

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

**Substantive Order Review Meeting
Thursday, 12 February 2026**

Virtual Meeting

Name of Registrant: Tye Reeves

NMC PIN: 07C0472E

Part(s) of the register: Registered Nurse, Sub Part 1
RNA: Adult Nurse, Level 1
(1 April 2009)

Relevant Location: Medway

Type of case: Misconduct

Panel members: Graham Thomas Gardner (Chair, lay member)
Alison Smalley (Registrant member)
Robert Marshall (Lay member)

Legal Assessor: Michael Bell

Hearings Coordinator: Elizabeth Fagbo

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect on 15 March 2026 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 Reeves' registered email address by secure email on 22 December 2025.

Further, the panel noted that the Notice of Meeting was also sent to Mr Reeves' representative at the Royal College of Nursing (RCN) on 22 December 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 26 January 2026 and invited Mr Reeves to provide the Nursing and Midwifery Council (NMC) 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 Reeves has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

The panel noted that this was listed as a meeting, without the parties present. It was content to proceed on the basis of a meeting.

Decision and reasons on review of the current order

The panel decided to extend the conditions of practice order for a period of 12 months. This order will come into effect at the end of 15 March 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the third review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 15 February 2023. This was reviewed on 1 February 2024, and 3 February 2025 when the panel imposed a further conditions of practice order for 12 months.

The current order is due to expire at the end of 15 March 2026.

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:

1. *On 30 July 2019 failed to record any details of a consultation with Patient A. **(PROVED BY WAY OF ADMISSION)***

2. *On 29 August 2019 incorrectly recorded that Patient B had been administered an MMR vaccination when they had not. **(PROVED BY WAY OF ADMISSION)***

3. *On 21 November 2019*
 - a) *incorrectly recorded that Patient C had been administered a B12 injection when they had not; or in the alternative **(PROVED BY WAY OF ADMISSION)***

 - b) ...

4. *On 21 November 2019 failed to record that you had administered a B12 injection to Patient D. **(PROVED BY WAY OF ADMISSION)***

5. *On 21 February 2020 in relation to Patient K*
 - a) *gave the patient five or six vials of B12 and/or syringes to take home; **(PROVED BY WAY OF ADMISSION)***

b) ...

6. On 4 March 2020 in relation to Patient J

a) *incorrectly administered the MMR, Meningitis B and Infanrix Hexa vaccines which were not in accordance with their Allogeneic Post-Transplant Vaccination Schedule. (FOUND PROVED)*

b) *failed to administer Revaxis and/or Menitorix vaccines which were due to be administered in accordance with their Allogeneic Post-Transplant Vaccination Schedule. (FOUND PROVED)*

7. On 23 April 2020 in respect of Patient E

a) ...

b) ...

c) *or in the alternative, wrongly recorded that you had administered the 12 month set of routine childhood vaccinations. (PROVED BY WAY OF ADMISSION)*

8. On 30 April 2020 in respect of Patient F

a) ...

b) ...

c) *or in the alternative, wrongly recorded that you had administered the 12 month set of routine childhood vaccinations. (PROVED BY WAY OF ADMISSION)*

9. On 4 June 2020 and/or 12 June 2020 in relation to Patient G

a) *failed to refer the patient to a GP for a review; (FOUND PROVED)*

b) ...

10. On 11 June 2020 in relation to Patient H

a) ...

b) ...

c) *or in the alternative, wrongly recorded that you had administered the second set of routine childhood vaccinations. (PROVED BY WAY OF ADMISSION)*

11. On 11 June 2020 in relation to Patient I

a) *incorrectly recorded that you had administered the first, second and third set of routine childhood vaccinations on that date; (PROVED BY WAY OF ADMISSION)*

b) *failed to record the batch number of the vaccine(s) which were administered. (PROVED BY WAY OF ADMISSION)*

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

'The panel noted that the last reviewing panel found that Mr Reeves had taken responsibility for his actions, demonstrated an understanding of why what he did was wrong and how his actions could have put patients at a risk of harm. The panel also noted that Mr Reeves had expressed how he now understood how his actions impacted negatively on the reputation of the

nursing profession but did not sufficiently cover how he will strengthen his clinical practice in relation to the clinical concerns.

At this hearing, the panel took into account Mr Reeves' reflective pieces dated 2023 and 2024. However, it noted the absence of any recent reflective piece, testimonials or training as recommended by the previous panel. As Mr Reeves has been unable to secure employment, he has not yet had the opportunity to demonstrate strengthened practice. It therefore determined that there has been no change of circumstances in the last year, nor has Mr Reeves fully demonstrated his insight.

The last reviewing panel determined that Mr Reeves was liable to repeat matters of the kind found proved. Today's panel has not received any new information and therefore determined that Mr Reeves is still 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, a finding of continuing impairment on public interest grounds is also required.

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

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

'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.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Reeves' 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 Reeves' 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 further conditions of practice order on Mr Reeves' registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

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 Mr Reeves has been unable to comply with conditions of practice due to his current employment status but is engaging with the NMC, is seeking employment, and appears to be willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

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 Mr Reeves' case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months to allow Mr Reeves the opportunity to further develop his insight, secure employment, and demonstrate safe practice. This order will come into effect on the expiry of the current order, namely at the end of 15 March 2025.

The panel decided to impose the following continued conditions which it considered 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 not be the sole nurse in charge and must work alongside at least one registered nurse on the same shift, but not always directly observed by that registered nurse.

2. You must work with your line manager to create a personal development plan (PDP) to support you. Your PDP must address the concerns about record keeping and the management and escalation of unwell patients. The PDP must include a medications management and administration practical competency assessment.

- You must send your NMC case officer a copy of your PDP within 21 days of its creation.*

- You must send your NMC case officer a report from your line manager prior to the next review of this order. This report must show your progress towards achieving the aims set out in your PDP.*

3. You must meet with your line manager, mentor or supervisor at least monthly to discuss your progression with your PDP.

4. *You must keep us informed about anywhere you are working by:*

- *Telling your case officer within seven days of accepting or leaving any employment.*
- *Giving your case officer your employer's contact details.*

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

- *Any organisation or person you work for.*
- *Any agency you apply to or are registered with for work.*
- *Any employers you apply to for work (at the time of application).*
- *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
- *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*

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

- *Any clinical incident you are involved in.*
- *Any investigation started against you.*
- *Any disciplinary proceedings taken against you.*

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

- *Any current or future employer.*
- *Any educational establishment.*
- *Any other person(s) involved in your retraining and/or supervision required by these conditions'*

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 March 2025 in accordance with Article 30(1).'

Decision and reasons on current impairment

The panel has considered carefully whether Mr Reeves' 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 as a nurse, midwife or nursing associate, kindly, safely and professionally, 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 and the written responses from Mr Reeves which included:

- A letter from Mr Reeves representatives at the RCN to the NMC, dated 4 February 2026
- 3 reflective statements (the latest received 4 February 2026)

It also took into account the letter from the RCN to the NMC, dated 4 February 2026, which described (amongst other things) difficulties he had obtaining employment as a consequence of restrictions in condition 1 of the conditions of practice order.

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 Reeves' fitness to practise remains impaired.

The panel found that the last reviewing panel noted that Mr Reeves had expressed how he now understood how his actions impacted negatively on the reputation of the nursing profession but did not sufficiently cover how he would strengthen his clinical practice in relation to the clinical concerns. The last panel had limited information from Mr Reeves demonstrating training or professional development that would represent a significant change in his fitness to practise. Therefore, it concluded that that Mr Reeves was likely still liable to repeat failings of the kind found proved and determined that a finding of continuing impairment was necessary on public protection and public interest grounds.

Today's reviewing panel noted that Mr Reeves stated that he has engaged in training. However, the panel had no evidence before it to demonstrate any relevant training that Mr Reeves has undertaken, or any evidence of professional development, since the order was last reviewed.

The panel took into account Mr Reeves' three reflective pieces, the most recent having been received 4 February 2026. The panel considered the reflection to be limited with much of the commentary appertaining to the impact of the conditions of practice on Mr Reeves himself, his finances, and his family's wellbeing. The panel found that it lacked any meaningful reflection regarding the impact of his failings subject to the charges. The panel noted that Mr Reeves stated he has not been able to secure employment as a registered nurse and therefore has been unable to comply with the conditions of practice order. He believes this is due to condition 1. The only information the panel had regarding the type of roles Mr Reeves had applied for was a role in a wounds clinic and another role in phlebotomy. It would appear he has restricted his job search to single staff posts. The panel was of the view that there could be several suitable nursing roles that Mr Reeves could apply for which would require him to work within a team, which would allow him to comply with condition 1. It was of the view that, for example, roles in A&E (or other team-based hospital settings), care homes, or a health care assistant might also be appropriate. The panel considered Mr Reeves appears to be unnecessarily restricting himself to single staff posts which is not appropriate whilst conditions of practice are in place.

Based on the lack of a strengthening of practice and Mr Reeves' current inability to comply with the conditions, the panel determined that Mr Reeves is still liable to repeat matters of the kind found proved. It was not satisfied that the risks have been mitigated. Accordingly,

the panel decided that a finding of current impairment remains 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 current impairment on public interest grounds is also required to maintain and uphold proper standards of conduct and performance as there was no information before the panel to indicate that Mr Reeves' has fully addressed the identified risk or is currently in compliance with the conditions.

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

Decision and reasons on sanction

Having found Mr Reeves 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 Mr Reeves'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 Reeves'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 further conditions of practice order on Mr Reeves' registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

Further, the panel noted that the RCN invited the panel to confirm and continue the existing conditions of practice order, with a variation to condition 1. The panel accepted that Mr Reeves has been unable to comply with conditions of practice due to his current employment status but is engaging with the NMC and is willing to comply with any conditions imposed. The panel determined that a variation to condition 1 is not appropriate as Mr Reeves is yet to demonstrate an ability to work unsupervised. It found a risk to the public exists until Mr Reeves is able to satisfy the requirements of the current conditions.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there were no deep-seated attitudinal problems. The panel was of the view that the current conditions of practice order would continue to address the public interest in this case and uphold proper professional standards, as there is nothing to suggest that there has been any change in the circumstances of the case. Therefore, the panel determined that the current conditions of practice order is appropriate and addresses the failings highlighted in this case.

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 Mr Reeves' case as there has been no material change in the circumstance of the case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of length, which will come into effect on the expiry of the current order, namely at the end of 15 March 2026. It decided to impose the following conditions which it considered 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 not be the sole nurse in charge and must work alongside at least one registered nurse on the same shift, but not always directly observed by that registered nurse.

2. You must work with your line manager to create a personal development plan (PDP) to support you. Your PDP must address the concerns about record keeping and the management and escalation of unwell patients. The PDP must include a medications management and administration practical competency assessment.

- You must send your NMC case officer a copy of your PDP within 21 days of its creation.

- You must send your NMC case officer a report from your line manager prior to the next review of this order. This report must show your progress towards achieving the aims set out in your PDP.

3. You must meet with your line manager, mentor or supervisor at least monthly to discuss your progression with your PDP.

4. You must keep us informed about anywhere you are working by:

- Telling your case officer within seven days of accepting or leaving any employment.
- Giving your case officer your employer's contact details.

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

- Any organisation or person you work for.
- Any agency you apply to or are registered with for work.
- Any employers you apply to for work (at the time of application).
- Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

- Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

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

- Any clinical incident you are involved in.
- Any investigation started against you.
- Any disciplinary proceedings taken against you.

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

- Any current or future employer.
- Any educational establishment.
- Any other person(s) involved in your retraining and/or supervision required by these conditions'

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 March 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Mr Reeves has complied with the order. 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.

Any future panel reviewing this case would be assisted by:

- Evidence of professional development, including documentary evidence of completion of relevant courses
- Evidence of nursing roles of which Mr Reeves has applied and testimonials and references from line managers in any roles obtained
- Evidence or details of other healthcare roles that could demonstrate safe practice for example as a healthcare assistant
- Evidence of any voluntary work undertaken including references or testimonials from employers
- An up-to-date reflective piece

This will be confirmed to Mr Reeves in writing.

That concludes this determination.