Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 11 June 2026-Friday, 19 June 2026

Virtual Meeting

Name of Registrant:	**Martin Jonathon Keith Drew**
NMC PIN:	91E0871E
Part(s) of the register:	Registered Nurse (Sub Part One) Adult Nursing – Level 1, 18 July 1994
Relevant Location:	Portsmouth
Type of case:	Misconduct
Panel members:	Caroline Rollitt (Chair lay member) Rashmika Shah (Registrant member) Delecia Dixon (Lay member)
Legal Assessor:	Graeme Sampson (11-18 June 2026) Melissa Harrison (19 June 2026)
Hearings Coordinator:	Shazmeen Uddin
Facts proved:	Charges 1,2,3,4,5,7,8,9,10,11,12,13 and 14
Facts not proved:	Charges 6 and 15
Fitness to practise:	Impaired
Sanction:	**Striking-off Order**
Interim order:	**Interim Suspension Order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Drew's registered email address by secure email on 03 March 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Drew has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse, whilst employed as a Band 7 Ward Manager by Portsmouth Hospitals NHS Trust (the 'Trust'):

1. Allocated overtime to Colleague A without senior authorisation and/or in contravention of the Trust's policy.

2. Failed to ensure the Health Roster entries for Colleague B reflected the actual hours they had worked.

3. Told Colleague C to retrospectively amend Colleague B's Health Roster entries to show 'hospital appointments'.

4. Your conduct at charge 3 was dishonest, in that you intended for anyone reading Colleague B's Health Roster entries to believe that you had accurately recorded her absences at the time they happened when you had not.

5. Assigned study hours in contravention of the Trust's policy, in that you:

a. Assigned study hours in excess of 7.5 hours per day to colleagues you favoured;
b. Assigned study hours in excess of 7.5 hours per day to yourself.

6. Approved call-out work for Colleague B and/or Colleague C that was not clinically justified and/or not worked.

7. Approved call-out work for yourself that was not clinically justified and/or worked on one or more of the following dates:

    a. 31 May 2021;

    b. 3 April 2022;

    c. 12 June 2022;

    d. 23 October 2022.

8. Your conduct at charges 6 and/or 7 was dishonest, in that you knew that the work should have been recorded as routine hours as opposed to call-out hours.

9. Failed to act on concerns raised by staff members, in that you dismissed and/or did not formally address complaints that:

    a. Colleague B and/or Colleague C sat in the office on their phone(s) during work hours;

    b. Colleague B and/or Colleague C used working days to complete their studies despite being given study days;

c. Colleague B told an unknown colleague that they were not allowed to make a phone call on their break because they had taken their break at the 'wrong time';

d. Colleague B ordered the wrong dosage of medication;

e. Colleague B did not attend work for her shifts;

f. You made Colleague D take unpaid leave after they had used their full annual leave allowance when you had allowed Colleague B to take further hours of annual leave after they had used their full annual leave allowance.

10. Withdrew education and development arrangements for Colleague E.

11. Favoured Colleague B and/or Colleague C for training opportunities over other members of staff.

12. Until an informal action plan was put in place:

a. Failed to attend Senior Leadership Forums and/or morning safety huddles;

b. Cancelled 1:1s with your manager;

c. Failed to comply with deadlines set by your manager.

13. Engaged in unprofessional and/or inappropriate behaviour with Colleague B, in that, on one or more occasion:

a. Colleague B sat on your lap;

b. You slapped Colleague B's bottom;

c. You commented on Colleague B's breasts.

14. Inaccurately recorded that you carried out an appraisal with Colleague F when you had not.

15. Your conduct at charge 14 above was dishonest as you knew that the appraisal had not taken place but sought to create the misleading impression it had.

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

Decision and reasons on application to amend the charge

The panel determined that the amendment, as outlined below, would provide clarity and more accurately reflect the evidence of this case. The panel found that the charge was not grammatically correct and decided to remove unnecessary wordings.

> *'That you, a registered nurse, whilst employed as a Band 7 Ward Manager by Portsmouth Hospitals NHS Trust (the 'Trust'):*
>
> *7. Approved call-out work for yourself that was not clinically justified ~~and/or worked~~ on one or more of the following dates:*
>
> *a. 31 May 2021;*
>
> *b. 3 April 2022;*
>
> *c. 12 June 2022;*
>
> *d. 23 October 2022.*
>
> *AND in light of the above, your fitness to practise is impaired by reason of your misconduct.'*

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interests of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Mr Drew denied all the charges.

Background

The charges arose whilst Mr Drew was employed as a registered nurse by the Trust, namely Queen Alexandra Hospital (the Hospital), where he was working as a Band 7 ward manager on the Cardiac Day Unit (CDU).

Concerns were raised to the Trust regarding Mr Drew's conduct as a ward manager, by six whistle-blowers who were under Mr Drew's direct line management. These concerns included claiming money for time not worked, withdrawal or unfair allocation of education for certain staff members, not supporting staff who raised concerns and sexual inappropriateness with a colleague.

In November 2022, the Trust investigated these concerns. The investigation was led by the Lead for Medicine for Urgent Care at the Trust who was also a registered nurse. They identified sufficient evidence and as a result, Mr Drew was suspended on 11 November 2022, pending the outcome of the investigation.

The majority of the allegations were found to be substantiated at the disciplinary hearing on 25 April 2023, resulting in Mr Drew being dismissed with immediate effect.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Matthew Mogridge: Divisional Governance Lead for Medicine and Urgent Care at the Trust.
- Charlotte Levitt: Clinical Site Operations Matron at the Trust.
- Rebecca Frye: Senior Management Accountant at the Trust.
- Leslie Jones Band 6 Radiographer
- Colleague B: Band 5 Nurse on the Cardiac Day Unit at the Trust.
- Colleague C: Band 6 Nurse on the Cardiac Day Unit at the Trust.
- Colleague F: Nurse on the Cardiac Day Unit at the Trust.

- Interviewee 1 (INT 1)
- Interviewee 2 (INT 2)
- Interviewee 3 (INT 3)
- Interviewee 4 (INT 4)
- Interviewee 5 (INT5)
- Interviewee 6 (INT 6)
- Interviewee 7 (INT 7)
- Whistle blower 1

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel then considered each of the disputed charges and made the following findings.

Charge 1

'That you, a registered nurse, whilst employed as a Band 7 Ward Manager by Portsmouth Hospitals NHS Trust (the 'Trust'):

1. *Allocated overtime to Colleague A without senior authorisation and/or in contravention of the Trust's policy.'*

This charge is found proved.

In reaching this decision, the panel took into account the Trust's Rostering policy which states:

‘Overtime will only be offered in exceptional circumstances when safe staffing levels cannot be achieved through use of excess hours, Bank or approved agency staff or due to an increase in service needs.

The use of overtime must be approved by the relevant Senior Lead Nurse or budget holder.’

The policy also states that:

‘Overtime should not be used routinely or planned on rosters.’

In the witness statement of Matthew Mogridge (the Divisional Governance Lead for Medicine and Urgent Care at the Trust), he states:

‘Overtime is only supposed to be offered in extreme circumstances such as the Unit being short staffed or if there are extra procedure lists to work through a back log of patients waiting treatment from the Trust. As a result, overtime is not supposed to be a usual occurrence due to the impact it has on the Unit’s budget.’

He continued to say:

‘From my understanding of the Health Roster, when I reviewed the overtime allocated to Colleague A, Colleague A had 350 hours of overtime over a period of two years (2020 to 2022). I have never seen an employee have 350 hours of overtime allocated to them in such a timeframe.’

Matthew Mogridge further stated:

‘Mr Drew reflected on their practice during their interview in relation to overtime for the Unit, and they agreed that they should have sought the Matron’s approval. However, as mentioned above, it was usual practice for Ward Manager’s to authorise each other’s Health Rosters, hence Mr Drew said that they thought that

was sufficient and they did not need to separately seek out Matron Arnott's approval of the Health Roster'.

In the witness statement of Charlotte Levitt (Clinical Site Operations Matron at the Trust), she states:

'Mr Drew also approved Colleague A to work overtime at weekends, over and above the usual overtime hours allocated to staff (one or two shifts per month), with reports from other staff members, including a whistle blower, that Mr Drew had stated it was so that Colleague A could "make their money up since stepping back from Band 6".'

The panel determined from the evidence above, that Mr Drew had been approving overtime for Colleague A without senior authorisation and in contradiction of the Trust's Rostering Policy. Hence, the panel found this charge proved.

Charge 2

'2. Failed to ensure the Health Roster entries for Colleague B reflected the actual hours they had worked.'

This charge is found proved.

In reaching this decision, the panel took into account Matthew Modridge's investigation, following a number of complaints from whistle blowers that found that Colleague B had been rostered shifts that they did not work.

Matthew Mogridge's statement states:

'I found that Colleague B shifts on the Health Roster were not an accurate reflection on hours they had worked. I reviewed Colleague B roster in relation to this allegation and found that their roster did not reflect the actual shifts they had worked. The Health Roster would state that Colleague B was on shift when they would actually not be working. I know this because when I reviewed the staff

allocation sheets and cross referenced them with the Health Roster, I found discrepancies with Colleague B hours.'

Matthew Mogridge went on to say:

'The Health Roster should have then been amended by Mr Drew so that Colleague B showed correctly as not working on the said shift. However, I found evidence that sometimes this did not happen. This meant that from an auditing perspective, the Health Roster was not factually correct.'

In Mr Drew's initial interview carried out by Matthew Mogridge, Mr Mogridge stated:

'I've cross referenced her shifts with the on-call rota, and she wasn't on-call, however her rostered shifts have been signed off?'

Mr Drew responded:

'It may purely just be a mistake because she has had hospital appointments during the last year, and some of those hospital appointments meant she started late. If they haven't been adjusted, then that is just an oversight. There have been appointments that she needed to attend that couldn't be scheduled for her days off.'

In a statement provided by INT 1, it stated:

'I have been privy to several occasions where an individual Colleague B has falsely claimed hours that are unworked and/or showed signs of poor teamwork. I started recording my concerns when it became more frequent…'

In the witness interview with Matthew Mogridge, INT 1 mentioned:

'My issues with Martin were in relation to his management of Colleague B. A lot of it was time management. It started before I started my log in January 2022, but it wasn't until April of how frequent it was occurring i.e. turning up late, leaving early,

not turning up for shifts at all. There were shifts when she was allocated a role, but sat in Martin's office, in normal clothes, she is a band 5.'

The panel had sight of a contemporaneous log produced by a whistle blower that showed 10 dates where Colleague B did not work the required hours of her rostered shift.

The panel determined that from the evidence from Matthew Modridge, whistle blower 1, INT 1 and Mr Drew's defence stating it must have been a '*mistake or an oversight*', this charge is proved.

Charge 3

'3. Told Colleague C to retrospectively amend Colleague B's Health Roster entries to show 'hospital appointments'.

This charge is found proved.

In his statement, Matthew Mogridge stated

'I noted that Band 6 nurse Colleague C continued to retrospectively amend the Health Roster in respect of entries relating to Colleague B. I found that Colleague C amended the Health Roster in nine instances…'

In an interview with Colleague C, Matthew Modridge asked:

'On the 14th November you adjusted Colleague B Health Roster, some amendments were 4-5 months in retrospect, did Martin ask you to make these amendments?'

Colleague C responded:

'Yes. I was made aware; Colleague B was going through [PRIVATE]. She told me as a friend. She didn't want anyone else knowing. I didn't have anything to do with her appointments, that was done through Martin.'

During the interview with Mr Drew, Matthew Modridge asked:

> *'Following your suspension, Colleague C started to adding notes to Colleague B shifts on health roster (retrospectively, some 4-5 months) why did this suddenly start happening?'*

To which Mr Drew responded:

> *'Yes, because initially Colleague B didn't want anyone to know regarding her [PRIVATE]. She wanted it kept confidential. It was after she announced it that she was happy for her roster to be amended and reflect what those appointments were for.'*

The panel also had sight of the Health Roster, which shows the Health Roster entries covering this period of time. It shows that Colleague C amended these entries on 14 November 2022, after Mr Drew's suspension.

Considering all the evidence above, the panel found this charge proved.

Charge 4

> *'4. Your conduct at charge 3 was dishonest, in that you intended for anyone reading Colleague B's Health Roster entries to believe that you had accurately recorded her absences at the time they happened when you had not.'*

This charge is found proved.

In Matthew Mogridge's witness statement, he stated:

> *'However I found this explanation very bizarre. This is because there are ways on the Health Roster for management to hide why an individual is not in work so you can still record the reason for an individua not being in work whilst maintaining confidentiality. You can also record absences under 'other leave'.*

For example, if an individual has a private appointment, you can record the reason for them not being in work and still hide it on the Health Roster for an accurate reflection of staffing numbers.'

The panel considered that Health Roster records indicated that Colleague B was rostered to work but did not always attend her shifts, amounting to absence without leave and the evidence demonstrated that there was a pattern of absences by Colleague B. Mr Drew instructed Colleague C to retrospectively amend the Health Roster so that Colleague B's absence was recorded as being for [PRIVATE] reasons.

The panel noted that there were potential financial implications in that an employee should not be paid if they are not at work. Recording the absences as [PRIVATE], would have entitled them to payment for this time not worked.

The panel did not see a reason why Mr Drew could not have asked a senior person or HR to support the confidentiality of the employee and amend the roster to reflect the reasons for their absences accurately.

The panel noted that there is evidence to show that Mr Drew was covering up for Colleague B during their absence and asked Colleague C to assist him with this once his suspension meant he no longer had access to the Health Roster. The panel could not see it as any other reason than dishonest, in that Mr Drew was covering up for Colleague B's absence.

The panel also noted the fact that Mr Drew did not admit that he had made any mistakes. The panel were of the view that this would have been the most honest way to deal with the allegations and that he had a duty of candour to be open and honest.

The panel therefore found this charge proved.

Charge 5(a)

'5. Assigned study hours in contravention of the Trust's policy, in that you:

a. *Assigned study hours in excess of 7.5 hours per day to colleagues you favoured;*

This charge is found proved.

The panel noted the Rostering policy. Under the section titled 'Study leave', it states,

> *'Study days will be a maximum of 7.5 hrs long with the exception of the ALS course which is 9 hours long.*
>
> *Study leave does not include any travelling time to and from a venue.'*

In the witness statement of Matthew Mogridge, he stated:

> *'… the Trust's Rostering Policy states that all staff are allocated five study days per annum, consisting of 7.5 hours per study day. Study leave does not include any travelling time to and from the venue and study hours do not match work hours, which are 11 and a half hours per day. However when I reviewed the Health Roster I identified that Mr Drew was allocating hours in excess of the hours allowed by the policy. When I queried with Mr Drew about this during their interview, they gave the rationale that they did not want staff to owe hours to work for the next month as full time staff are required to work 150 hours every month. Any hours less than this are carried over to make up in the subsequent month for the previous month. There was also the discrepancy of some staff being given more study leave than others.'*

Matthew Mogridge further stated:

> *'During Mr Drew's interview on 8 December 2023, they initially stated that they were not aware that study leave was only 7.5 hours per day.'*

Furthermore, in the investigation report, it mentioned:

‘A discrepancy is evident between staff members, with MD advising that those allocated 9.5hrs was to allow for “extra time to study for their course”.’

In the interview with Matthew Mogridge, Mr Drew was asked:

‘In regard to Study Leave, there appears to be a discrepancy between what hours should be allocated in accordance with the Trust guidance to staff i.e. 9.5 hours instead of 7.5 hours, are you able to advise on the allocation of the study leave hours?’

Mr Drew responded:

‘I put it to 9.5 hours so they had extra time to study for their course.’

In the fact-finding meeting carried out by Charlotte Levitt, she stated:

‘That you have allowed yourself and two colleagues to be allocated study hours exceeding the trust regulated 7.5 hours. This was not a practice that you allowed for everyone and there are 4 colleagues who have only ever been allocated the regulated 7.5hours’

Mr Drew responded:

‘We are not aware of anything within a policy, and I would always give people the same hours and also some courses do over run. But was not aware that this was in a policy, but yes there would be times that this is done because not aware of a policy.’

In their witness statement, INT 3 was asked:

‘Did Martin Drew give more opportunities to one employee over others?’

INT 3 responded:

'Study time allocation. Manager's discretion, I spoke to a practice educator who confirmed 7.5hrs, who spoke to Martin, Martin said you really dropped me in it. Martin allocated additional leave for Colleague C i.e. travel. Whilst I was on holiday, I received messengers stating that Colleague C had allocated additional study leave to make up hours that had been reduced from the 9.5 to 7.5.'

The panel found that Mr Drew had given an excess of 7.5 hours to colleagues that he favoured. The panel therefore found this charge proved.

Charge 5(b)

b. Assigned study hours in excess of 7.5 hours per day to yourself.'

This charge is found proved.

In Matthew Mogridge's witness statement, it states:

'During the investigation, there was also evidence of Mr Drew allocating himself extra study leave time….However Mr Drew could not provide an explanation of why they had allocated themselves two days of study leave of 9.5 hours each on 29 October 2022 and 10 November 2022. The two days should have been limited to 7.5 hours per day.'

The panel noted that on Mr Drew's record of study leave, he had allocated himself 9.5 hours on 29 October 2022 and 10 November 2022. However, he restricted himself to 7.5 hours on 21 and 23 April 2022 demonstrating his awareness of the policy.

The panel took into account the Trust Policy and Protocol for Learning and Development where it states under 'Access and Equality' that:

'The Trust is committed to:

- *Ensuring Learning and Development opportunities are provided for ALL staff, as detailed on the Learning and Development Department Website on the Trust's Intranet.*
- *Ensuring resources for learning and development are distributed fairly, appropriately and in a timely cost effective manner.'*

The panel found that Mr Drew had allocated an excess of study hours for himself. This charge is found proved.

Charge 6

> *'6. Approved call-out work for Colleague B and/or Colleague C that was not clinically justified and/or not worked.'*

This charge is NOT proved.

The panel had regard to the record of on-call hours and found that Colleague B worked on 9 June 2021, and Colleague C worked on 3 April 2022.

The panel had sight of a document titled *'Agreed Entitlement Following Call-out'*.

In the witness statement of Leslie Jones (Band 6 Radiographer), Matthew Mogridge asked:

> *'Do you use the Cath Lab log sheet when called on site?'*

Leslie Jones responded:

> *'Yes, handwritten, just write your time in. write down from the point you are called, 30 minutes of travel allowed. Start of on-call, 30 minutes travel, and then write down tour finish time. Not expected to stay beyond the on-call. As far as I'm concerned it is for consultant led emergencies. It is not for admin etc. From a nursing perspective, restocking the labs replacing equipment that has been used (15-20 minutes).'*

In INT 7's witness statement, Matthew Mogridge asked:

> *'Is there anything else you want to tell me that I haven't asked you?'*

INT 7 responded:

> *'On-call is manipulated. We don't have a written policy of what we can and can't claim. I know there have been a lot of on-calls I have done where Martin has stayed and just talked. A lot of people who stay onsite claim the travel allowance (30 minutes). Certain people would claim for more time. Martin offered me on-call rate to re-stock. There was always a giving to others and taking away from others, I was meant to do a 18:00-20:00hrs shift, but he then gave it to Colleague C and didn't tell me.'*

The panel noted that there was no evidence put forward to it that evidences who approves the on-call. There was also no evidence as to who approved Colleague B and C's on-call. The panel also noted that there was no evidence as to whether the clinical duties were justified or whether they had worked those duties. Therefore, the panel found this charge not proved.

Charge 7

> *'7. Approved call-out work for yourself that was not clinically justified on one or more of the following dates:*
>
> *a. 31 May 2021;*
>
> *b. 3 April 2022;*
>
> *c. 12 June 2022;*
>
> *d. 23 October 2022.'*

This charge is found proved.

In his initial interview, Matthew Mogridge asked Mr Drew:

> *'In regard to your on-call hours, there appears to be a discrepancy of 45.52hrs, whereby your claimed hours outweigh that of others (employee's) on call, why is this?'*

Mr Drew responded:

> *'So there are times when I've been asked to do extra things after a call-out that can't wait, so I would have stayed. C7 occasionally have problems with their balloon pumps, or patient has become unwell with a haematoma. I've helped with cardiac arrests. So other stuff. I've never claimed for stuff I haven't worked.'*

In an interview with INT 1, they stated:

> *'…Martin claimed he was making covid calls? 21-22:00hrs at night, and Colleague B was stocking the lab? It was either June or July. A record is kept. We write down every time we arrive and leave, more or not the times are the same give or take 15 mins. Lesley Jones and Martin have always had conversations about the on-call, and how nurses record their hours. Les was the one who raised concerns about Martin and Colleague B claiming extra on-call time.'*

The panel noted from the on-call records, on 31 May 2021 both JSL and GJ claimed 2 hours less than Mr Drew for the same call-out, on 3 April 2022, colleagues claimed 3.5 hours less than Mr Drew, on 12 June 2022, GJ claimed 1.25 hours less than Mr Drew and on 23 October 2022, no other colleagues were listed to have claimed on-call hours. However, this can be cross referenced by the swipe card records.

The panel noted that there was a consensus from everyone that was interviewed that they understood the call-out start and end time and that they were only allowed to claim 30 minutes for travel costs.

The panel noted that the on-call rate was £1.72 per hour whilst the call-out rate was £22.76 per hour and that the call-out rate is higher because it is intended for emergency work. The panel considered that Mr Drew would have known the difference between the two rates and claiming the call-out rate for doing admin type duties would be a false representation of the work he completed.

On the balance of probabilities, the panel was of the view that on those 4 dates, where there are disparities with signing out and with other colleagues, Mr Drew has approved call-out work for himself that was not clinically justified. Therefore, the panel found this charge proved.

Charge 8

> *'8. Your conduct at charges 6 and/or 7 was dishonest, in that you knew that the work should have been recorded as routine hours as opposed to call-out hours.'*

This charge is found proved.

The panel noted that it did not find charge 6 proved. As regards to charge 7, the panel noted of the dates for these call-outs, three were Sundays and one day was a bank holiday Monday, which would mean an increased payment.

The panel also bore in mind the financial benefit to Mr Drew claiming these additional hours. The panel considered it was dishonest and that Mr Drew offered no explanation for the extended hours on-call.

Mr Drew had worked on the CDU for a number of years before being a manager, therefore the panel were of the view that he ought to have known the on-call policy.

In those circumstances, the panel were satisfied that a reasonable member of the public would find this dishonest and it was for his personal gain. Therefore, this charge is found proved in relation to charge 7.

Charge 9

'9. Failed to act on concerns raised by staff members, in that you dismissed and/or did not formally address complaints that:

a. *Colleague B and/or Colleague C sat in the office on their phone(s) during work hours;*

b. *Colleague B and/or Colleague C used working days to complete their studies despite being given study days;*

c. *Colleague B told an unknown colleague that they were not allowed to make a phone call on their break because they had taken their break at the 'wrong time';*

d. *Colleague B ordered the wrong dosage of medication;*

e. *Colleague B did not attend work for her shifts;*

f. *You made Colleague D take unpaid leave after they had used their full annual leave allowance when you had allowed Colleague B to take further hours of annual leave after they had used their full annual leave allowance.'*

This charge is found proved.

In whistle blower 1's statement, it is mentioned:

'When Colleague C eventually came back from lunch, she spent the rest of the afternoon texting her builder… I felt frustrated that instead of helping

colleagues who were struggling to give care they would like to, she was socialising and filling I application forms in work time.'

In Matthew Mogridge's witness statement, it was also mentioned that:

'Concerns raised by staff in relation to Colleague C were that Colleague C would persistently sit in the office and use their phone during their working hours, and use their normal working days to complete their study despite being given study leave.'

In an anonymous letter written to Charlotte by a Band 5 nurse it writes:

'…Then I need to clean lab 2 and after that I have to take my 30 minute break so that I can talk to my family. But she was adamant that you are the one who should cover lab I.

She is not giving me time to talk to my family. One staff offered her that she can cover lab but she refused then she told her that me should cover lab. On same day she was sitting in the office whole day and telling everyone that she is sick…'

Matthew Mogridge mentioned in his witness statement regarding the medication error:

'Colleague B had allegedly ordered the wrong dosage of medication which was dismissed and nor formally dealt with by Mr Drew, and when staff raised concerns to Mr Drew about Colleague B not turning up to their shifts, Mr Drew responded that if people had a problem then they would need to come to him. This made staff feel intimidated and they could not raise concerns about the staff members close to Mr Drew. During the interview Mr Drew claimed that they were not aware of Colleague B medication error, however Colleague B confirmed during their investigatory interview on 21 December 2022 that Mr Drew was aware of their medication error and had spoken to them.'

In whistle blower 1's statement, they spoke about Colleague B's medication error. They stated:

> *'When she ordered the wrong strength of midazolam for the cath lab (which could have resulted in a SIRI if administered) I asked Martin to talk to her as I knew she would resent my picking her up on something. He laughed and said he would, but I am not sure he ever did'.*

Whistle blower 1 commented on Colleague B's attendance. They stated that:

> *'The favouritism is obvious to everyone, and the staff must watch Colleague B come and go as she pleases on CDU with Martin's blessing. I have had multiple members of staff complain to me about her, but if I mention it to Martin, he says if anyone has a problem with her, they should speak to him.'*

In Matthew Mogridge's witness statement, he comments in relation to annual leave he stated:

> *'In appendix 19, a whistle blower also raised that Band 5 nurse, Colleague D had taken unpaid leave when they has used up their annual leave whereas Colleague B was able to take further hours of annual leave.'*

Whistle blower 1's statement made also reference to annual leave. They stated:

> *'Even today, Colleague B sent a message to say "Hi, [PRIVATE] sick- I wont be in today"… We have another nurse who must have time off work due to her two sons having [PRIVATE] she agreed to take the time as unpaid or make it up.'*

The panel noted the following statements which shows Mr Drew's failure to act on such concerns.

INT 1 stated in their interview:

'…There were shifts when she was allocated to a role, but sat in Martin's office, in normal clothes, she is a band 5…
One of the days I was working, the 3rd day of her being in the office, I asked Colleague B to relive me at 16:50hrs, she refused, and said she needed to relieve Martin who didn't finish for another hour. I had an informal chat with Martin the following day, he just said "ok" and walked off, he knew who I was talking about.

INT 2 stated in their interview:

'He just didn't manage. He didn't complete return to works. He didn't know what was going on the ward. People would come and go as they please. Continuously battling for him to manage people, but he would never do it.'

INT 2 further stated:

'His response was very defensive and that if people had a problem, then they should come and talk to him.'

INT 7 stated in their interview:

'…He ignores the fact people are unproductive. If you challenge, he gets angry. Leaving us in the labs as junior staff whilst he was in the office. Colleague C before she became band 6 was in the office a lot.'

INT 7 also stated:

'Discussed directly with Martin about favouritism… I emailed Martin, Hayley, Krissie demonstrating poor team working. Martin didn't respond for 3 weeks, he finally apologised when I returned from leave, but not apologising for the situation. He ignored me for 5 weeks, I walked in a room, and he would walk out.'

INT 7 further mentioned:

‘Time owing- there is no written policy, and I discussed this with Martin, I got told off because I spoke to the radiologist.’

INT 7 also mentioned in their interview:

‘Louise challenged nursing staff eating at the desk, Martin said it was ok.’

In an anonymous statement, it was mentioned:

‘Spoke to Martin Drew (MD) the next day with my concerns of poor teamwork and being fined by my nursery for late pick up. MD would not allow me to state the name of the individual but I know he knew who I was talking about.’

The panel considered the breadth of evidence provided from a number of different witnesses who described raising concerns which were then either not taken seriously or not acted on by Mr Drew. Therefore, the panel found this charge proved.

Charge 10

’10. Withdrew education and development arrangements for Colleague E.’

This charge is found proved.

In the screenshot of message sent to the ‘CDU Management’ chat, Mr Drew stated:

‘As Colleague E is leaving for secondment and the course does not benefit us I don’t see a reason to give her study time. She was asked not to go and consider coming back to work and she chose not to help us. Therefore I don’t see why we can’t cancel her SD. I’ll speak to Colleague A next week so leave this Saturday shift on here.’

In the initial interview, Mr Drew was questioned by Matthew Mogridge regarding Colleague E:

‘Have you ever withheld or withdraw he education and development of staff?’

To which Mr Drew responded:

‘There is one instance that I can recall where I asked a staff member to not go to a course. That would have been Colleague E. She was leaving to go on secondment, and she had a conscious sedation course booked. We were quite short staff, so I asked her not to go on the course. It wasn’t going to benefit us. She was going to be leaving for at least eight months, and then by the time she came back, the sedation course, of course, would no longer be valid.’

The panel noted the Wellbeing, Performance & Career Appraisal Policy which states that line managers/appraisers have the responsibility for:

‘Ensuring all employees have equal access to development opportunities.’

From the text message that the panel had sight of and Colleague E’s evidence, the panel found that Mr Drew withdrew education and development arrangements from Colleague E. Additionally, during the local investigation, Mr Drew accepted that he had withdrawn this opportunity for Colleague E. Therefore, the panel found this charge proved.

Charge 11

’11. Favoured Colleague B and/or Colleague C for training opportunities over other members of staff.’

This charge is found proved.

Matthew Mogridge mentioned in his witness statement:

‘As a result of the concern that Mr Drew withdrew Colleague E education, a further concern was identified that staff on the Unit were not receiving training

and development and training sessions were offered only to staff who would be given preferential treatment. This was evident from Colleague C and Colleague B training records, as they would be authorised to go on the courses offered to staff on the Unit.'

The HR investigation report stated:

'…favouritism existed whereby Colleague B and Colleague C would be given priority to any new trial or if for example staff vaccinators were required.'

In the interview with INT 1, Matthew Mogridge asked:

'And are they in the clique with Martin, Colleague B and Colleague C'

To which they responded:

'Yes, especially Colleague B who they see outside of work. They certainly get favoured more in terms of education.'

The panel noted the Wellbeing, Performance & Career Appraisal Policy which states that all employees should be given equal access to development opportunities. Both the Trust Policy and Protocol for Learning and Development and the Wellbeing, Performance & Career Appraisal Policy are clear in that all staff should have fair and equal access to learning and development and the line manager has a duty to ensure that this is met.

The panel noted that regarding Mr Drew favouring Colleague B and Colleague C, he states that he does not favour anyone. However, this was not indicative of what the panel found from his behaviour towards Colleague B and Colleague C. Therefore, the panel found this charge proved.

Charge 12

'12. Until an informal action plan was put in place:

a. *Failed to attend Senior Leadership Forums and/or morning safety huddles;*

b. *Cancelled 1:1s with your manager;*

c. *Failed to comply with deadlines set by your manager.'*

This charge is found proved.

In the witness statement of Charlotte Levitt, it stated in relation to Mr Drew's attendance for Senior Leadership Forum and morning huddles:

> *'Concern 1- Mr Drew failed to attend compulsory meetings that all Ward Managers are instructed to attend, such as the Senior Leadership Forum ("SLF") and the morning safety huddle. This was despite me sending Mr Drew an email on 9 May 2022, to remind them of their compulsory attendance. Mr Drew still failed to attend the SLF and morning safety huddles. As a result, Matron Jones also sent them an email, on a date that I cannot recall, to remind them of their compulsory attendance. However, Mr Drew's attendance to the SLF and morning safety huddles was still poor up until their informal action plan. Following the implementation of the action plan I did not have any further concerns regarding their attendance to compulsory meeting and in the instance Mr Drew could not attend, they would send a representative.'*

In her witness statement, Charlotte Levitt also mentioned in relation to Mr Drew's repeated cancellation of 1:1 meetings:

> *'Concern 2- Mr Drew would repeatedly cancel our 1:1 meetings, or inform me last minute that they had to prioritise catheterisation laboratory work. Mr Drew cancelled an IPR meeting scheduled for 28 March 2022, and catheterisation laboratory rota meetings scheduled for 7 May 2022, and 27 June 2022. This improved following the implementation of the informal action plan.'*

In her witness statement, Charlotte Levitt further mentioned in relation to Mr Drew's failure to comply with deadlines set by his manager:

‘Concern 5- Mr Drew repeatedly did not comply with deadlines that I would set, or meet extension I would grant them. This included IPRs, Tissue Viability Nurse (“TVN”) spreadsheets, recruitment tracker spreadsheet, and sending local agreements for the catheterisation laboratories. This improved following the implementation of the informal action plan.’

The panel had sight of the said action plan. The panel noted that Charlotte Levitt gave sworn evidence, therefore see no reason to challenge her evidence. Charlotte Levitt raises concerns about each sub charge in the action plan and her witness statement. In the statement, she states that the three points of concern became subject to an action plan on 15 July 2022, which resulted in the improvement. The panel therefore found this charge proved.

Charge 13

’13. Engaged in unprofessional and/or inappropriate behaviour with Colleague B, in that, on one or more occasion:

a. Colleague B sat on your lap;

b. You slapped Colleague B’s bottom;

c. You commented on Colleague B’s breasts.’

This charge is found proved.

In an interview with Matthew Mogridge, Colleague B was questioned:

‘Have you ever been witness to inappropriate sexual nature behaviour in the Cardiology Day Unit?’

Colleague B responded:

‘Myself and Martin have a jokey relationship.’

Matthew Mogridge went on to ask:

> *'By jokey relationship what do you mean?'*

Colleague B responded:

> *'Comments about my breasts. If I was putting on my leads, and struggling to put them on he may say something like "its because of your boobs"'*

Matthew Mogridge further asked:

> *'Have you sat on Martin's lap? Has Martin grabbed your wait? Have you massaged Martin's shoulders and vice versa?'*

Colleague B responded:

> *'The only time I can think when there were no seats available in the staff room.'*

Colleague B then amended her reply to add:

> *'To clarify, I have not sat on Martins lap and nor would I. I was referring to a time where there were no seats and he jokingly said, "you can sit here" and patted his leg.'*

In the witness statement of Matthew Mogridge, it stated:

> *'The concern that Mr Drew engaged in inappropriate verbal/and or physical behaviour and/or sexual behaviour with Colleague B was raised in the whistle blowers' statement at appendices 19 and 29/30. This concern was corroborated by many staff on the Unit, such as INT-7, who described witnessing intimate interactions between Mr Drew and Colleague B on the Unit, such as Colleague B sitting on Mr Drew's lap, Mr Drew slapping*

Colleague B bottom, or Mr Drew making comments about Colleague B breasts.'

In the fact-finding meeting, Charlotte Levitt mentioned:

'There was concerns raised of inappropriate touching and relationship with an RN in the office specifically groping and sitting on my lap'

Mr Drew responded:

'I can not recall this, however but there could be time that an RN has sat on my lap, I wouldn't say oh that is inappropriate.

Yes, people do flirt in the workplace, but there isn't a time that I would tell someone to come sit on my lap but there could be time that someone would joking around come sit on my lap but don't recall this happening.'

Charlotte Levitt added:

'do you think this would be suitable inline with our code or to maintain professional boundaries?'

Mr Drew responded:

'Well I guess no it wouldn't be, but I haven't ever groped anyone.'

Charlotte further questioned:

'do you ever recall there being a time when you have reciprocated flirtish behaviour.'

Mr Drew responded:

'no there hasn't been a time that I can recall this.'

The panel noted that Mr Drew had a close relationship with Colleague B. There was no evidence to suggest that he did anything abusive as the behaviour was reciprocated by Colleague B. However, the panel found that this behaviour was unprofessional and inappropriate. Therefore, the panel found this charge proved.

Charge 14

> *'14. Inaccurately recorded that you carried out an appraisal with Colleague F when you had not.'*

This charge is found proved.

In the witness statement provided by Colleague F, where they stated:

> *'I can confirm that the meeting noted are true and accurate in which I stated that I did not have an appraisal with Mr Drew on 22 July 2021 but I had an appraisal with Denise Cunliffe the week before I was interviewed by Mr Mogridge.'*

The witness statement also stated:

> *'I understand the ESR document records that Mr Drew completed an appraisal with me on 22 July 2021, however I can confirm that I cannot recall Mr Drew completing an appraisal with me on that date.'*

In Charlotte Levitt's witness statement, it stated:

> *'I had concerns that Mr Drew was absently monitoring and delegating appraisals to the Band 6s on the Unit to undertake for the staff on the Unit. Due to this, I had concerns that the appraisals were incorrectly being condensed. However, during the meeting of 15 July 2022, Mr Drew explained that staff appraisals for the past two consecutive years were condensed due to the pandemic. Mr Drew also explained that in the year of 2022, staff*

appraisals were condensed following advice from the Medicine Matron Hazera Noory on the Band 6 study day to ensure quick uplift in appraisal compliance. I had not been previously aware of this approach, but Medicine Matron Hazera confirmed, on a date that I cannot recall, that they had provided Mr Drew with this advice. I agreed with the rationale that Mr Drew provided, but reminded them of the importance and accountability of delegating tasks moving forward.'

A further example of anomalies with appraisals could be seen in the witness interview with INT 3; Matthew Mogridge asked:

'Do you re-call having an appraisal with Martin this year?'

INT 3 responded:

'Last IPR was in 2019. I noticed because I got a pay rise and realised that the pay rise was related to IPR. However I hadn't had an IPR. The purpose of the IPR was lost. I've never seen him do an appraisal.'

The panel had sight of the Electronic Staff Record (ESR) that showed that Colleague F had had an appraisal on 22 July 2022 and the reviewer was Mr Drew. However, Colleague F confirmed that she had not. Therefore, the panel found this charge proved.

Charge 15

'15. Your conduct at charge 14 above was dishonest as you knew that the appraisal had not taken place but sought to create the misleading impression it had.'

This charge is found NOT proved.

The panel noted that Mr Drew stated that he assumed the appraisals were still condensed as they were during the covid period. Charlotte Levitt explained to Mr Drew that he needs to start conducting appraisals.

The panel was of the view that Mr Drew should have known the policy around appraisals and it is clear that he was aware. However, the panel did not have before it any evidence to suggest that the inaccurate recording of appraisal was made dishonestly to create a misleading impression. The panel also noted that Mr Drew did not have a duty to conduct the appraisals for Band 5 nurses as this was the role of Band 6 staff. Therefore, the panel found this charge not proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Drew's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Drew's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

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

The NMC identified the specific, relevant standards where Mr Drew's actions amounted to misconduct. It considered the misconduct to be serious and wide-ranging in nature, occurring across a two-year timeframe and involving the treatment of multiple colleagues. The concerns include, hours not worked and/or inflated call-out and/or on-call hours, payments at overtime rates when they ought to have been standard rates and amendments to the roster to record 'hospital' appointments for Colleague B who was not working. Withdrawal or unfair allocation of study leave or training opportunities for some colleagues, not supporting staff who raised concerns and sexual inappropriate behaviour with Colleague B.

The NMC submitted that Mr Drew was expected to provide leadership and management to his team on the Unit, which included having oversight and management of all aspects of running the Unit such as the Health Roster, budget, and appraisals. However, Mr Drew displayed poor leadership and management.

The NMC submitted that further concerns relate to Mr Drew's dishonesty. Dishonesty concerns are serious, which can be more difficult to put right. It submitted that Mr Drew's actions were for his own financial gain.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mr Drew's fitness to practise impaired on the grounds that there is a continuing risk to the public safety, given the serious nature of the concerns, particular those matters raised with Mr Drew by colleagues, in relation to medications and staff not attending shifts, as this could put patients at risk of harm.

The NMC considered a finding of impairment necessary in this case to protect the public from an unwarranted risk of harm.

The NMC submitted that Mr Drew's conduct was unacceptable and had the potential to damage the reputation of the profession. Registered professionals occupy a position of trust and must provide a high standard of care, always. Mr Drew's failure to do so has brought the profession into disrepute and is likely to bring the profession into disrepute in the future.

The NMC submitted that Mr Drew's failings had also breached fundamental tenets of the profession. Nurses are expected to provide a high standard of care and uphold the reputation of the profession. However, it stated that Mr Drew's misconduct completely contradicts those fundamental tenets of nursing. The failings in this case relate to fundamental nursing practice which raises serious concerns regarding Mr Drew's ability to practise safely as a nurse.

The NMC submitted that upholding proper professional standards and conduct and maintaining public confidence in the profession, the panel will need to consider whether the concern is easy to put right. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence. The misconduct in this case is not easily remediable. The concerns have not been remediated and are therefore highly likely to be repeated should Mr Drew be permitted to practise as a nurse again.

The NMC considers that there is a public interest in a finding of impairment being made in this case to uphold proper standards of conduct and behaviour. It submitted that Mr Drew's conduct engages the public interest as there is no evidence that Mr Drew has shown sufficient insight into the issues raised.

The NMC submitted that the public would also expect the regulator to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a trustworthy manner.

The public would therefore expect the NMC to regulate or restrict the practice of nurses whose behaviour remains liable in the future to put patients at unwarranted risk of harm.

The NMC noted that the dishonesty occurred in Mr Drew's workplace. This raises fundamental questions about his integrity and trustworthiness as a registered professional and seriously undermines public trust in nurses, midwives and nursing associates.

The NMC therefore considers that a finding of impairment is necessary in this case to protect the public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311.

Decision and reasons on misconduct

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

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

> ***8 Work co-operatively***
> *To achieve this, you must:*
>
> *8.2 maintain effective communication with colleagues*
>
> *8.4 work with colleagues to evaluate the quality of your work and that of the team*
>
> *8.5 work with colleagues to preserve the safety of those receiving care*
>
> ***9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues***

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence

10 Keep clear and accurate records relevant to your practice
To achieve this, you must:

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

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

16 Act without delay if you believe that there is a risk to patient safety or public protection
To achieve this, you must:

16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so

16.6 protect anyone you have management responsibility for from harm, detriment, victimisation or unwarranted treatment after a concern is raised

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice
To achieve this, you must:

19.2 take account of current evidence, knowledge and developments in reducing mistakes ad the effect of them and the impact of human factors and system failures

20 Uphold the reputation of your profession at all times.
To achieve this, you must:

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

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

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.8 act as a role model of professional behaviour for student and newly qualified nurses, midwives and nursing associates to aspire to

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

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

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

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 appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that certainly the dishonesty charges in relation to call-out shifts and inaccurate recording of staff shifts amount to serious misconduct. The panel noted that the on-call overtime Mr Drew had allocated himself, specifically benefitted him and the dishonesty in relation to amending the Health Roster to

hide Colleague B's absences, benefitted Colleague B. The panel determined that this constituted serious misconduct due to Mr Drew's misuse of power, his financial gain and the premeditated, systematic and longstanding nature of the dishonesty.

The panel noted that Mr Drew was in a leadership and managerial position and had a responsibility to manage funds appropriately. Mr Drew abused this position, as it financially benefitted himself and other colleagues involved.

The panel noted that Mr Drew encouraged other colleagues to not tell the truth which it found to be further evidence of serious misconduct.

The panel found that Mr Drew's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

The panel took into account the casual attitude, showing favouritism to particular colleagues and unprofessional management that Mr Drew displayed with staff in relation to medication management, staff allocation, training and appraisals. The panel was of the view that this was serious as it created a hostile and uncomfortable working environment for staff. The panel noted that this behaviour took place over a period of 2 years and felt that this amounted to serious misconduct.

The panel was of the view that in relation to charge 12, there was no misconduct as Mr Drew had addressed the concerns.

The panel was also of the view, in relation to charge 14, that it did not in itself amount to serious misconduct and was part of the course of conduct that the panel had identified in relation to colleagues.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Drew's 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.'*

In addressing all the limbs of the test, the panel determined that all four limbs are engaged.

The panel had regard to the NMC guidance titled *'Our Screening Approach SCR-1'* (Last updated 25/03/26), which provides examples of behaviour that could raise risk to both colleagues and people receiving care. The panel were particularly assisted by the example provided in the guidance in relation to such behaviour*, 'Where a ward manager's behaviour is so poor that junior colleagues are afraid to approach or raise issues with them…situations like these could affect the working environment to such a degree that patient safety is compromised.'* The panel considered this example from within the guidance directly mirrored the circumstances of Mr Drew's case.

The panel noted with concern that although there was no reported harm to patients, Mr Drew's management style and behaviour fell below the standard expected of him. The panel was particularly concerned by his response to the medication error made by Colleague B and considered that his lack of robust and attentive management of staff on this occasion could have led to a risk of harm to patients in the event the medication had been administered.

The panel noted that there was serious misconduct in terms of dishonesty and unprofessional conduct which would bring the nursing profession into disrepute. Mr Drew's conduct fell seriously short of the standard of propriety ordinarily to be followed.

Regarding insight, the panel considered that Mr Drew has not engaged, nor provided any evidence of remediation or training he may have undertaken.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mr Drew has taken steps to strengthen his practice. The panel has heard nothing from Mr Drew and therefore has no evidence before it to indicate his conduct has been addressed or that the dishonesty has been acknowledged and the subject of appropriate self-reflection. There has been no expression of remorse or any indication that he has addressed any of the issues that have been identified in this determination. The panel is satisfied that the impairment identified is current.

The panel is also of the view that there is a risk of repetition. It has had particular regard to the fact that these concerns took place over a period of 2 years and have not been addressed.

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; 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 the dishonesty was serious and sustained and was directly linked to Mr Drew's practice. The panel noted that Mr Drew was in a position of trust and his conduct was unacceptable and brought the nursing profession into disrepute. The panel determined that a reasonable member of the public would expect Mr Drew to be found currently impaired.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case as the misconduct occurred in

professional practice and whilst Mr Drew occupied a leadership position. The panel recognised that the dishonesty spanned over a significant period and was for financial gain. Therefore, the panel also finds Mr Drew's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Drew's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Drew off the register. The effect of this order is that the NMC register will show that Mr Drew has been struck-off the register.

In reaching this decision, the panel has considered 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 accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 03 March 2026, the NMC had advised Mr Drew that it would seek the imposition of a striking off order if it found Mr Drew's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mr Drew's 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 panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). 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 position of trust
- The misconduct occurred over a sustained period
- Exploiting colleagues
- Dishonesty resulting in financial gain
- Attitudinal concerns
- Absence of insight, remorse and remediation
- Favouritism/ toxic working environment
- Failure to engage with the process
- Premeditated behaviour
- Failure to work collaboratively
- Deliberate breaches of the code
- Risk of harm due to the Unit not being adequately staffed

The panel also took into account the following mitigating features:

- No previous findings

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 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 Mr Drew’s misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Drew’s 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 conditions of practice on Mr Drew’s 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). Having noted Mr Drew’s lack of engagement, there is no evidence of remediation. The charges found proved in relation to dishonesty indicate that his behaviour is deep-seated and attitudinal and therefore no workable conditions could be put in place to address this. Having regard to the nature and seriousness of Mr Drew’s conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance titled *‘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.'*

Whilst the panel acknowledged that the risks identified could be managed by Mr Drew being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the nature and seriousness of the facts found proved. Given Mr Drew's lack of engagement, limited insight and lack of remorse, together with no evidence of training or development, the panel considered that there is no realistic possibility that he would address the concerns to such a level where he could return to practise safely. With regard to a suspension order, the panel considered that the impairment was very serious and would not be compatible with remaining on the register. The panel noted that there was no evidence of mitigation in relation to Mr Drew's actions, no engagement with the process, no remorse or insight into his actions and noted that in his local interviews, he minimised the seriousness of the issues raised.

The panel noted that Mr Drew was in a leadership role and he abused that position. The panel also noted his dishonesty led to financial gain. The panel considered that it would be wrong to impose a suspension order as this was a significant departure from the standards of conduct and behaviour expected from a nurse.

The panel had regard to the NMC Guidance titled *'Deciding between suspension and strike off'* (Reference: SAN-3 Last Updated: 28/01/2026).

In terms of whether there is a realistic prospect, that after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will be reduced, the panel felt that a suspension order would not assist in Mr Drew's strengthening practice as there was no insight or remediation from him. The panel considered allowing Mr Drew to remain on the register, in such circumstances, would not satisfy the public interest in ensuring that only honest and safe nurse were permitted to practise.

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) which sets out a non-exhaustive list of the forms of dishonesty which are likely to require consideration of imposing a striking-off order. The panel considered the following were present in this case:

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

The panel noted that Mr Drew has failed to engage throughout the regulatory process and has therefore, not demonstrated any remorse, acknowledgement of his dishonesty, nor offered any evidence that would suggest he would not behave this way in the future.

The panel also had regard to *'Other types of higher risk cases'*, which states:

> *'Some concerns are higher risk because it is harder for the professional to put the matter right. examples of this type of concern include (but are not limited to):*
>
> - *hindering someone who wants to raise a concern*
> - *encouraging others not to tell the truth*
> - *abusing a position to obtain a benefit'*

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

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?*

In terms of whether the charges found proved raise fundamental questions about Mr Drew's professionalism, the panel found that there are deep-seated attitudinal issues raising concerns as to whether Mr Drew should remain on the register.

The panel were of the view that public confidence in the profession could not be maintained if Mr Drew was not removed from the register as these incidents spanned a period of 2 years. It noted that there was no insight or reflection from Mr Drew and considered that a suspension order would not address his lack of insight and failure to remediate his behaviour. The panel was of the view that a strike-off order would be the only way that public confidence could be maintained.

In terms of whether Mr Drew showed any 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, the panel noted that there was no engagement from Mr Drew with the regulatory process as per the requirement of a registrant. It also noted that in the local investigation interviews, he minimised the seriousness of the concerns raised. Therefore, the panel had no evidence of insight or reflection into his actions or that the risk posed had reduced.

Mr Drew's actions were a significant departure from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Drew's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Drew's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Drew in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Drew's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC. The NMC submitted that if a finding is made that Mr Drew's fitness to practise is impaired on a public protection and public interest basis and a striking off order is imposed, they invite the panel to impose an 18-month interim suspension order. The NMC submitted that it is necessary for the protection of the public and is otherwise in the public interest.

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 cover the appeal period.

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

That concludes this determination.