

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

Substantive Order Review Hearing

Wednesday, 17 September 2025 – Thursday, 18 September 2025

Virtual Hearing

Name of Registrant:	John Joseph Brennan
NMC PIN:	06H1466E
Part(s) of the register:	Registered Nurse - Sub part 1 Mental Health 21 September 2006
Relevant Location:	West Northamptonshire
Type of case:	Misconduct
Panel members:	Derek Artis (Chair, Lay member) Ivan McGlen (Registrant member) Victoria James (Lay member)
Legal Assessor:	Melissa Harrison (17 September 2025) William Hoskins (18 September 2025)
Hearings Coordinator:	Eyram Anka
Nursing and Midwifery Council:	Represented by Caitlin Donovan, Case Presenter
Mr Brennan:	Present and represented by Aidan Carr, Counsel
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (6 months) to come into effect on 4 October 2025 in accordance with Article 30 (1)

Application for postponement

Mr Carr made an application on your behalf for this hearing to be postponed. He submitted that you are anxious about these proceedings and have had problems connecting to the virtual link because of your Wi-Fi. He stated that you have been trying to fix this issue since 07:00 this morning. Mr Carr submitted that it would be unfair for this hearing to proceed if you do not believe that you are getting a fair hearing. He stated that the most preferable way to participate in a virtual hearing is with both video and audio.

Mr Carr submitted that you have been preparing for this hearing for the past few days and not being able to join via video link has made you anxious. In all the circumstances, Mr Carr submitted that if you are unable to join the link properly, you will not believe that you have had a fair hearing. He therefore submitted that hearing should be postponed, allowing you to fix your connectivity issues.

Ms Donovan, on behalf of the Nursing and Midwifery Council (NMC), submitted that the NMC opposes the application to postpone this hearing. She referred the panel to Rule 32 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ('the Rules'), and NMC guidance CMT-11 (When we postpone or adjourn hearings). She took the panel through the relevant factors set out in CMT-11.

Ms Donovan submitted that there is a strong public interest in protecting the public and maintaining confidence in the profession and the NMC as regulator. She submitted that it is not a case of you being unable to participate as you are represented by Mr Carr and you have been able to join the hearing via the telephone link.

Ms Donovan also asked the panel to take into account the potential inconvenience that postponing this hearing might cause, seeing as various parties have taken the time to attend today - including the panel, the legal assessor, yourself and your representative. She further noted that there is also no guarantee that you or the other parties involved would be available at a future date.

Furthermore, Ms Donovan submitted that you were given proper notice of the hearing, have had the opportunity to secure legal representation, prepare your case in full and

supply relevant documentation. She also asked panel to note that you are represented at this hearing by legal counsel.

Ms Donovan submitted that proceeding with this hearing today does not cause any unfairness to you. She quoted Rule 32(4)(c) of the Rules and submitted that the belief in the fairness of the proceedings is not a factor to be considered. Instead, the factor to be considered is '*fairness to the registrant*'. It was her submission that it is always preferable if a registrant believes that they have been subject to a fair hearing but that is why there are rules and procedures in place to ensure fairness to all parties.

Ms Donovan noted that these proceedings have been ongoing for a prolonged period and that you chose not to attend the substantive hearing where the facts were tested. For these reasons, she invited the panel to reject the application of to postpone this hearing.

The panel accepted the advice of the legal assessor.

Decisions and reasons on application for a postponement

In reaching its decision, the panel had regard to Rule 32(4) of the Rules and the NMC guidance on 'When we postpone or adjourn hearings' (CMT-11). The panel also considered the documentation before it, together with the submissions from Mr Carr and Ms Donovan.

The panel took into account the information before it and determined that the need to protect the public and meet the public interest overrides your application to postpone this hearing on the basis of fairness. The panel considered that you are legally represented and that you are able to participate in the hearing via a telephone link. The panel heard that you and your representative have been preparing your case for the past few days, as such your case has already been prepared.

The panel did not perceive there to be any procedural unfairness if it decided to proceed. It determined that it is not only in the public interest, but also in fairness to you, to proceed with the review of this case today. As such, the panel decided to reject your application for a postponement.

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 4 October 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 6 September 2023. This was reviewed on 23 August 2023, and a further 12-month suspension order was imposed.

The current order is due to expire at the end of 4 October 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:

'That you, a registered nurse, whilst employed at St Andrew's Healthcare on Pritchard Ward around 10 October 2017;

- 1) Retrospectively completed a seclusion pack for a seclusion that commenced on 18 September 2017.*
- 2) Did not document that the seclusion pack had been recorded retrospectively.*
- 3) Recorded an incorrect Datix number in the seclusion pack.*
- 4) Recorded an incorrect date for the seclusion.*

On or around 18 August 2018:

5) ...

6) ...

7) ...

8) *On one or more occasion entered the seclusion area;*

a) Whilst being designated on a non-management and prevention of aggression period.

b) Alone/without another member of staff.

9) *Did not record the administration of Co-Codamol to Patient A on the EMAS system, in that you did not record;*

a) The timing of administration.

b) The dosage of the medication.

c) The route of administration.

10) *Did not record the administration of Olanzipine to Patient A on the EMAS system, in that you did not record;*

a) The timing of administration.

b) The dosage of the medication .

c) The route of administration.

11) *Did not secure the clinic/medication keys, in that you;*

a) Walked around with the keys in your hand.

b) Did not attach the keys to a designated belt/key ring.

c) Did not keep the keys in a designated pocket.

12) *After dispensing medication to Patient A, left Patient A alone with the medication/in possession of the medication.*

13) *On one or more occasion left Patient A alone/unattended/unobserved, during Patient A's seclusion period.*

14) *At around 10:01 a.m. did not secure the clinic door.*

15) *Inaccurately recorded in Patient A's Rio notes that;*

- a) ...
- b) ...
- c) ...
- d) ...
- e) ...
- f) ...
- g) *That Patient A's seclusion ended at 12.45p.m.*

16) ...

17) ...

18) *After calling Colleague Z into the office;*

- a) *Raised your voice/shouted at Colleague Z.*
- b) *Pointed your finger in Colleague Z's face.*
- c) *Sat/stood in front of Colleague Z in an Intimidating manner.*
- d) *Used words to the effect;*
 - (i) *'Don't you ever question my word again.'*
 - (ii) *'We sort this out now.'*
 - (iii) *'Don't roll your eyes at me.'*
 - (iv) *'I will have you punished.'*

19) *Between June 2018 and September 2018 on an unknown date, decided that Patient A would utilise his period of leave;*

- a) *After agreeing with other staff members that Patient A would not be granted leave.*
- b) ...
- c) ...

20) *Between June 2018 and September 2018 on an unknown date;*

- a) ...
- b) ...
- c) ...

21) *On or around 04 August 2018;*

- a) *Raised your voice/shouted at Colleague Y.*
- b) *Inappropriately challenged Colleague Y's decision to restrict Patient B from utilising his period of leave on 31 July 2018.*
- c) *Used word to the effect;*
 - (i) *'OTs should not be involved in clinical decisions.'*
 - (ii) *'You should not go over my head and change my decisions.'*
- d) *Behaved in an intimidating/threatening manner towards Colleague Y.*

That you, a registered nurse, whilst working at Mill Lodge, between 18 September 2019 and 11 November 2019 on Amrik Ward ('the Ward');

22) *On or around 2 October 2019 used an inappropriate restraint technique on Patient C, in that you;*

- a) ...
- b) *Pushed Patient C's feet/ankles to the ground.*
- c) *Continued to grab/push Patient C ankles/feet to the grounds, despite being told by Colleague X that the restraint was incorrect.*

23) *On or around 3rd October 2019 during an incident where Patient C wielded a metal urn;*

- a) *Instructed one or more colleagues to lock doors to the lounge/kitchen in an attempt to seclude Patient C.*
- b) *When questioned by Colleague W about locking the doors, used words to the effect 'don't question me in the middle of an incident, yeah'*
- c) *Instructed one or more colleagues to evacuate the Ward.*

- d) *Left one or more patients in the Ward/lounge locked in with Patient C.*
- 24) *Whilst speaking to Colleague W, used words to the effect; 'Patients don't decide when they go for a cigarette break, they can fit around our day'*
- 25) *Whilst speaking to Colleague V, used words to the effect that;*
- a) *'Colleague V wasn't good enough to be a nurse'*
b) *'Colleague V wasn't strong enough to be a nurse'*
- 26) *Whilst speaking to Colleague U, on one or more occasion used words to the effect that;*
- a) *'You are only/just a support worker'*
b) *'You should only listen to me'*
c) *'You are not important'*
d) *'Why didn't you achieve anything in life'*
e) *'Why are you a support worker'*
f) *'You will only ever be a support worker because you don't have any potential'*
- 27) *On one or more occasion;*
- a) *Unfairly dismissed the needs of other patients to spend time with Patient E*
b) *Disclosed information about your personal life to Patient E.*
c) *When describing Patient E to colleagues used words to the effect;*
- i) *'Patient E was typical PD [personality disorder]'*
ii) *'Patient E was clingy'*
iii) *'Patient E was attention seeking'*
- 28) *...*

- 29) *On one or more occasion, when referring to patients who self-harmed, used words to the effect;*
a) *'they are a not doing it right'*
b) *That you would have to tell them to 'do it properly'*
- 30) *On or around 10 November 2019, in relation to an incident where Patient D had ligatured;*
a) ...
b) ...
c) ...
d) ...
e) ...
f) ...
g) ...
h) ...
i) ...
j) ...
k) ...
l) ...
- 31) ...
- 32) ...'

The first reviewing panel determined the following with regard to impairment:

'The panel noted the findings of the previous panel and that the charges it found proved were serious and wide-ranging, across several areas of practice and occurred in two locations over a two-year period. The panel bore in mind the previous findings of attitudinal problems. They noted that the previous panel found Mr Brennan had a lack of insight and remorse.

The panel today had no new evidence before it. It could not therefore determine whether Mr Brennan had developed any insight, shown any remorse, or taken any

steps to strengthen his practice. It further noted Mr Brennan's apparent lack of engagement with the suggestions made by the previous panel. It could not therefore determine that the risk of harm had reduced.

The original panel determined that Mr Brennan was liable to repeat matters of the kind found proved but considered that his misconduct was capable of remediation. This panel was disappointed that no such evidence had been presented to it and that Mr Brennan had not acted on the original panel's recommendations. In light of this, this panel determined that Mr Brennan remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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, the public interest concerns have not been addressed and a finding of continuing impairment on public interest grounds is also required.

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

The first reviewing panel determined the following with regard to sanction:

'The panel considered it necessary to impose a further period of suspension in light of the previous panel's findings on the severity of the misconduct and Mr Brennan's lack of engagement and remediation to date. The panel also concluded that, given the seriousness of Mr Brennan's misconduct and the absence of further evidence, a further 12-month period of suspension would be the most appropriate duration and the shortest period necessary to address its concerns. It was of the view that a 12-month suspension order would also allow Mr Brennan sufficient further time to fully reflect on the severity of his previous misconduct and to develop his insight and take steps to strengthen his practice.

The panel considered that a striking-off order at this stage would be disproportionate at this time but that the option would remain for a future panel if no action were taken by Mr Brennan to demonstrate insight and remediation.

The panel determined therefore that a suspension order is the appropriate and proportionate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a further suspension order for the period of 12 months which would provide Mr Brennan with an opportunity to engage with the NMC and to provide evidence of insight and strengthening of his practice.

The panel noted the hardship such an order may well cause Mr Brennan. However, the panel considered that the need to protect the public and uphold the public interest outweighed Mr Brennan's interests in this regard.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 4 October 2024 in accordance with Article 30(1).

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.

Any future panel reviewing this case would be assisted by:

- A reflective piece which properly addresses the misconduct identified by the substantive hearing panel in its determination;*
- Evidence of any training which Mr Brennan may have undertaken which addresses the misconduct identified;*
- Mr Brennan's full engagement with the NMC, including his attendance at a review of this order; and*
- Testimonials from any role, paid or unpaid, which Mr Brennan may have undertaken during his period of suspension.'*

Submissions on current impairment

The panel has considered carefully whether your 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 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 and took into account submissions made by Ms Donovan on behalf of the NMC and Mr Carr, on your behalf.

Ms Donovan submitted that the NMC has no specific position as to the course of action the panel should take. However, she raised several factors that she invited the panel to consider when making its decision.

Ms Donovan gave a background to the case and submitted that the charges found proved can be separated into three themes namely, issues surrounding record keeping, the charges relating to Patient A and the attitudinal concerns.

In respect of the issues surrounding record keeping, Ms Donovan submitted that several of the charges found proved relate to incorrect Datix numbers, incorrect dates and failures to record the administration of medication - all of which pose a significant risk to patients and compromises the continuity of their care. Ms Donovan referred to the evidence you provided of the Continuing Professional Development (CPD) courses you completed and noted that there is no course that relates specifically to record keeping.

Ms Donovan explained that your reflective statement goes into detail about the first incident involving a seclusion pack and the fact that it was backdated. She submitted that you have used your reflective statement as more of an opportunity to relitigate the facts than to address any learning points that you might have obtained from experience and any subsequent CPD courses. Ms Donovan noted that you stated in your reflective statement that you will no longer complete paperwork for incidents you are not involved in. She further noted that in the initial investigation interview with the Trust, you accepted that the

original paperwork was yours and was not someone else's that you were merely trying to aid in correcting. It was Ms Donovan's submission that the panel may be concerned about this being the only issue addressed in your reflective statement.

In relation to the charges relating to Patient A, Ms Donovan submitted that although Patient A was seemingly a challenging patient, there are several things that raise concerns about your ability to handle and appropriately care for a patient with the specific vulnerabilities that Patient A had. Further, Ms Donovan put to the panel that you did not address the general safety of the environment for both colleagues and patients in your reflective statement.

Ms Donovan addressed the third theme; the attitudinal concerns identified within the charges found proved, namely the treatment of colleagues, your perceived inappropriate relationship with Patient E and the attitudinal issues demonstrated in addressing patients who were self-harming. She submitted that you have not demonstrated developed insight into these concerns within your reflective statements.

Ms Donovan submitted that in the reflective statements you provided, you continually pass blame and do not accept personal responsibility for your actions in the charges found proved. She quoted the following and submitted that this is the only thing you recognised in the litany of issues:

'On reflection, the only shortfall was being open to all of my stresses and demands put on me by the organisation.'

Ms Donovan took the panel through the previous panels' decisions.

Ms Donovan stated that, when reading your reflective statements, the panel may note there does not appear to be any reflection on the impact of your actions on your colleagues, on the safety of patients at large or on specific patients. Her submission was that the majority of the reflective statements are about how other people's failure to perform duties, impacted you.

Ms Donovan submitted that if the panel was to consider a less strenuous order, it is of note that the character references you provided, are in relation to a very different sort of work. She stated that none of the references relate to your care of patients suffering from acute mental health issues. As such, it was her submission that the panel does not have any demonstration of how you might handle similar situations in the future. Ms Donovan put to the panel that you have not therefore been able to demonstrate remediated clinical skills in similar environments. She asked the panel to also bear in mind the attitudinal concerns that a conditions of practice order would not be able to remedy. As such, she submitted that the panel may feel that a suspension order, is at minimum, what is required.

You gave evidence under affirmation.

You told the panel that you currently work for a company called Kent Homecare, as a Live-in Carer. Every year Kent Homecare facilitate an online training for you to complete. After Kent Homecare joined with a new company, you were required to complete 24 courses. You recognised that several of the courses you were required to complete address some of the issues identified in the charges found proved.

You expanded on what your Information Governance course covered. You told the panel that all the duties and responsibilities in relation to Information Governance were covered and then you were directed to what your role would be as a live-in carer.

You told the panel that you have been personally reflecting for the past six years.

You stated that there is no difference between the work you are doing now and your work as a registered nurse, prior to your suspension. You said that you are still involved in all aspects of client care. You mentioned that the majority of your clients have physical health issues as well as dementia and Alzheimer's.

You added that you either work in isolation or with another carer when a client requires 2:1 care. The only difference would be not being able to perform tasks that are not in your remit as a carer.

Mr Carr took you through the positive references you provided. You explained that the caring situations described in the references are significantly different to the secure wards that gave rise to the misconduct in the charges found proved.

You told the panel that one of the difficulties you felt when reflecting was trying to marry what you believe your actions were with other people's perception of your actions. You said that, in trying to reflect, you spent time trying to highlight the environment that you were working in when these situations happened.

Ms Donovan put questions to you.

You confirmed that the CPD courses you completed were a requirement of your employment. However, you had intended to look for courses to complete before Kent Homecare presented the courses to you.

In response to why you did not undertake relevant courses on your own accord before your employer required you to do so, you stated that before looking for relevant courses, you took the time to reflect on everything that occurred. Additionally, you had to continue to work and pay bills. You said that you intended to complete relevant courses regardless of whether it was a requirement of your employment.

You said that in relation to the course on Information Governance, when completing the online course, there was other information that you were already aware of as a registered nurse, so you focused on the information relevant to your current role as a carer.

The panel put questions to you.

You took the panel through the process of completing your CPD courses, which included completing some form of assessment. However, this was not tested in practice.

In relation to your reflection and how explicitly you have addressed the facts found proved, you informed the panel that you reflected on everything that happened. You stated that in the first few years you struggled to find something you would do differently in the future but upon deeper reflection, you realised that you played a significant role in the issues that

were raised. You told the panel that you addressed 'near misses' in your reflective statement. You believe that there were situations you got involved that commenced prior to your involvement.

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

Decision and reasons on current impairment

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 your fitness to practise remains impaired.

The panel bore in mind that the persuasive burden is on you to reflect on past incidents and behaviours, as well as to demonstrate your awareness of what you did wrong and to assure the panel that you are taking necessary steps to ensure that matters of the kind found proved are not repeated. The panel determined that you have not been able to evidence either of these things.

The panel took the view that your reflective practice lacked accountability, given the severity of the charges and your role as registered nurse on an acute psychiatric ward. The panel determined that you have not demonstrated an understanding of why what you did was wrong and how this impacted negatively on patients, colleagues and the reputation of the nursing profession. When questioned about how you would handle the situation differently in the future, you were unable to provide sufficiently detailed answers.

In its consideration of whether you have taken steps to strengthen your practice, the panel carefully reviewed your reflective statements. The panel determined that your reflections demonstrate very limited insight and no remorse. Your reflective statements places responsibility on others and attempts to revisit or challenge the charges that have already been found proved rather than focusing on what you could have done differently. The panel noted that you have had a period of two years since the substantive hearing to meaningfully reflect on the issues identified. The panel is not satisfied that you have done

this. The absence of clear acceptance and accountability led the panel to conclude that your insight into the seriousness of the matters found proved remains limited.

The panel was concerned that deep-rooted and enduring attitudinal issue remains present, both in your reflective practice and in the oral evidence provided in the hearing.

In considering evidence of your remediation, the panel also took into account the CPD courses you completed and the positive references you provided from families of clients that you have cared for. The panel noted that it appears that you are performing well in your current role as a live-in carer. The panel further noted that you have engaged with this process by attending this hearing and giving evidence under affirmation. However, the panel concluded that your current role is substantially different to that of a registered mental health nurse and was not persuaded that the CPD completed and references provided were sufficient to alleviate our concerns about your fitness to practise.

Having regard to your very limited insight and reflection, the panel therefore determined that you are liable to repeat matters of the kind found proved. Accordingly, the panel decided that a finding of continuing impairment is necessary on the ground of public protection.

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 also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your 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. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your 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 your 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 a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct and ongoing attitudinal issues.

The panel considered the imposition of a further period of suspension. The panel determined that you demonstrated very limited insight, no remorse and have not fully accepted your misconduct. In the panel's view, you have not taken sufficient steps to remediate the concerns previously identified, nor have you engaged in meaningful reflection on the issues arising from the charges that were found proved. Despite having the opportunity to consider the severity of the matters found proved, your reflective statements and your oral evidence did not demonstrate an adequate understanding of the impact your actions had on patients, colleagues and the nursing profession. As such, the panel was not persuaded that the necessary improvements in your practice have been achieved.

The panel therefore concluded that a further 6 months suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice.

The panel considered the decision on sanction to be finely balanced and found compelling grounds to consider a strike off in the circumstances. However, having noted your recent engagement with the NMC and attendance at the hearing, it was persuaded on this occasion that a further suspension order was sufficient to protect the public and give you adequate time to continue to work on strengthening your practice and working on insight.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months would provide you with an opportunity to meaningfully reflect and remediate the concerns. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 4 October 2025 in accordance with Article 30(1).

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.

Any future panel reviewing this case would be assisted by:

- Reflective piece which clearly addresses each of the charges found proved
- Relevant courses of study (formal or CPD) which reflect learning in relation to the charges found proved
- Written reflection as to how your training courses and current employment have contributed to your insight

This will be confirmed to you in writing.

That concludes this determination.