

In relation to public protection, Ms Monaghan submitted that there were no concerns regarding your clinical competence.

Ms Monaghan concluded that you recognise the seriousness of your actions and accept that a finding of impairment on public interest grounds was likely in the light of the seriousness of your conviction. However, she submitted that the panel should give significant weight to the evidence of remorse, insight, remediation, positive practice, and engagement presented on your behalf.

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

## **Decision and reasons on impairment**

The panel determined that your actions fell significantly short of the standards expected of a registered nurse and amounted to several breaches of the Code. Specifically:

### ***'10 Keep clear and accurate records relevant to your practice***

*To achieve this, you must:*

*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*

### ***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,...*

*20.3 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.*

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

### ***21 Uphold your position as a registered nurse, midwife or nursing associate.***

*To achieve this, you must:*

*21.3 Act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship...*

### ***25 Provide leadership to make sure people's wellbeing is protected and to improve their experience of the health and care system.***

*To achieve this, you must:*

*25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of*

*those receiving care or services first.'*

The panel next considered whether, if as a result of your conviction, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

*'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

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

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

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

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

*‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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 considered the nature and seriousness of your conduct which led to a criminal conviction that was committed to the Crown Court for sentencing. It had regard to your certificate of conviction and the judge’s sentencing remarks noting that you engaged in repeated and premeditated dishonesty over a period of two years. The panel determined that fraud is by its very nature an act of dishonesty.

The facts leading to your conviction for fraud included the repeated allocation and booking of shifts you did not work by accessing the roster and adding shifts retrospectively for your financial and personal gain. Your dishonesty included taking TOIL.

The panel was concerned about the potential impact of your conduct on patient services and the workforce. Your conduct removed substantial funds from the Trust during and beyond the COVID pandemic, which placed pressure on already challenged NHS resources. Your dishonest receipt of TOIL meant that rather than

you working the shifts, the shifts would need to be covered by others. The panel concluded that your conduct could have had a direct impact on human resources and the financial position of the Trust.

In light of the above, the panel was satisfied that your dishonesty brought the nursing profession into disrepute.

Further your conduct breached fundamental tenets of the nursing profession, including honesty, integrity, and trustworthiness. Nurses are expected to act with integrity at all times. It was of the view that your conduct represented a departure from those standards and undermined the trust placed in nurses by their employers, colleagues, patients, and the wider public.

Furthermore, when initially confronted, you sought to minimise the extent of your conduct by informing a senior leader at the Trust that you had been fraudulent on two of your timesheets. However, it transpired through the local investigation that you had made some 50 fraudulent entries over the course of two years.

The panel was satisfied that limbs b, c and d of the test in *Grant* were engaged.

Regarding insight, the panel considered the extent to which you have demonstrated insight into your conduct. The panel was concerned that the repeated and premeditated nature of your conduct indicated a deep-seated attitudinal issue. The panel accepted that you have shown some remorse and engaged with these proceedings. Also, that you made an early guilty plea at court and provided some reflective material and positive testimonials.

However, the panel was particularly concerned that you did not articulate the underlying reasons for your dishonest conduct over a prolonged period of time, or fully address its impact on the service, your colleagues, public resources, and the reputation of the profession. It considered that aspects of your reflective statement appeared to minimise the seriousness of your conduct, particularly the description of your behaviour as a '*lapse in judgement*', when the dishonesty occurred repeatedly over two years. Whilst the panel accepts that you understand that your actions were

wrong, it was not satisfied that you have demonstrated sufficient insight into why the conduct occurred, the impact on colleagues, patients and the wider profession. The panel therefore determined that your insight remains limited.

The panel considered whether there remains a risk that you may repeat the conduct. The panel acknowledged the positive evidence before it, including the testimonials written on your behalf, evidence of competence in your current employment, your remorse and engagement with rehabilitation processes. However, these factors were insufficient to fully mitigate the panel's concerns regarding repetition. It took into account that your testimonials appear to emphasise your skills rather than your integrity and performance in a position of trust. Notably, the panel has not seen any information to suggest that you have the same level of authority as you had in your role as a band 7 nurse in relation to managing or amending staff rotas.

The panel had regard to the Probation Report from HM Prison and Probation services dated 18 May 2026 stating as follows:

*'There are no current indicators to suggest that Miss Chareka poses a direct risk to service users or the public, and in my professional opinion, public protection is not compromised by her potential return to a professional setting, provided appropriate and proportionate safeguards are in place.'*

The panel was not satisfied that you have addressed the underlying cause of your conduct nor that you would act differently if given the same opportunities in the future. It was not persuaded that the behaviour would not be repeated. Given the circumstances, the panel concluded that there is a risk of repetition of the conduct found proved.

The panel considered whether a finding of current impairment is required on public protection grounds. Although there were no clinical concerns regarding your practice, the panel considered that the dishonesty in this case was serious and fell far below the standards expected of a registered nurse. The panel determined that concerns regarding your limited insight, remediation and risk of repetition create an ongoing

risk to the public and the integrity of healthcare services. 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 are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds was also required. It concluded that public confidence in the profession would be undermined if a finding of impairment were not made, and the public would be concerned if a nurse convicted of fraud by abuse of position was permitted to practise unrestricted in the absence of full insight and remediation. The panel therefore finds that your fitness to practise is also currently impaired on the grounds of public interest.

Having regard to all the above, the panel was satisfied that your 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 you off the register. The effect of this order is that the NMC register will show that you have 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 regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

The panel heard live evidence from the following witness called on your behalf:

- Regina Muchunga: Registered Manager for Pai Healthcare (trading as Better at Home)

The panel also heard evidence from you under affirmation.

The panel accepted the advice of the legal assessor.

### **Submissions on sanction**

Ms Welsh informed the panel that in the Notice of Hearing, dated 16 April 2026, the NMC had advised you that it would seek the imposition of a strike off order if it found your fitness to practise currently impaired

Ms Welsh submitted that the key aggravating factors in this case include:

- abuse of a position of trust
- conduct which placed people receiving care at risk of harm
- deliberate breaches of the Code
- a pattern of misconduct over a period of time
- absence of or limited insight
- a deep-seated attitudinal issue which is unlikely to be addressed through supervision
- conduct is likely to be repeated
- conduct involved dishonesty

Ms Welsh submitted that the mitigating features in this case include:

- you made early admissions, although you minimised the extent of your fraud
- undertaken some training courses although of limited value in a case such as this
- expressed remorse.

Ms Welsh then turned to the available sanctions. She submitted that this case does not meet the criteria of exceptional circumstances for an order of no further action to be appropriate. Similarly, a caution order would be insufficient to maintain professional standards.

Ms Welsh further submitted that a conditions of practice order is also inappropriate, as there is evidence of harmful deep seated attitudinal issues by virtue of your fraud and conviction. Ms Welsh acknowledged that you are currently on an interim conditions of practice order but submitted that you have not worked in an equivalent position to the one you were at the time of the offending and have not been able to provide evidence that you would not act in the same manner. She reminded the panel that the purpose of an interim order is different from that of sanction in that it is intended to manage risks. Ms Welsh submitted that conditions of practice would be neither relevant nor workable in the circumstances.

Ms Welsh submitted that your conviction involved serious misconduct. She referred the panel to relevant cases including, *Council for the Regulation of Health Care Professionals v (1) General Dental Council and (2) Fleischmann* [2005] EWHC 87 (QB) at [54], *Opore v NMC* [2019] EWHC 185, *PSA v GDC & Naveed Patel* [2024] EWHC 243 (Admin), and *Bolton v Law Society* [1994] 1 WLR 512. Ms Welsh submitted that your conviction was at the most serious end of the scale, involved multiple incidents of misconduct and indicated a deep- seated attitudinal issue. She submitted that your conduct involved significant, deliberate and sustained levels of dishonesty required to carry out fraud by abuse of position for a period of some 2 years.

Ms Welsh submitted that the appropriate sanction in this case is a striking-off order. She submitted that that to impose anything less than a striking-off order in this case would be a departure from case precedent and guidance. She concluded that the only sanction capable of maintaining public confidence in the profession and marking the seriousness of your misconduct is a striking-off order.

Ms Monaghan submitted that the purpose of sanction is not to punish and reminded the panel that you have been sufficiently punished in the criminal court through a blemish on your character and a criminal record.

Ms Monaghan urged the panel to consider the following mitigating features:

- you made full admissions at the local interview
- early guilty plea at the criminal court to the full extent of your fraud

- made apologies
- completed relevant training courses
- positive testimonials
- shown insight and genuine remorse
- evidence of your professionalism by current employer

Ms Monaghan submitted that going on trips was not the primary reason for your offending [PRIVATE]. She submitted that you accept that these circumstances do not excuse your conduct but that they provide context into the unusual stress you were dealing with at the time.

Ms Monaghan submitted that you accept that you are impaired on public interest ground and do not seek to use your personal circumstances as an excuse for your dishonesty.

Ms Monaghan submitted that you are currently subject to an interim condition of practice order. She highlighted that you have kept to the conditions imposed on you and have even on occasion drawn your supervisor's attention to the conditions. However, she submitted that you accept that, in light of the panel's findings, a conditions of practice order is unlikely to be appropriate.

Ms Monaghan submitted that you have demonstrated integrity in your current role, made significant progress and recognise that your conduct was unacceptable. She submitted that this is indicative of your sheer determination to right the wrong caused by your dishonesty.

Ms Monaghan submitted that a suspension order is the appropriate sanction in this case. She submitted that your conduct although serious has been marked with a criminal conviction and public confidence can be maintained without your removal from the register.

## **Decision and reasons on sanction**

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- abuse of a position of trust in that you were a band 7 nurse with the ability to authorise your own shifts
- your conduct could have had the potential to negatively impact patient services
- deliberate breaches of the Code
- limited insight into the reasons for the misconduct
- a pattern of misconduct over a period of some two years
- premeditated behaviour in that you accessed the roster system on a significant number of occasions to make fraudulent entries
- minimising the extent of your dishonesty during the first opportunity to be honest about your misconduct

The panel also took into account the following mitigating features:

- early guilty plea during court proceedings
- apologies to colleagues and the wider profession
- undertaken some online training courses in relation to areas of concerns
- complied with mandatory court requirements
- provided a reflective account albeit limited as to the reasons for the misconduct
- private life challenges

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 considering its decision that you are currently impaired on both public protection and public interest grounds.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

*'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that your actions were not at the lower end of the spectrum. It had found that there is a risk to patient and public safety, and that there was a risk of repetition of the conduct which could undermine public confidence in the profession and the NMC as a regulator. The panel therefore determined that a sanction that does not restrict your practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on your registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). The panel accepted that you were currently on interim conditions, and that you have worked without any breaches. However, it determined that this does not diminish the seriousness of the misconduct leading to your conviction. The misconduct involved repeated incidents of dishonesty resulting in financial and personal gain, an abuse of a position of trust, and deep-seated attitudinal issues, which are not easily remediated through retraining or supervision alone. Further, the panel found your fitness to practise currently impaired on public protection and public interest grounds. The panel found no identifiable areas requiring training or retraining as this case does not concern your clinical competence but dishonesty that led to a serious criminal conviction. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients, uphold public confidence and

uphold professional standards to address the dishonesty in this case. For these reasons, the panel determined that a conditions of practice order would not be appropriate in the circumstances.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on ‘*Suspension order*’ (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *‘the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.’*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.’*

The panel considered that the risks identified could not be managed by you being temporarily removed from the Register. It determined that it would not have an impact on strengthening your practice as training or retraining could not address the gravity of the dishonesty in this case. Your dishonesty illustrated a deep-seated attitudinal issue which was sustained for over 2 years. Whilst you have engaged with the proceedings, you have shown limited insight and have not explored, identified or acknowledged the true rationale as to why you defrauded the NHS and potentially put the service and its users at risk. Therefore, the panel was not satisfied that a suspension order would be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given the deep-seated attitudinal issues identified, limited insight, public protection and public interest issues, the panel considered that there is no realistic possibility that you could return to practise safely and effectively without restriction.

The panel acknowledged that you have shown remorse, recognised that you acted dishonestly and attempted to explain why this will not happen again. However, it determined that given the nature of your misconduct and the risks identified, safeguards would need to be implemented to prevent a repetition. It was not satisfied that any such safeguards could be put in place to mitigate the risk of repetition if you were to return to practice.

The panel concluded that the conduct, as highlighted by your conviction, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with you remaining on the register.

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

In considering a striking-off order, the panel had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026).

Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*' including:

- '*...*
- *misuse of power*
- *personal or financial gain from a breach of trust*
- *...*
- *premeditated, systematic or longstanding deception.*'

The panel had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that your dishonesty, a criminal conviction for fraud by abuse of position after a long career as a nurse were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with your remaining on the register. You abused your position of trust, and the dishonesty was premeditated and long standing which only came to light by the diligence of one of your Trust's colleagues. The panel was of the view that the findings in this particular case demonstrate that your actions were significantly serious and to allow you to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel determined that there is no amount of insight that would be sufficient to protect the public and maintain public confidence in the profession and uphold

professional standards. It also determined there is no realistic prospect that a period of suspension would result in you gaining sufficient insight or strengthening your practice so as to reduce the risk you pose.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your 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 this would be sufficient in this case.

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

This will be confirmed to you 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 your 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 Ms Welsh. She submitted that, given the seriousness of the concerns, the risk of repetition and the panel's findings on sanction, an interim suspension order for a period of 18 months is necessary in

order to protect the public and is otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective.

Ms Monaghan declined to make any submissions in respect of this application.

### **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 allow time for the appeal period before the striking-off order comes into effect.

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

That concludes this determination.