

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

**Substantive Order Review Meeting
Tuesday 17 June 2025**

2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Kevin John Brewer
NMC PIN:	9717687E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 25 September 2000
Relevant Location:	Somerset
Type of case:	Misconduct
Panel members:	Tracy Stephenson (Chair, Lay member) Sarah Morgan (Registrant member) Steven Chandler (Lay member)
Legal Assessor:	Charles Conway
Hearings Coordinator:	Rodney Dennis
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (6 months) to come into effect at the end of 7 August 2025 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to

Mr Brewer's registered email address by secure email on 12 May 2025.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 16 June 2025 and invited Mr Brewer to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mr Brewer had 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).

Decision and reasons on review of the current order

The panel decided to impose a six month suspension order. This order will come into effect at the end of date in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

The current order is due to expire at the end of 8 August 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

1) Between 8 August 2022 and 16 August 2022:

a) Did not review and / or sign Resident A's daily records.

b) Did not monitor Resident A's decline in fluids and increased drowsiness.

c) Did not put in place the New Early Warning Score system for Resident A when it would have been clinically appropriate to do so.

d) Did not escalate Resident A's decline in fluids and increased drowsiness when it would have been clinically appropriate to do so.

2) On 12 August 2022, gave Resident A's GP inaccurate information about Resident A's physical health in that you omitted to tell Resident A's GP that Resident A had begun declining food and fluids and sleeping for extended periods of time.

3) On 9 September 2022, when Resident B had been found on the floor with a skin tear:

a) Did not conduct a body check despite the possibility of Resident B having suffered an unwitnessed fall.

b) Did not:

i) clean Resident B's wound with an antiseptic wipe or otherwise.

ii) put Resident B's skin back into place. iii) take a photograph of Resident B's wound when dressing it.

c) Left Resident B on the floor for c.30 minutes.

d) Advised Colleague A to 'leave her on the floor to calm down whilst I go and do patches for other resident's' or words to that effect.

4) On an unknown date, did not document and/ or investigate concerns from Colleague A regarding:

a) A senior member of staff documenting resident's fluids when the resident was not receiving these fluids.

b) Mouthcare being documented for Resident B that had not taken place.

5) On 8 August 2022 after re-dressing Resident C's pressure ulcer did not take a photograph of the wound when it would have been clinically appropriate to do so.

6) On 12 August 2022:

a) Categorised Resident C's pressure ulcer as a category 1 when it was a category 3 or 4.

b) Recorded that Resident C's pressure ulcer had improved when it had deteriorated.

c) Did not, when clinically appropriate to do so:

i) monitor Resident C more closely and / or

ii) change Resident C's dressings more regularly and / or

iii) make a referral to the tissue viability nurse for Resident C.

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

The original panel determined the following with regard to impairment:

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

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

undermined if a finding of impairment were not made in the particular circumstances.

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

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

a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d) ...

The panel determined that limbs a, b and c of Grant are engaged when considering the past. The panel had regard to the actual harm that was caused to the residents, namely Resident A and Resident C. The panel found that your misconduct had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. particularly when taking into consideration a nurse not escalating concerns, not adequately reviewing care records and not correctly assessing a pressure ulcer. The panel found that your conduct fell significantly below the standards expected of a registered nurse.

The panel acknowledged that you made some admissions at the outset of this hearing. It determined that you demonstrated developing insight and understanding of your misconduct.

The panel was satisfied that the misconduct in this case is capable of being remedied. The panel carefully considered the evidence before it in determining whether you have taken steps to strengthen your practice. The panel took into account your reflective statement dated 28 June 2024, the positive testimonial from your current manager and the certificates relating to relevant training that you have undertaken. It considered that you are not currently working in a clinical nursing role. It took the view that because you have not worked in a highly pressurised clinical setting since the incidents occurred, you have not had the opportunity to adequately address the concerns identified.

The panel noted that the concerns arising from the charges are not a failure of clinical knowledge or attitudinal issues. [PRIVATE]. This has been a consistent theme through all these charges and only too evident during this hearing. [PRIVATE] and whilst you have taken some steps on that journey they are not remediated at this time. Therefore, the panel was not convinced that matters of the kind found proved would not be repeated in the future. It therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because of your misconduct and the risk of repetition. The panel concluded that public confidence in the profession would be undermined if a

finding of impairment were not made in this case and therefore finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

The original panel determined the following with regard to sanction:

Having found your 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:

- Your conduct caused actual harm to residents.*
- The residents were vulnerable.*

The panel also took into account the following mitigating features:

- 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 determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you would be willing to comply with conditions of practice.

The panel had regard to the fact that these incidents happened over a short space of time when the panel accepts [PRIVATE], you have had an unblemished 20-year career as a registered nurse.

The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. The panel determined that it could manage patient safety with a conditions of practice order. It considered that the identified areas of professional development cannot be addressed if you were not permitted to practice. The panel took the view that imposing a suspension order or a striking off order would be inconsistent with its findings.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your work to one substantive employer. This must not be through an agency.

2. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of working at all times on the same shift and in the same building as, but not always directly observed by another registered nurse.

3. You must work with your line manager/mentor/supervisor [who must be a registered nurse] to create personal development plan which must address the concerns raised about:

- Escalating concerns about a deteriorating patient
- Pressure ulcer and wound management and recording.
- Record keeping.
- [PRIVATE]. You must send your case officer a copy of your PDP within 2 weeks of commencing employment.

4. You must meet with your line manager/mentor/supervisor [who must be a registered nurse] at least every 2 weeks to discuss your progress towards achieving the aims set out in your PDP and your general clinical performance.

5. You must send your case officer a report from your line manager/mentor/supervisor [who must be a registered nurse] quarterly and prior to any NMC hearings which details your progress toward achieving the aims set out in your PDP and your general clinical performance.

6. You must not undertake wound care (including those that have resulted from pressure areas) unless supervised by another registered nurse (except in life threatening emergencies) until you are assessed as competent by your line manager to practise independently. Your supervision must consist of:

- One to one support
- Observation
- Written reflection and log of the care you have provided. This must be signed by another registered nurse each time and contain feedback on how

you gave the care and identify areas for further development. You must send your NMC case officer a copy of this report quarterly and prior to any review.

7. You must keep the NMC informed about anywhere you are working by:

a) Telling your case officer within seven days of accepting or leaving any employment.

b) Giving your case officer your employer's contact details.

8. You must keep the NMC informed about anywhere you are studying by:

a) Telling your case officer within seven days of accepting any course of study.

b) Giving your case officer the name and contact details of the organisation offering that course of study.

9. You must immediately give a copy of these conditions to:

a) Any organisation or person you work for.

b) Any employers you apply to for work (at the time of application).

c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

10. You must tell your case officer, within seven days of your becoming aware of:

a) Any clinical incident you are involved in.

b) Any investigation started against you.

c) Any disciplinary proceedings taken against you.

11. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

a) Any current or future employer.

b) Any educational establishment.

c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 12 months.

Before the order expires, a panel will hold a review hearing to assess your compliance with the order and gauge progress. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.'

Decision and reasons on current impairment

The panel has considered carefully whether Mr Brewer's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise safely, kindly and professionally and suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Brewer's fitness to practise remains impaired.

This panel noted that the original hearing panel found that Mr Brewer had developing insight which was demonstrated through his reflective statement and that he had made admissions made at the beginning of that hearing. However, the panel noted in an email dated the 23 July 2024 from Mr Brewer's representative, that Mr Brewer is no longer working in a nursing role [PRIVATE]. He has indicated that he no longer wishes to be a nurse. He has not provided any new information or evidence to demonstrate that his insight has developed further or has taken steps to strengthen his practice.

The panel therefore was of the view that there was a risk or repetition and found impairment on public protection grounds.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is required.

For these reasons, the panel finds that Mr Brewer's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Brewer's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the

purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case.

It then considered whether imposing a caution order would be sufficient and appropriate but determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Brewer'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 Brewer'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 be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a conditions of practice order on Mr Brewer's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel next considered the continuation of the current conditions of practice order. The panel concluded that a conditions of practice order is no longer practicable in this case.

The panel concluded that since the imposition of the conditions of practice order, Mr Brewer has not engaged with the NMC. There is no evidence before the panel to indicate whether Mr Brewer has complied with the conditions of practice imposed at the substantive hearing. Mr Brewer has failed to provide evidence of developing insight or remorse for his behaviour. The panel further noted that Mr Brewer has indicated that he is not practising as a nurse anymore and no longer wishes to. Therefore, the panel is of the view that the conditions of practice is no longer enforceable, measurable, workable or realistic.

The panel went on to consider the imposition of a suspension order. The panel has taken into account that the charges first found proved were serious in nature, and involved vulnerable patients who were placed at unwarranted risk of harm. Mr Brewer's actions were not the result of a one-off isolated incident but took place over the course of a few days in one month.

Accordingly, the panel determined to impose a suspension order for the period of six months.

The panel took into account the NMC's guidance on striking-off orders (SAN-3e). It was of the view that Mr Brewer has failed to engage with the NMC as his regulator and provide information demonstrating how he has strengthened his practice. It was of the view that a continuing review cycle for a registrant who is not engaging or no longer wishes to practice as a nurse serves no purpose. It was of the view that a suspension order would give him another opportunity to engage with the NMC and the fitness to practise process and clarify his intentions in respect of his nursing career. The panel therefore determined that a striking-off order was inappropriate and disproportionate at this time.

Any future panel reviewing this case would be assisted by:

- A statement from Mr Brewer indicating whether it remains his intention not to continue with his nursing practice
- Engagement with the NMC and attendance at the next review hearing
- A detailed reflective piece covering the impact of his behaviour on patients, colleagues and the wider public.

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

This will be confirmed to Mr Brewer in writing.

That concludes this determination.