

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

Substantive Hearing

**Monday, 1 December 2025 - Thursday, 11 December 2025
Monday, 15 December 2025 - Wednesday, 17 December 2025
Monday, 29 December 2025
Monday, 21 September 2026 - Wednesday, 23 September 2026**

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

Name of Registrant: Jason Rees

NMC PIN: 92D0097W

Part(s) of the register: Registered Nurse: Mental health, level 1
(3 April 1995)

Relevant Location: Cardiff

Type of case: Misconduct

Panel members: Chris Weigh (Chair, lay member)
Jason Flannigan-Salmon (Registrant member)
Andrea Carman (Lay member)

Legal Assessor: Charlotte Mitchell-Dunn (Monday, 1 December 2025 –
Thursday, 11 December 2025, Monday, 15 December
2025 – Wednesday, 17 December 2025, Monday, 29
December 2025)
Natalie Byrne (Monday, 21 September 2026 –
Wednesday, 23 September 2026)

Hearings Coordinator: Fabbuha Ahmed (Monday 1, December 2025 – Friday 5,
December 2025)
Anya Sharma (Monday, 8 December 2025)
Fabbuha Ahmed (Tuesday, 9 December 2025 –
Wednesday, 17 December 2025)
Yousra Hassan (Monday, 21 September 2026)
Salima Begum (Tuesday 22 September – Wednesday
23 September 2026)

Nursing and Midwifery Council: Represented by Tom Hoskins, Case Presenter

Mr Rees:	Not present and unrepresented
Facts proved:	Charges 1(a), 1(b), 1(c), 2(a), 2(b), 2(c), 3(a), 3(b), 3(c), 3(d), 5(a), 5(b), 5(c), 5(d), 7(a), 7(b), 8, 9, 10
Facts not proved:	Charges 4, 6(a), 6(b), 6(c)
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Rees was not in attendance and that the Notice of Hearing letter had been sent to Mr Rees' registered email address by secure email on 30 October 2025.

Mr Hoskins, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mr Rees' right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Rees has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Rees

The panel next considered whether it should proceed in the absence of Mr Rees. It had regard to Rule 21 and heard the submissions of Mr Hoskins who invited the panel to continue in the absence of Mr Rees.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)*_(No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Rees. In reaching this decision, the panel has considered the submissions of Mr Hoskins and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Rees and the panel was informed by the Royal College of Nursing (the RCN) that Mr Rees would not be attending;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Number of witnesses are due to attend this hearing to give live evidence,
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Rees in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered email address. He will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be potentially mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Rees' decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Rees. The panel will draw no adverse inference from Mr Rees' absence in its findings of fact.

Details of charge

'That you, a registered nurse:

1) On 7 September 2022

- a) Completed a controlled drug destruction form for a quantity of drugs, namely Methylyphenidate, a Schedule 2 controlled drug
- b) Signed the form as an authorised witness
- c) Entered the word "pharmacist" as a second witness on the form

2) On 7 September 2022

- a) Completed a controlled drug destruction form for a quantity of drugs, namely tramadol, a Schedule 3 controlled drug
- b) Signed the form as an authorised witness
- c) Entered the word "pharmacist" as a second witness on the form

3) Your actions at one or more of Charges 1 to 2 were dishonest in that you knew that

- a) you were not authorised to be a witness
- b) you were not authorised to destroy controlled drugs
- c) the pharmacist was not present and had not signed the form
- d) there was no second witness to the destruction

4) On 15 September 2022 varied the terms of Patient A's home leave when you were not authorised to do so.

5) On 13 October 2022, contrary to the Search Protocols policy, on Patient A's return from leave conducted a search of Patient A:

- a) On your own
- b) After Patient A was left unattended in the corridor
- c) On the unit
- d) In a room that was open to public view

6) During MDT meetings behaved unprofessionally in that you undermined other colleagues by:

- a) Conducted conversations with other persons whilst the meeting was going on
- b) Challenged a doctor's decision on what medication a patient should be prescribed
- c) Told a patient that an investigation would find that they had not done anything wrong.

7) Between 6 March 2023 and 25 March 2023 breached your Conditions of Practice Order in that you:

- (a) Failed to notify your employers, [PRIVATE], of the terms of the Interim Conditions of Practice Order, imposed by the NMC's Investigating Committee on 20 December 2022
- (b) Failed to provide a copy of the terms of the terms of the Interim Conditions of Practice Order, imposed by the NMC's Investigating Committee on 20 December 2022

8) On 21 March 2023 informed your employers that there were no restrictions placed on your practice by the NMC when you knew that that was not true.

9) Your conduct Charge 7a and/or Charge 7b and/or Charge 8 above was dishonest because it was motivated to conceal for as long as possible the conditions that restricted your practise by an interim conditions of practice order.

10) On 7 March 2023 you conducted a 1:1 meeting with Patient B, acting against instructions not to do so.

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 heard an application made by Mr Hoskins to amend the wording of charges 1, 2, 3, 6a), 6b), 6c) and 7b).

It was submitted by Mr Hoskins that the proposed amendment would provide clarity and more accurately reflect the evidence before the panel.

'That you, a registered nurse:

1) On **or around** 7 September 2022

- a) Completed a controlled drug destruction form for a quantity of drugs, namely Methylphenidate, a Schedule 2 controlled drug
- b) Signed the form as an authorised witness
- c) Entered the word "pharmacist" as a second witness on the form

2) On **or around** 7 September 2022

- a) Completed a controlled drug destruction form for a quantity of drugs, namely tramadol, a Schedule 3 controlled drug
- b) Signed the form as an authorised witness
- c) Entered the word "pharmacist" as a second witness on the form

3) Your actions at one or more of Charges 1 ~~to~~ **and/or** 2 were dishonest in that you knew that

- a) you were not authorised to be a witness
- b) you were not authorised to destroy controlled drugs

- c) the pharmacist was not present and had not signed the form
- d) there was no second witness to the destruction

4) On 15 September 2022 varied the terms of Patient A's home leave when you were not authorised to do so.

5) On 13 October 2022, contrary to the Search Protocols policy, on Patient A's return from leave conducted a search of Patient A:

- a) On your own
- b) After Patient A was left unattended in the corridor
- c) On the unit
- d) In a room that was open to public view

6) During MDT meetings behaved unprofessionally in that you undermined other colleagues by:

- a) **Within the period October 2019 and October 2022**, conducted conversations with other persons whilst the meeting was going on
- b) **Between approximately July 2022 and October 2022**, challenged a doctor's decision on what medication a patient should be prescribed
- c) **Within the period of October 2019 and October 2022**, told a patient that an investigation would find that they had not done anything wrong.

7) Between 6 March 2023 and ~~25~~ 24 March 2023 breached your Conditions of Practice Order in that you:

- (a) Failed to notify your employers, [PRIVATE], of the terms of the Interim Conditions of Practice Order, imposed by the NMC's Investigating Committee on 20 December 2022
- (b) Failed to provide a copy of the terms ~~of the terms~~ of the Interim Conditions of Practice Order, imposed by the NMC's Investigating Committee on 20 December 2022

8) On 21 March 2023 informed your employers that there were no restrictions placed on your practice by the NMC when you knew that that was not true.

9) Your conduct Charge 7a and/or Charge 7b and/or Charge 8 above was dishonest because it was motivated to conceal for as long as possible the conditions that restricted your practise by an interim conditions of practice order.

10) On 7 March 2023 you conducted a 1:1 meeting with Patient B, acting against instructions not to do so.

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 interest of justice. The panel was satisfied that there would be no prejudice to Mr Rees 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.

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Mr Hoskins made a request that this case be held partly in private on the basis that proper exploration of Mr Rees' case involves reference to his [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel

may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to rule on whether or not to go into part private session in connection with reference to Mr Rees' [PRIVATE], as and when such issues are raised in order to protect his privacy.

Decision and reasons on application to disregard paragraph 15 of Ms Stranks' witness statement

The panel determined that paragraph 15 of Ms Stranks' witness statement has no evidential value in that it is mere speculation. It determined that this paragraph is highly prejudicial and outlines very serious allegations in relation to Mr Rees' [PRIVATE].

Mr Hoskins submitted that he was satisfied that Paragraph 15 of Ms Stranks' witness statement should be disregarded by the panel. He submitted that there is no sound evidence to support this paragraph produced by Ms Stranks.

The panel heard and accepted legal advice.

Application to disregard paragraph 33 of Ms House's Witness Statement

Mr Hoskins invited the panel to consider disregarding paragraph 33 of Ms House's witness statement. He submitted that, given that the panel disregarded paragraph 15 of Ms Stranks' witness statement it should apply the same rationale to paragraph 33 in that it raises serious allegations in relation to Mr Rees' [PRIVATE].

The panel accepted the same advice as it did in relation to paragraph 15 of Ms Stranks.

Decisions and reasons to disregard paragraph 33 of Ms House's Witness Statement

The panel determined that paragraph 33 of Ms House's witness statement should be disregarded. It used the same rationale as it did in relation to paragraph 15 of Ms Stranks' witness statement.

The panel determined that the references in paragraph 33 were inappropriate and held no evidential value.

Accordingly, it disregarded paragraph 33 of Ms House's witness statement.

Background

Mr Rees was employed with [PRIVATE] as a mental health nurse at the time of the allegations.

The NMC received a referral on the 4 November 2023 from [PRIVATE].

On 7 September 2022 it is alleged that Mr Rees completed a controlled drug destruction for Methylphenidate (Schedule 2 controlled drug), signed the form as the authorised witness and entered the word '*pharmacist*' as a second witness of the form and did the same for Tramadol (Schedule 3 controlled drug).

On the 15 September 2022 it alleged that Mr Rees authorised changes to a patients Section 17 leave without permission from a registered clinician.

It is alleged that on 13 October 2022 Mr Rees failed to follow the hospital's security protocol which meant that a patient, who had returned from a Section 17 leave was allowed to re-enter the unit without being searched.

It is alleged that within the period of October 2022 Mr Rees allegedly behaved unprofessionally during multidisciplinary team meeting (MDT) by having side

conversations. It is also alleged that during an MDT meeting Mr Rees challenged a doctor's decision of what medication a patient should be prescribed.

Mr Rees was suspended from [PRIVATE] on the 13 October 2022 pending an investigation. Following a disciplinary meeting Mr Rees was given a final written warning and returned to work following the suspension on the 6 March 2023.

It is alleged that in March 2023 Mr Rees breached his NMC Conditions of Practice order in that he failed to notify [PRIVATE] of the terms of the conditions and that he informed [PRIVATE] that there were no restrictions placed on his practice.

On the 12 April 2023 [PRIVATE] raised new concerns to the NMC following Mr Rees' return to work which included the failure to notify them of the terms of the Conditions of Practice order and a further concern relating to Mr Rees conducting 1-1 meetings acting against instructions to do so.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Hoskins under Rule 31 to adduce hearsay evidence. This included minutes of interviews undertaken by [PRIVATE] in 2022 and 2023 as part of its disciplinary investigation into matters which form the subject of the allegation.

Mr Hoskins referred the panel to his skeleton argument in support of his hearsay application and made supplementary oral submissions.

Mr Hoskins submitted that the hearsay evidence that the NMC wish to adduce include witness accounts from individuals whom the NMC has not sought to call to give live evidence:

- Marvellous I, in relation to Charge 4
- Ms Rachel Sprigs, in relation to Charge 4
- Ms Nia Grinnell, in relation to Charge 4

- Ms Lydia Bevan, in relation to Charge 5
- Ms Penny McCarthy, in relation to charges 6a and 6b
- Mr Mat James, in relation to meeting minutes which speak indirectly to charge 10
- Ms Beverley Harry, in relation to charge 10
- Ms Susan Withers, in relation to charge 10

In addition, there is also a series of disciplinary and investigatory notes and minutes and which also include a record of Mr Rees' own account at earlier stages of the Trust's internal investigation.

Mr Hoskins reminded the panel that under Rule 31(1), the panel may admit evidence, whether or not it would be admissible in civil proceedings, provided that it is relevant and fair to do so. He also referred the panel to the guidance set out in *Thorneycroft v NMC [2014] EWHC 1565 (Admin)*, which identifies a number of factors relevant to the admission of hearsay, in particular:

- *Whether the statement is the sole and decisive evidence in support of the charges;*
- *The nature and extent of the challenge to the contents of the statement;*
- *Whether there was any suggestion that the witness had reason to fabricate their allegation;*
- *The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;*
- *Whether there was a good reason for the non-attendance of the witness;*
- *Whether the regulator had taken reasonable steps to secure the witness's attendance; and*
- *Whether the registrant did not have prior notice that the witness statement would be read.*

Mr Hoskins submitted that this is not a case, as with other witnesses, where the panel have seen efforts made by the NMC to secure witnesses' attendance. He submitted that the NMC has not sought to call these witnesses to give evidence at

this hearing and have always sought to rely on this hearsay evidence. Mr Hoskins then addressed the panel in relation to each of the witnesses.

Marvellous I

Mr Hoskins informed the panel that Marvellous I's evidence is directly relevant to charge 4 and arises out of an internal Trust investigation, is clearly relevant and supports the chronology of events as advanced by the NMC. He submitted that Marvellous I's account is not the sole or decisive evidence of those events, as there is also Mr Rees' own account within the investigatory material, other witness evidence as well as contemporaneous email correspondence. He submitted that Marvellous I's evidence is therefore supportive and corroborative.

Mr Hoskins informed the panel that Mr Rees has been served with Marvellous I's statement in advance of this hearing and has not indicated any challenge to it. He submitted that there is also no suggestion of any fabrication.

Mr Hoskins submitted that the NMC has not attempted to secure Marvellous I's attendance at the hearing as a witness. He explained that this is deliberate, as Marvellous I's evidence is not disputed and is not sole or decisive. Mr Hoskins submitted that in these circumstances, to require Marvellous I to attend the hearing would be disproportionate.

Mr Hoskins submitted that in all the circumstances, it would be relevant and fair for the panel to admit Marvellous I's evidence as hearsay.

Ms Rachel Sprigs

Mr Hoskins informed the panel that Ms Sprigs's evidence is relevant to context and is not sole or decisive as other witnesses and documents also cover the same ground. He set out that there has been no prior indication from Mr Rees that he disputes Ms Sprigs's factual account, and there is no allegation of fabrication.

Mr Hoskins submitted that for the same reasons as Marvellous I, the NMC has not sought to secure Ms Sprigs's attendance and has from the outset relied on her hearsay evidence. He submitted that this was a reasonable and proportionate case management decision, given the limited points in dispute and the supporting evidence available from other courses before the panel.

Mr Hoskins therefore invited the panel to admit Ms Sprigs's evidence as hearsay.

Ms Nia Grinnell

Mr Hoskins informed the panel that Ms Grinnell was a unit manager, and her statement sets out her understanding of events and of managerial oversight. He submitted that Ms Grinnell's evidence is not sole or decisive of any charge, and forms part of the overall narrative and supports the key factual issues. Mr Hoskins submitted that no challenge has been made to the content of her statement, and the NMC has not sought to call her because it was not anticipated that her evidence would be in dispute.

Mr Hoskins therefore submitted that Ms Grinnell's evidence can be admitted as hearsay.

Ms Bevan

Mr Hoskins told the panel that Ms Bevan's evidence is directly relevant to charge 5 and is not sole or decisive in nature. He informed the panel that Mr Rees has provided a direct account of these events, and documentary material and other witnesses provide further context. He submitted that there has been no specific challenge to Ms Bevan's factual description. The NMC has not attempted to secure her attendance on the basis that her evidence is limited in scope, it is supported by other material, and it is not anticipated that her account would be disputed. In these circumstances, Mr Hoskins submitted that it would be proportionate and fair to admit Ms Bevan's evidence as hearsay.

Ms Penny McCarthy

Mr Hoskins submitted that Ms McCarthy's evidence relates to charges 6a and 6b, and concerns Mr Rees' conduct at a multidisciplinary team meeting (MDT). Ms McCarthy is a doctor. He submitted that Ms McCarthy's evidence is not sole or decisive, and that the panel also have before it the evidence of Ms Crabtree, who also speaks to the MDT meeting and Mr Rees' conduct. There is also Mr Rees' own account as recorded in the investigatory material, and other witnesses also give evidence as to Mr Rees' approach.

Mr Hoskins submitted that Ms McCarthy's evidence is important but is only one part of a wider evidential picture and the question of whether Mr Rees' conduct amounted to undermining will ultimately be a matter for the panel to determine in light of all the evidence before it. He submitted that the NMC has not sought Ms McCarthy's attendance, given the other evidence available as to the MDT meeting and Mr Rees' behaviour.

Mr Hoskins submitted that it is fair and relevant to admit Ms McCarthy's evidence as hearsay and satisfies the need to manage this case proportionately. He submitted that the absence of live evidence can be reflected in the weight that the panel chooses to put on her account.

Mr Mat James

Mr Hoskins submitted that Mr James's evidence relates to the background of charge 10 and appears in the forms of minutes which speak primarily to the incident on 30 March. He submitted that it is accepted that the material does not speak directly to any of the charges as particularised. Mr Hoskins submitted that it is accepted that Mr James's evidence is indirect in relation to charge 10 (March 7) but is still relevant as background.

Mr Hoskins submitted that it is accepted that Mr James's evidence is not sole or decisive of any charge but is supportive context. He submitted that there is no

suggestion that his account has been fabricated or is inaccurate, and Mr Rees has been provided with the opportunity to see and comment on Mr James's evidence.

Mr Hoskins submitted that the panel can admit Mr James's evidence as hearsay and attach limited weight as it considers appropriate.

Ms Beverly Harry and Ms Susan Withers

Mr Hoskins set out that both Ms Harry and Ms Withers give evidence in relation to charge 10, namely the allegation concerning 1:1 observations of Patient B. He submitted that Ms Harry and Ms Withers' evidence is relevant as they were the staff who observed Mr Rees speaking 1:1 with Patient B.

Mr Hoskins submitted that Mr Rees does not appear to dispute that he was speaking 1:1 with Patient B. He submitted that the issue is more likely to be the extent of his knowledge of the restriction.

Mr Hoskins submitted that taking into account this context, the evidence of both Ms Harry and Ms Withers is not sole or decisive in relation to the interaction and goes more to surrounding circumstances. There has been no challenge to the accounts of both Ms Harry and Ms Withers, and the NMC has not attempted to secure their attendance as their evidence is supported by other material, namely Mr Rees' own admissions. It was not anticipated by the NMC that Ms Harry and Ms Withers' evidence would be in dispute.

Mr Hoskins submitted that admitting the hearsay evidence of Ms Harry and Ms Withers is fair and any limitations on testing their evidence can be addressed by the panel at the fact-finding stage.

Mr Hoskins reminded the panel that this is not a case where the NMC has been unsuccessful in securing the attendance of witnesses, and it rather was a conscious case management decision to rely on the hearsay accounts of these witnesses. He submitted that there are good reasons as set out above for the panel to admit the hearsay, applying the factors set out in *Thorneycroft*.

Mr Hoskins then addressed the panel in relation to the disciplinary and investigatory documents which included Mr Rees' own account. He submitted that from the perspective of fairness, the NMC relied on these documents as part of the mitigation of any unfairness in proceeding in the absence of Mr Rees, Mr Hoskins submitted that these documents provide some indication of Mr Rees' case given that he is not present to give oral evidence.

Mr Hoskins submitted that these documents are relevant and significant to the issues that the panel must determine and that while a witness had complained of feeling 'under pressure', that these interviews took place in a formal disciplinary environment with both HR and, on occasions, RCN representation. Mr Hoskins submitted that the formal nature of these meetings provides some safeguard as to how the records were created. He invited the panel to consider the witness concerns at a later stage when assessing weight and admit the entirety of these documents into evidence.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. The legal assessor drew the panels attention to the following authorities: *NMC v. Ogbonna* [2010] EWCA Civ 1216, *R (Bonhoffer) v GMC* [2012] IRLR 37, *Thorneycroft v. Nursing and Midwifery Council* [2014] EWHC 1565 (Admin), *Thorneycroft, El Karout v The Nursing and Midwifery Council* [2019] EWHC 28 (Admin), *Mansaray v Nursing and Midwifery Council* [2023] EWHC 730 (Admin). The legal assessor referred to Rule 31 which provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings. The panel also had regard to NMC Guidance 'DMA-6' Evidence as well as the guidance set out in *Thorneycroft*, which sets out that the admission of hearsay is not a routine matter and identifies a number of factors to be considered, including:

- *Whether the statement is the sole and decisive evidence in support of the charges;*
- *The nature and extent of the challenge to the contents of the statement;*

- *Whether there was any suggestion that the witness had reason to fabricate their allegation;*
- *The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;*
- *Whether there was a good reason for the non-attendance of the witness;*
- *Whether the regulator had taken reasonable steps to secure the witness's attendance; and*
- *Whether the registrant did not have prior notice that the witness statement would be read.*

The panel made the following general observations:

- Many of the accounts in issue derive from internal fact-finding or disciplinary processes conducted by the Trust, at which HR were present, and in some instances Mr Rees was represented by the RCN. The panel was of the view that the formal environment provides some safeguard as to the manner in which the information had been obtained.
- Some records are unsigned, and the panel noted that a number of witnesses accepted that they had not been provided with a copy of the records to review and agree their accuracy after their investigation meeting. The panel considered that the absence of a signature does not render them inadmissible but is a factor that can reduce the weight attached to these documents when the panel assess the accuracy of the records at a later stage.
- Mr Rees has been provided with the NMC bundles in advance of this hearing, which includes the hearsay materials. Mr Rees has not advanced any specific challenge to the accuracy of the statements, and there is no suggestion in any of the information before the panel of any fabrication. The panel however notes the potential unfairness in Mr Rees not being able to cross examine witnesses.

The panel then considered each witness, applying the factors set out in Thorneycroft and the tests of relevance and fairness under Rule 31.

Marvellous I

The panel considered that Marvellous I's evidence arises from an internal Trust investigation and noted that his account is relevant to its consideration of charge 4, including the context and chronology of what occurred. It is also noted that Marvellous I's account is broadly consistent with other material before it, including Instagram messages, Mr Voisey and Mr Rees' own account recorded in fact-finding documentation. The panel was of the view that Marvellous I's evidence is therefore corroborative in nature.

The panel took into account that Marvellous I is not the sole witness to the events in relation to charge 4. It considered that there is other evidence, including contemporaneous electronic correspondence and oral/written accounts from other staff members. The panel concluded that Marvellous I's evidence is therefore not sole or decisive.

The panel noted that certain aspects of Marvellous I's account appears to be supportive in line with Mr Rees' explanation of events. The panel considered that Mr Rees had been provided with Marvellous I's account in advance and had not brought any specific challenge to the accuracy of Marvellous I's statement. In addition, no complaint has been raised about the manner in which it was obtained, and there is no suggestion of fabrication.

The panel noted that no active steps were taken by the NMC to secure Marvellous I's attendance, on the basis that it was not anticipated that his evidence would be disputed, and it was supported by other primary material. The panel accepts that, in circumstances where Marvellous I's evidence is not sole or decisive and is merely supportive of other evidence.

The panel recognised that the charge that Marvellous I's evidence speaks to is serious and can carry potentially serious consequences for Mr Rees' career if found

proved. It was of the view that to admit Marvellous I's account into evidence would not unfairly prejudice Mr Rees, given that the evidence is not sole or decisive, is partly supportive of Mr Rees, and is corroborated by independent material. The panel noted that the limitations in Marvellous I not attending the hearing to give live oral evidence can be adequately balanced and reflected in the weight the panel attaches to his statement.

Taking all of the above into account, the panel determined that Marvellous I's hearsay evidence is relevant and that it is fair to admit it under Rule 31.

Ms Sprigs

The panel considered that Ms Sprigs's hearsay evidence relates to the same charge/events as Marvellous I's evidence. It took into account that Ms Sprigs's account provides further detail as to what occurred and the surrounding circumstances. The panel was therefore satisfied that Ms Sprigs's evidence is relevant.

The panel noted that Ms Sprigs's account is not the only evidence before it, and that it has the benefit of other witness accounts, documentary records and electronic communications in relation to the same events. The panel concluded that Ms Sprigs's evidence is therefore not sole or decisive in nature.

The panel also noted that Ms Sprigs's statement had been served on Mr Rees in advance. No specific challenge has been made to Ms Sprigs's account, and there is no material before the panel suggesting that Ms Sprigs had any motive to fabricate or exaggerate.

The panel accepted the NMC's position which mirrors that for Marvellous I, in that no attempts were made to secure Ms Sprigs's attendance, given that the evidence was not anticipated to be disputed and was supported by other material. The panel accepted this explanation.

In light of the nature of Ms Sprigs's account the panel considered that it would not be disproportionate or unfair to admit Ms Sprigs's statement as hearsay.

In respect of Ms Sprigs, the panel noted the seriousness of the underlying allegations in this case. It however considered that Ms Sprigs's account is corroborative, and any limitations arising from the inability to cross-examine Ms Sprigs can properly be addressed in the weight attached to the evidence. The panel therefore determined that Ms Sprigs's hearsay evidence is relevant, and it is fair to admit it.

Ms Grinnell

The panel noted that Ms Grinnell's statement also concerns the same overarching events and charge as Marvellous I and Ms Sprigs and provides further contextual and corroborative detail. Taking this into account, the panel was satisfied that Ms Grinnell's account is relevant.

For reasons already set out in respect of Marvellous I and Ms Sprigs, the panel considered that it has multiple sources of evidence covering these events, and determined that Ms Grinnell's evidence is not sole or decisive in nature.

The panel noted that Mr Rees has not raised a specific challenge to Ms Grinnell's statement, and there is no suggestion of fabrication or improper motive.

The panel took into account that the NMC did not take steps to secure Ms Grinnell's attendance, relying on the fact that this evidence is supported by other material/witnesses. The panel considered the principle of proportionality and noted that Ms Grinnell's evidence is not the only evidence before it on these matters. It considered that it would not be proportionate to expect the NMC to call Ms Grinnell in the circumstances and as such, the panel accepted the explanation provided by the NMC for not taking steps to secure Ms Grinnell's attendance.

The panel noted the serious nature of the charges that are being considered. However, given its considerations above it determined that it was fair to admit the evidence of Ms Grinnell.

The panel therefore determined that Ms Grinnell's evidence is relevant, and it is fair to admit it as hearsay.

Ms Lydia Bevan

The panel noted that Ms Bevan's evidence relates to an allegation of conducting a search contrary to the search protocol as set out in charge 5. Ms Bevan's evidence describes the circumstances of the encounter and Mr Rees' alleged actions. The panel considered this account to be clearly relevant to the issues it must determine in relation to that allegation.

The panel noted that Ms Bevan is not the only source of evidence in relation to this incident as set out in charge 5. The panel also has Mr Rees' own account, including admissions in internal fact-finding interviews, the evidence from Mr Chapman and evidence of other documentary materials. The panel was therefore of the view that Ms Bevan's statement is not sole or decisive.

The panel noted that although Mr Rees provides an alternative own account for his actions in respect of Charge 5, he has not disputed the underlying events.

It considered that the NMC did not take steps to secure Ms Bevan's attendance, explaining that the incident is evidenced from multiple sources and that Ms Bevan's account is corroborative. The panel considered the principle of proportionality and noted that Ms Bevan's evidence is not the only evidence before it on these matters. It considered that it would not be proportionate to expect the NMC to call Ms Bevan in the circumstances and as such, the panel accepted the explanation provided by the NMC for not taking steps to secure Ms Bevan's attendance.

In conclusion, the panel regarded the allegation set out in charge 5 to be serious if found proved. In these circumstances, the panel recognised that an adverse finding

on this charge could have significant consequences for Mr Rees. However, the panel noted that Ms Bevan's evidence is not the sole or decisive, there is other material, including the Mr Rees' own admissions which are relevant to the core factual issues; and any limitations of hearsay can be reflected in the weight ultimately given to Ms Bevan's account by the panel. The panel therefore considered that it is fair to admit Ms Bevan's statement as hearsay evidence.

Ms McCarthy

The panel noted that Ms McCarthy is the doctor whose clinical decision-making is specifically referenced in Charge 6(b), and her statement addresses Mr Rees' behaviour at an MDT meeting and includes her views on whether she felt '*undermined*' in front of the patient and team. Ms McCarthy's evidence is highly relevant to Charge 6(b), which alleges that Mr Rees inappropriately challenged or undermined her.

The panel carefully considered whether Ms McCarthy's evidence is sole or decisive in relation to Charge 6(b). It noted that there is other evidence before it about the MDT discussion and Mr Rees' conduct, including the account of Ms Crabtree which refers to Mr Rees challenging the GP's medication plan and records colleagues' concerns about his manner. The panel noted however that Ms McCarthy is directly involved, and her evidence goes to the heart of the allegation, namely whether, and to what extent, she felt undermined and how Mr Rees' conduct impacted on the team dynamic and patient care. The panel was of the view that whilst Ms McCarthy's account is not the sole evidence it is decisive in respect of the issue of whether Ms McCarthy was undermined and is therefore decisive in respect of Charge 6(b).

The panel considered that, although there is some supporting evidence from others, like Ms Crabtree, Ms McCarthy's evidence would be decisive on the critical question of whether she herself experienced Mr Rees' conduct as undermining and unprofessional, as alleged in the charge.

The panel noted that without Ms McCarthy's attendance, the panel would have no opportunity to explore the context, tone and impact of the exchange. The NMC did

not take steps to secure Ms McCarthy's attendance. The explanation given was that the primary evidence was said to come from another witness, namely Ms Crabtree, and that Ms McCarthy's statement was not thought to be necessary. The panel considered this carefully and was of the view that where a doctor is specifically identified in a charge as having been undermined, and where that doctor's evidence is decisive in relation to that issue, there should ordinarily be clear and cogent reasons for not calling that doctor to give evidence in person. It noted that no such reason has been advanced by the NMC, nor was there evidence of any attempts to secure Ms McCarthy's participation.

The panel considered the seriousness of Charge 6(b) and that it alleges conduct that could amount to serious professional misconduct and carries potential consequences for Mr Rees' registration and career if found proved. The panel was of the view that where the allegation centres on Mr Rees' interaction with a named doctor, fairness requires that the named doctor is called to give evidence and be questioned in respect of their account.

The panel reminded itself that it must balance the interests of the public and the NMC in the efficient progression of the case against ensuring Mr Rees has a fair hearing. Having carried out that balancing exercise, the panel concluded that, in circumstances where Ms McCarthy's evidence is decisive on a central element of Charge 6(b), no good reason has been provided for her non-attendance; and no reasonable steps appear to have been taken by the NMC to secure her attendance, it would be unfair to Mr Rees to admit Ms McCarthy's statement as hearsay.

The panel noted that although Ms McCarthy's evidence is relevant, it would not be fair, in all the circumstances, to admit it as hearsay under Rule 31.

Mr James

The panel considered that the NMC seek to rely on an email from Mr James dated 30 March 2023, in support of a charge relating to events said to have occurred on an earlier, specified date, namely 7 March 2023.

The panel determined that Mr James's account is not relevant to the specific charges as submitted by the NMC, and it would be unfair to admit the account in support of an allegation concerning a different date and event. The application in respect of Mr James is therefore refused, and his email will not be admitted in evidence.

Ms Harry

The panel considered that Ms Harry's statement relates to an incident involving 1:1 observations of a patient, where it is alleged that Mr Rees' conduct and decision-making are in issue. It noted that Ms Harry describes her observations of Mr Rees' interactions and the steps taken when the patient became distressed. The panel concluded that Ms Harry's account is relevant to the allegations concerning the 1:1 observations.

The panel took into account that Mr Rees accepts key aspects of his presence and involvement during this incident and there were other accounts including Ms Withers' and documentary records. The panel was therefore of the view that Ms Harry's evidence is not sole or decisive.

The panel accepted that there has been no specific challenge to Ms Harry's evidence and Mr Rees' case relates more to his justification for his actions than to denying that the events occurred in broad terms. The panel was also of the view that there is no material before it to suggest that Ms Harry had any improper motive or that her account is deliberately inaccurate.

The panel noted that the NMC has not taken steps to secure Ms Harry's attendance and her account is corroborated and that the incident is adequately evidenced from multiple sources. In circumstances where Ms Harry's evidence is not sole or decisive, and having regard to proportionality, the panel was of the view that the absence of steps taken by the NMC to secure Ms Harry's attendance does not render admission of the statement unfair.

The panel appreciated that allegations concerning 1:1 observations and potential risk to a patient are serious. However, it noted that the panel can test using several

sources of evidence, including Mr Rees' own explanations. The panel is therefore satisfied that any limitations arising from the inability to cross-examine Ms Harry can properly be addressed in the weight to be attached to the evidence.

The panel therefore determined that Ms Harry's statement is relevant and is fair to admit it as hearsay under Rule 31.

Ms Withers

The panel noted that Ms Withers' statement also relates to the 1:1 observations incident, provides additional detail about Mr Rees' interaction with the patient and staff, and is clearly relevant to the same set of allegations as Ms Harry's evidence.

The panel took into account that Ms Withers is one of several witnesses to this incident, alongside Ms Harry and Mr Rees' own account and records, and her evidence is therefore not sole or decisive in nature. The panel considered, as with Ms Harry, no specific factual challenge has been directed to Ms Withers' account, and there is no suggestion of fabrication.

The panel again noted that the NMC's reasons for not seeking Ms Withers' attendance mirror those given for Ms Harry. In this regard, the panel took into account the question of proportionality and the presence of multiple other sources of evidence on the same incident. In these circumstances, the panel does not consider that fairness requires Ms Withers' attendance in person.

The panel has acknowledged the seriousness of the underlying allegations. However, given the availability of other evidence and the non-decisive nature of Ms Withers' account, the panel is satisfied that it is fair to admit Ms Withers' statement as hearsay, with any limitations in testing to be reflected in the weight placed to it.

Additional disciplinary notes and minutes

The panel went on to consider the application in respect of the additional disciplinary notes and minutes which consisted of:

- Fact-finding minutes with Mr Rees dated 7 November 2022
- Disciplinary hearing minutes dated 21 December 2022
- Minutes of disciplinary dated 17 February 2023
- Fact-finding meeting with Mr Rees dated 12 April 2023
- Disciplinary hearing minutes dated 23 May 2023

The panel noted that these documents were not accounts of individual witnesses save for Mr Rees and were documents prepared as part of the local investigatory process. The panel considered ‘DMA-6’ and the specific guidance contained within it in respect of hearsay evidence. This guidance emphasises that material gathered in the course of other investigations or other proceedings could be put before the panel and considered in NMC proceedings subject to the test of relevancy and fairness.

The panel noted all of the material above provides context and background relevant to all of the charges save for 6(b) and 6(c) and is therefore relevant to matters under consideration.

The panel went on to consider the fairness of including the above material which includes Mr Rees’ own account of matters. In respect of the disciplinary investigation documents none of the documents which form part of the hearsay application provide sole and decisive evidence in respect of the allegations. There was no challenge to their content and Mr Rees has been provided with the documentation as part of the hearing bundle prior to the hearing commencing. The panel determined in all the circumstances that it was fair to admit the disciplinary investigation documents.

The panel went on to consider the fairness of admitting Mr Rees’ account by way of hearsay evidence. The panel determined on the basis that Mr Rees is absent in these proceedings that it was fair to admit his account, so the panel is able to understand his position in respect of the allegations and explore this position when questioning witnesses.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Hoskins.

The panel has drawn no adverse inference from the non-attendance of Mr Rees.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Mr Callum Voisey: Employed by Iris Care Group
 formerly [PRIVATE], at
 [PRIVATE] as a Support
 Worker
- Ms Charlotte Stranks: Employed by [PRIVATE],
 Clinical Pharmacist
- Ms Cassy Crabtree: Formerly employed by
 [PRIVATE] as a trainee
 Forensic Psychologist
- Ms Sarah House: Employed by [PRIVATE]
 formerly [PRIVATE],
 Operations Director

- Ms David Chapman: At the time of the allegations, employed by Iris Care Group, formerly [PRIVATE] as a Nurse Consultant
- Ms Olivia Ferrari: Employed by [PRIVATE] formerly [PRIVATE], Hospital Director at [PRIVATE]

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor and referred to the NMC guidance. It considered the witness and documentary evidence provided by the NMC.

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

Charge 1)

1) On or around 7 September 2022

- a) Completed a controlled drug destruction form for a quantity of drugs, namely Methylphenidate, a Schedule 2 controlled drug

This charge is found proved.

In reaching its decision, the panel first considered the dates of the allegations and was satisfied that the events alleged at Charge 1 took place on or around 7 September 2022. It had particular regard to the controlled drug destruction record dated 7 September 2022 which included reference to Concerta (Methylphenidate) a Schedule 2 controlled drug. The panel noted that the document is titled 'controlled drug destruction record' but is referred to in the allegations and by witnesses as a '*form*'. For the purpose of the determination the panel will continue to refer to the document as a '*form*'.

The panel heard from Ms Stranks, Ms House and Ms Ferrari in respect of the procedures and processes in place for the destruction of Schedule 2 controlled drugs at [PRIVATE]. Ms Stranks in oral evidence outlined in detail to the panel the various processes involved, and the roles played by individuals in the destruction of Schedule 2 controlled drugs. Ms Stranks highlighted in particular that she had never destroyed a Schedule 2 controlled drug at [PRIVATE]. She noted that the destruction of such drugs was usually carried out by external persons appointed by the Accountable Officer at the hospital. For the destruction of Schedule 2 controlled drugs the staff involved must not be involved in destroying drugs which originate from the ward that they work on. In such circumstances both the person destroying the drugs and the witness must be appointed by the Accountable Officer.

Ms House in her written and oral evidence confirmed that the controlled drug destruction form was completed by Mr Rees. She further confirmed that Mr Rees had not attended the relevant training for the purpose of the destruction for controlled drugs.

The panel had regard to the controlled drug destruction form which is an internal [PRIVATE] form that is completed alongside the Controlled Drug Register when controlled drugs are destroyed. The controlled drug destruction form sets out the date and location of the destruction and includes the drugs description and quantity destroyed. The form requires two names, one authorised witness and one a second witness. The panel noted that Mr Rees signed as the authorised witness. In addition, the word '*pharmacil*' was entered on the form as a second witness. Furthermore, the panel noted the details section of the form which documented as follows: '*Tramadol 124x30mg tablets, Concerta XL 36mg GJ 38 tab and Concerta XL 36mg HH 24 tab*'. The panel heard evidence from Ms Stranks that Concerta is a brand name for Methylphenidate.

The panel had regard to Mr Rees' fact-finding investigation meeting dated 21 December 2022, during which he confirmed both the date of the event and that the entry was signed by him within the controlled drug destruction form.

The panel had before it fact-finding notes in which Mr Rees does not dispute that he did complete the form. He stated, *'I agree with you that is my signature'*. The panel noted under the authorised witness box contained on the controlled drug destruction form there appears to be an entry which reads *'J rees'*.

The panel considered all of the evidence before it, including Mr Rees' admission in the local fact-finding investigation. Accordingly, on the balance of probabilities the panel found the allegation in Charge 1a) proved.

b) Signed the form as an authorised witness

This charge is found proved.

In relation to Charge 1(b) and applying the same reasoning as in Charge 1(a) the panel considered the controlled drug destruction form dated 7 September 2022.

The panel considered the clear evidence of Ms Stranks who outlined the individuals able to undertake the role of authorised witness within [PRIVATE]. This evidence was supported by Ms House and Ms Ferrari. The panel considered the controlled drug destruction form in line with the evidence of the above witnesses and noted that on the form the authorised witness would be the person destroying the controlled drugs, as the form contains a box for a second witness. Ms Stranks stated that if she was involved with the destruction of controlled drugs, she would be the destroyer of the controlled drugs and only ever sign documentation as the authorised destroyer as opposed to a witness.

Furthermore, the panel had regard to the controlled drug register which was completed on the same day as the controlled drug destruction form. The signature on the controlled drug register appears to match the signature on the

controlled drug destruction form. Ms House confirms that this form was signed by Mr Rees.

The panel had before it fact finding notes in which Mr Rees does not dispute that he did complete the form. He stated, *'I agree with you that is my signature'*. The panel noted under the authorised witness box contained on the controlled drug destruction form there appears to be an entry which reads *'J rees'*.

Accordingly, the panel found that Mr Rees had signed the form as an authorised witness when he was not authorised to do so. Therefore, the panel was satisfied on the balance of probabilities that Charge 1b) was proved.

c) Entered the word "pharmacist" as a second witness on the form

This charge is found proved.

In reaching its decision on Charge 1c) the panel relied on the controlled drug destruction form dated 7 September 2022.

The panel heard from Ms Stranks in oral evidence, who confirmed when signing any document in relation to the management of controlled drugs she would always document her General Pharmaceutical Council (GPhC) registration number together with her signature. She went on to say that she would never simply enter the word *'pharmacist'*. Upon examination of the controlled drug destruction form, the panel observed the word *'pharmacil'* contained within the box marked second witness and also alongside this in the document margin was the words *'which pharmacist? I was not present?'*. Ms Stranks in oral evidence told the panel that she had written *'which pharmacist? I was not present?'* following her examination of this form whilst undertaking a quarterly audit in December 2022. She confirmed she did not write in the second witness box on the controlled drug destruction form. Further the panel considered that it would be unlikely that she would write the word *'pharmacil'* on the form in any event.

The panel also relied on the fact-finding meeting dated 21 December 2022 in which Mr Rees stated, *'I have not signed Ms Stranks' name I wrote pharmacist'*.

The panel considered all of the evidence before it, including Mr Rees' admission in the local fact-finding investigation. Accordingly, on the balance of probabilities the panel found the allegation in Charge 1c) proved.

Charge 2)

2) On or around 7 September 2022

- a) Completed a controlled drug destruction form for a quantity of drugs, namely tramadol, a Schedule 3 controlled drug

This charge is found proved.

In reaching its decision, the panel first considered the dates of the allegations and was satisfied that the events alleged at Charge 2 took place on or around 7 September 2022. It had particular regard to the controlled drug destruction form dated 7 September 2022 which included reference to Tramadol a Schedule 3 controlled drug.

The panel heard from Ms Stranks, Ms House and Ms Ferrari in respect of the procedures and processes in place for the destruction of Schedule 3 controlled drugs at [PRIVATE]. Ms Stranks in oral evidence outlined in detail to the panel the various processes involved, and the roles played by individuals in the destruction of Schedule 3 controlled drugs. Ms Stranks highlighted in particular that Schedule 3 controlled drugs can be destroyed by two registered healthcare professionals on the ward where the destruction is taking place. However, both registered healthcare professionals must have completed the training to undertake the destruction of controlled drugs. Mr Rees could have been one of these registered healthcare professionals had he completed the training for the destruction of controlled drugs.

Ms House in her written and oral evidence confirmed that the controlled drug destruction form was completed by Mr Rees. She further confirmed that Mr Rees had not attended the relevant training for the purpose of the destruction for controlled drugs.

The panel noted its previous conclusions as set out above in Charge 1a) in respect of the completion of the controlled drug destruction form.

It had regard to Mr Rees' account, in the fact-finding meeting dated 21 December 2022, and the disciplinary meeting notes, during which Mr Rees accepted he had completed the form.

The panel further noted that the controlled drug destruction form and corresponding controlled drug register entry which both have the same completion dates, namely 7 September 2022, and related to the same drugs.

The panel considered all of the evidence before it, including Mr Rees' admission in the local fact-finding investigation. Accordingly, on the balance of probabilities the panel found the allegation in Charge 2a) proved.

b) Signed the form as an authorised witness

This charge is found proved.

In relation to Charge 2(b) and applying the same reasoning as in Charge 1b) the panel considered the controlled drug destruction form dated 7 September 2022.

The panel noted the oral and written evidence of Ms Stranks in which she recalls undertaking the destruction of Tramadol with Mr Rees. The panel went on to consider whether this could have occurred on 7 September 2022. Ms Stranks in her written evidence stated that Mr Rees asked her to destroy some Tramadol capsules that were expired/not in use. Ms Stranks stated Mr Rees had witnessed Tramadol capsules being denatured by her and the controlled

drug register was signed by her to show this. Her recollection as to the dates of when this occurred was unclear and in live evidence, she was unable to confirm the date of the event.

In her oral evidence however, she was consistent and clear that the entries in the Controlled Drug Register dated 7 September 2022 were not made by her. She confirmed that she did not destroy Tramadol with Methylphenidate and was clear that she never destroyed Methylphenidate, a Schedule 2 controlled drug, at [PRIVATE]. The panel noted the controlled drug destruction form which relates to the destruction of both drugs on the same date. Further the Controlled Drug Register records both drugs being destroyed on the same date and time.

Whilst the panel noted Ms Stranks' evidence that she recalls destroying Tramadol with Mr Rees, despite his lack of training, the panel considered that this event could not have occurred on 7 September 2022. The panel reached its conclusion on the basis that Ms Stranks was clear in her recollection that Schedule 2 drug had never been destroyed by her. Both the controlled drug register and the destruction form indicate that both drugs were destroyed at the same time. The panel considered the documentation in detail and noted the evidence of Ms Stranks that she would not sign either document as a pharmacist without the inclusion of her registration number. In addition, Ms Stranks categorically denied that the signatures within the controlled drug register on 7 September 2022 were hers.

Ms House confirmed, in her oral evidence to the panel, that this form was signed by Mr Rees. This signature on the controlled drug register appears to match the signature on the controlled drug destruction form.

The panel considered Mr Rees' admission in the local fact-finding investigation that he signed the controlled drug destruction form and there appears to be an entry which reads '*J rees*'.

Accordingly, the panel found that Mr Rees had signed the form as an authorised witness when he was not authorised to do so. Therefore, the panel was satisfied on the balance of probabilities that Charge 2b) was proved.

c) Entered the word “pharmacist” as a second witness on the form

This charge is found proved.

In reaching its decision on Charge 2c) the panel relied on the controlled drug destruction form dated 7 September 2022.

The panel considered its previous conclusions that Ms Stranks would not have signed any document in relation to the management of controlled drugs without her General Pharmaceutical Council (GPhC) registration number and would never simply enter the word ‘*pharmacist*’. Upon examination of the controlled drug destruction form, the panel observed the word ‘*pharmacil*’ contained within the box marked second witness and also alongside this in the document margin the words ‘*which pharmacist? I was not present?*’. Ms Stranks in oral evidence told the panel that she had written these words following her examination of this form whilst undertaken a quarterly audit in December 2022. She confirmed she did not write in the second witness box on the controlled drug destruction form, and the panel considered it was unlikely that Ms Stranks would write the word ‘*pharmacil*’ in the second witness box, given her evidence on being the destroyer of controlled drugs and on the basis on her evidence of how she would sign documentation.

The panel also relied on the fact-finding meeting dated 21 December 2022 in which Mr Rees stated, ‘*I have not signed Ms Stranks’ name I wrote pharmacist*’.

The panel considered all of the evidence before it, including Mr Rees’ admission in the local fact-finding investigation. Accordingly, on the balance of probabilities the panel found the allegation in Charge 2c) proved.

Charge 3)

3) Your actions at one or more of Charges 1 and/or 2 were dishonest in that you knew that

a) you were not authorised to be a witness

This charge is found proved.

In considering this charge the panel had, in the forefront of its mind, the case of *Ivy v Genting Casinos* [2017] UKSC 67 and the “test” before establishing dishonesty. The panel asked itself the following questions:

1. *What did the Registrant know or believe as to the facts and circumstances in which the alleged dishonesty arose?*
2. *Given the Registrant’s knowledge and belief of the circumstances they were in, was the Registrant’s conduct dishonest by the standards of an “ordinary decent person”?*

Mr Rees is a registered nurse with 28 years of experience and had previously been a unit manager. He was regarded as a senior nurse. The panel determined that the management of controlled drugs would have been a significant part of his day to day duties and responsibilities for a number of years. Furthermore, the panel concluded that accurate record keeping is a basic function of the nursing profession and would have been covered countless times during his significant training over a number of years. The panel noted the training matrix produced by Ms House which shows that Mr Rees completed a training course entitled ‘*Information Governance and Record Keeping*’ on 20 March 2022. The witness also stated in her oral evidence that there is a specific course covering the disposal of controlled drugs and that Mr Rees had not completed this course. She went on to say that there were posters displayed at [PRIVATE] which reminded people of the hospital policy regarding controlled drug destruction.

The panel noted that Mr Rees has never disputed completing the controlled drug destruction form and that his entries were always intended to provide an audit trail. In his fact finding meeting he stated '*...but it is poor practice by me in terms of how to complete the form. And I accept that.*' The panel concluded that his account of constructing an audit trail is not credible on the basis that he is not authorised to destroy Schedule 2 controlled drugs nor be an authorised witness. Further, he is not trained to destroy Schedule 3 controlled drugs. The panel noted its conclusions in respect of the clear and consistent evidence of Ms Stranks, that she did not destroy Schedule 2 controlled drugs at [PRIVATE]. Ms Stranks was also clear that she did not sign the controlled drug register and would not have completed the document in the manner shown. Further, Ms Stranks noted she would never be the second witness on the controlled drug destruction form.

Next, the panel went onto consider whether his conduct would be regarded as dishonest by applying the objective standards of an ordinary decent person.

The panel determined that there was clear evidence that Mr Rees was not authorised to be a witness to the destruction of either the Schedule 2 or 3 controlled drug and by signing a controlled drug destruction form in the manner found proved in Charge 1 and 2 Mr Rees' actions would have been regarded as dishonest conduct by the standards of the ordinary decent person.

The panel therefore found Charge 3a) proved in respect of Charges 1 and 2.

b) you were not authorised to destroy controlled drugs

This charge is found proved.

The panel noted its conclusions in Charge 3a) above and the panel heard from Ms Stranks, Ms House and Ms Ferrari all who were credible, clear and consistent within their oral evidence.

The panel considered all of the evidence and determined that Mr Rees was not an authorised person to destroy Schedule 2 controlled drugs. In order to destroy schedule 2 controlled drugs a pharmacist or an external party to the hospital would be required for the destruction. Mr Rees was not trained in the destruction of controlled drugs as evidenced by Ms House and Ms Ferrari and therefore should not have been a destroyer or an authorised witness for the destruction of controlled drugs. Further, under the policy staff are not allowed to destroy or be involved in the destruction of Schedule 2 controlled drugs on their own ward. In all the circumstances, Mr Rees should not have been involved in the destruction of Schedule 2 controlled drugs as outlined on the form.

The panel noted its previous conclusions in respect of Mr Rees not destroying Tramadol with Ms Stranks on the 7 September 2022. It noted Ms Stranks' clear evidence that she never destroyed a Schedule 2 controlled drug at [PRIVATE] and noted that the records show that a Schedule 2 controlled drug was destroyed with Schedule 3 Tramadol on the same date and time.

The panel noted its previous conclusions in respect of Mr Rees' knowledge and belief of the circumstances at the relevant time on the basis on all the evidence before the panel. It determined the actions of Mr Rees were dishonest by the standards of the ordinary decent person in respect of the fact that the panel concluded that Mr Rees knew he was not authorised to destroy either controlled drug.

The panel therefore found Charge 3b) proved in respect of Charges 1 and 2.

c) the pharmacist was not present and had not signed the form

This charge is found proved.

The panel noted its conclusions in Charge 3a) and 3b) above the panel heard from Ms Stranks, Ms House and Ms Ferrari all who were credible, clear and consistent within their oral evidence.

The panel considered its previous conclusions in respect of the evidence of Ms Stranks. Ms Stranks was clear that she was not present for the destruction of a Schedule 2 controlled drug and the panel noted its conclusions in respect of both drugs being destroyed on the same date. Ms Stranks gave clear evidence that she did not sign the controlled drug destruction form or the Controlled Drug Register.

The panel noted its previous conclusions in respect of Mr Rees' knowledge and belief of the circumstances at the relevant time on the basis on all the evidence before the panel. It determined the actions of Mr Rees were dishonest by the standards of ordinary decent person in respect of the fact that he knew that the pharmacist was not present for the destruction of either controlled drug and had not signed the form as a witness.

The panel therefore found Charge 3c) proved in respect of Charges 1 and 2.

d) there was no second witness to the destruction

This charge is found proved.

The panel noted its conclusions in Charge 3a), 3b) and 3c) above the panel heard from Ms Stranks, Ms House and Ms Ferrari all who were credible, clear and consistent within their oral evidence.

The panel considered its previous conclusions in respect of the evidence of Ms Stranks. Ms Stranks was clear that she would be the destroyer of controlled drugs and never a witness. Ms Stranks was clear that she was not present for the destruction of a Schedule 2 controlled drug and the panel noted its conclusions in respect of both drugs being destroyed on the same date. Ms Stranks gave clear evidence that she did not sign the controlled drug destruction form or the Controlled Drug Register on 7 September 2022 and the panel noted its conclusions as to the likelihood of her writing the word '*pharmacil*' in the second witness section of the form.

The panel noted its previous conclusions in respect of Mr Rees' knowledge and belief of the circumstances at the relevant time on the basis on all the evidence before the panel. It determined the actions of Mr Rees were dishonest by the standards of the ordinary decent person on the basis that Ms Stranks was not present on 7 September 2022 and was not therefore the second witness to the destruction of the controlled drugs.

The panel therefore found Charge 3d) proved in respect of Charges 1 and 2.

Charge 4)

- 4) On 15 September 2022 varied the terms of Patient A's home leave when you were not authorised to do so.

This charge is not found proved.

The panel carefully considered Patient A's Section 17 leave document, this is a legal form which outlines the leave a person can take away from the hospital. As part of the agreed authorised leave the panel noted it was documented that Patient A *'may have up to two hours unescorted in the custody of his mother to remain within her home'*.

Mr Chapman who was the responsible clinician for completing the section 17 leave form confirmed that the quantity of the leave could be varied by agreement between staff and family as long as it remained within the two-hour period. In addition, Mr Chapman stated that the two hour time period would only commence when the patient begins the unescorted leave with his mother.

The panel considered the evidence of Mr Voisey, together with the hearsay evidence of Marvellous I, and was satisfied that the home visit took place in challenging circumstances. The panel accepted that the visit began with difficulty and that Patient A's mother and sister were challenging Marvellous I about the circumstances of the visit. Due to the difficulties the panel noted that there was no evidence, either oral or documentary, to establish the exact time at which the home visit commenced.

The panel carefully considered the evidence relating to the communications between witnesses and Mr Rees on the day. It accepted Mr Voisey's evidence that communication took place between him and Mr Rees by telephone and via Instagram direct messages. The panel noted that Mr Voisey attempted to obtain guidance from the hospital, but those attempts were not immediately successful. The panel heard in oral evidence that as a result Mr Voisey contacted Mr Rees, who was not on duty that day.

The panel reviewed the Instagram messages and accepted that they demonstrated communication between Mr Voisey and Mr Rees. The panel considered that at no point during those communications was there evidence of Mr Rees specifically varying the terms of Patient A's home leave nor was it appropriate on the basis of the evidence before it for the panel to infer that such a variation had taken place given the content of the messages. The panel further noted that Mr Voisey stated that Mr Rees advised him to contact the hospital, which was consistent with Mr Rees' account provided during the local investigation.

The panel also considered the evidence of Ms Ferrari, who expressed the view that the investigation was inconclusive as to whether Mr Rees varied the terms of Patient A's leave and reflected differing interpretations of the events on the day.

Having considered all of the evidence, the panel concluded that, on the balance of the probabilities, this charge is not proved in that there was insufficient evidence before it to suggest that Mr Rees had varied the terms of Patient A's leave.

The panel therefore found Charge 4 not proved.

Charge 5)

5) On 13 October 2022, contrary to the Search Protocols policy, on Patient A's return from leave conducted a search of Patient A:

a) On your own

- b) After Patient A was left unattended in the corridor
- c) On the unit
- d) In a room that was open to public view

This charge is found proved.

The panel considered Charge 5a), 5b), 5c) and 5d) together and found them proved.

The panel noted that the Search Protocol Policy required searches to be conducted by two members of staff and with an obligation to conduct the search off the unit.

The panel accepted the evidence of Ms House that an email marked '*high importance*' was sent to all staff on 18 August 2022, setting out clear instructions to read and comply with the search policy. Ms House in oral evidence confirmed this applied to all staff. The panel also accepted the evidence of Mr Chapman, who produced an email from the IT help desk, confirming that Mr Rees was sent the email and had opened it.

The panel accepted the evidence of Mr Chapman that Patient A was left unattended in the corridor prior to the search. The panel was satisfied that this search occurred on the unit. In line with hospital policy the search should have been undertaken in the secure reception area of the hospital using designated rooms set aside to undertake patient searches prior to patients returning to their ward.

In relation to the location of the search the panel accepted the evidence of Mr Chapman that, although the room was otherwise private, it had a large window which allowed the room to be viewed by anyone (staff, patients, visitors) walking past it on the corridor. This evidence was also supported by Ms House in oral evidence that there was a large window that could be looked into. The panel noted that the evidence of Mr Chapman was corroborated by the hearsay evidence of Ms Bevan who confirmed that the search took place on the unit and in a room that was open to public view. In addition, Ms Bevan confirmed that Patient A was left unattended in the corridor as she heard Mr Rees say to Patient A:

'... "If you stand there, I'll just put the bins into the office" ...'

The panel noted that during a disciplinary meeting minutes with Mr Rees and his RCN representative, dated 7 November 2022, Mr Rees accepted that the search should have been conducted by two staff members and acknowledged that he conducted the search alone.

Based on the evidence of Ms House, 5, 10 and Mr Rees' own admission in the disciplinary meeting minutes the panel found Charge 5a), 5b), 5c) and 5d) proved on the balance of probabilities.

Charge 6)

6) During MDT meetings behaved unprofessionally in that you undermined other colleagues by:

a) Within the period October 2019 and October 2022, conducted conversations with other persons whilst the meeting was going on

This charge is found not proved.

In relation to Charge 6a), the panel heard evidence from Ms Crabtree. She told the panel that Mr Rees had a lot of conversations with one particular student nurse during the MDT meetings. Ms Crabtree described Mr Rees as being loud during those meeting on more than one occasion. In her written evidence Ms Crabtree stated:

'There were occasions when we had young female student nurses attend the MDT meetings and Jason would have loud side conversations with them about nothing to do with what we were discussing.'

In oral evidence when questioned, Ms Crabtree confirmed the conversations only occurred with one student nurse that she could recall.

The panel heard from Mr Chapman who offered a different version of what happened during the MDT meetings. In live evidence Mr Chapman told the panel that on one occasion Mr Rees conducted a whispered side conversation with a student nurse however he felt that this did not disrupt the meeting. Mr Chapman was leading the MDT meeting and was discussing the patient when this alleged conversations took place.

The panel also heard from Ms House, she told the panel in her oral evidence that the incident at the MDT meeting did not lead to disciplinary action because it was discredited at the investigation stage.

The panel went onto consider whether Mr Rees' behaviour was unprofessional or undermining in respect of the conversations he had whilst the MDT meeting was ongoing. The panel noted that there were inconsistencies within Ms Crabtree's evidence as to the nature and circumstances of the alleged conversations. Further, Mr Chapman confirmed that he did not find Mr Rees' conversations to be disruptive. On the basis of the evidence before the panel it was not satisfied that the behaviour of Mr Rees was unprofessional or undermining.

Accordingly, on the balance of probabilities the panel did not find this charge proved.

b) Between approximately July 2022 and October 2022, challenged a doctor's decision on what medication a patient should be prescribed

This charge is found not proved.

In relation to Charge 6b) the panel noted that MDT's meetings are designed to have open conversations regarding clinical matters. The panel heard from Mr Chapman, he stated:

"I recall that Jason was very patient centred within the MDT setting... there were times where his patient centeredness could stray into the area of patient advocacy."

The panel considered its previous decision in respect of the inadmissible hearsay evidence of Ms McCarthy on the basis that this was decisive evidence in support of the allegation. The panel noted the NMC's submissions that the panel should take a more objective interpretation as to the question of whether or not something is unprofessional or undermining in an MDT meeting. The panel considered the nature of MDT meetings and the fact that such meetings offer professionals an equal opportunity and an open forum to discuss the management of patient care. The panel considered that these meetings by their nature often involve an element of discussion and challenge.

The panel heard from Mr Chapman that Mr Rees was keen to advocate for patients where appropriate and said:

'I recall that Jason was very patient centered within the MDT setting.'

Ms Crabtree was questioned by the panel in respect of Mr Rees' advocacy for patients and whether his challenge could have been an example of this. Ms Crabtree confirmed this could have been the case.

In the absence of the inadmissible evidence of Ms McCarthy and in the background of the nature of MDT meetings and Mr Rees' style of advocacy for patients, the panel taking an objective view, considered that the NMC failed to satisfy the burden of proof in respect of Mr Rees behaving in an unprofessional or undermining manner by challenging Ms McCarthy's decision on medication prescribed to a patient.

Accordingly, the panel did not find this charge proved.

c) Within the period of October 2019 and October 2022, told a patient that an investigation would find that they had not done anything wrong.

This charge is found not proved.

The panel did not have sufficient evidence before it to prove this charge. It noted the evidence of Ms Crabtree who reported concerns that an investigation was ongoing

Mr Rees had told a patient involved during an MDT that he should not be worried as there was no proof that he had done anything wrong. In live evidence Ms Crabtree made it clear she was not involved directly in the investigation, nor did she have firsthand knowledge of the status of this investigation and as such she was unable to confirm whether or not it was appropriate to disclose information at that stage.

The panel had no further evidence that relates to this charge.

The panel determined that given the lack of Ms Crabtree's knowledge of the investigation and the insufficiency of any further evidence it was unable to determine on the balance of probabilities that Mr Rees unprofessionally or in an undermining manner in respect of his disclosure to a patient of details of an investigation.

Accordingly, the panel did not find charge 6c) proved.

Charge 7)

7) Between 6 March 2023 and 24 March 2023 breached your Conditions of Practice Order in that you:

(a) Failed to notify your employers, [PRIVATE], of the terms of the Interim Conditions of Practice Order, imposed by the NMC's Investigating Committee on 20 December 2022

(b) Failed to provide a copy of the terms of the Interim Conditions of Practice Order, imposed by the NMC's Investigating Committee on 20 December 2022

This charge is found proved.

The panel noted that Mr Rees was subject to an Interim Conditions of Practice Order which was imposed on 20 December 2022. This was confirmed to him in a letter dated 21 December 2022 which set out the specific conditions which formed part of the order. This stated in condition 8:

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

a) Any organisation or person you work for.

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

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

The panel determined that this imposed upon Mr Rees a clear duty to inform and provide a copy of his conditions *'immediately'* to his employer.

The panel further had regard to the Code, specifically Code 23.3 which states:

'23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.'

Mr Rees returned to work on 6 March 2023 following a period of suspension. Ms House and Ms Ferrari confirmed that prior to this date, Mr Rees had not provided a copy of his interim conditions of practice order imposed on 20 December 2022 to them. It was confirmed by Ms House and Mr Chapman in their oral evidence that they had undertaken Mr Rees return to work interview/discussion on his first day back at work on 6 March 2023 and that the letter outlining the discussions at this meeting was sent to Mr Rees on 17 March 2023. They confirmed that Mr Rees did not provide a copy of the terms of his interim conditions order to them at the meeting nor did he notify them of the exact terms.

Whilst the panel heard evidence that Mr Rees mentioned the fact that he was subject to restrictions in his disciplinary hearing on 17 February 2023, he did not notify the organisation of the exact terms of his restrictions or provide a copy of the order.

The panel noted the evidence of Ms Ferrari supported by Ms House that the first time Mr Rees provided a copy of his conditions of practice order was 25 March 2023.

The panel considered Mr Rees had many opportunities to disclose his conditions between 6 March and 24 March 2023 and despite this he failed to notify his

employer of the terms or provide a copy of them. In all the circumstances the panel considered that Mr Rees was in breach of his conditions of practice order.

Accordingly, the panel found Charge 7(a) and 7(b) proved.

Charge 8)

8) On 21 March 2023 informed your employers that there were no restrictions placed on your practice by the NMC when you knew that that was not true.

This charge is found proved.

In reaching its decision on Charge 8, the panel considered Supervision Meeting notes dated 21 March 2023 that took place between Mr Rees, Ms Ferrari and a fellow colleague. It heard from Ms Ferrari in relation to this document in oral evidence, she told the panel that her understanding from what Mr Rees told her during the meeting was that there were no restrictions placed on his practice by the NMC. This was also corroborated in her written evidence in which Ms Ferrari stated:

‘The registrant on 21 March 2023, had a 1 to 1 meeting with me. The registrant stated he had no restrictions on his practise also that he could practice as a nurse and didn’t need to be managed closely. However, I discussed with him that the Nursing and Midwifery Council (“NMC”) website it stated that there were restrictions on the registrant but not detailing what these restrictions were.’

Further, Ms Harry’s hearsay account sets out the following in respect of Mr Rees *‘he did labour the point that he was able to do everything, there were no restrictions on him and that he was supernumerary.’*

The panel noted Mr Rees’ account, in that he said in the fact-finding meeting on 12 April 2023 that when he discussed a lack of restriction, he raised this in respect of restrictions relevant to patient care. Ms Ferrari, in her oral evidence when questioned

about this, categorically stated that this was not a miscommunication, and Mr Rees had explicitly stated that he was not subject to any restrictions.

The panel considered both accounts but were of the view that Mr Rees had a duty to disclose and provide a copy of all of his conditions immediately. The panel considered Ms Ferrari to be credible and clear that Mr Rees informed her that there were no restrictions placed on his practice by the NMC.

The panel therefore determined that on the balance of probabilities, it finds Charge 8 proved.

Charge 9

9) Your conduct Charge 7a and/or Charge 7b and/or Charge 8 above was dishonest because it was motivated to conceal for as long as possible the conditions that restricted your practise by an interim conditions of practice order.

In considering this charge the panel had, in the fore front of its mind, the case of *Ivy v Genting Casinos* [2017] UKSC 67 and the “test” before establishing dishonesty. The panel asked itself the following questions:

1. *What did the Registrant know or believe as to the facts and circumstances in which the alleged dishonesty arose?*
2. *Given the Registrant’s knowledge and belief of the circumstances they were in, was the Registrant’s conduct dishonest by the standards of an ‘ordinary decent person’?*

The panel noted that Mr Rees was present on 20 December 2022 where a panel imposed a conditions of practice order on him. He was sent a letter to his registered email address dated 21 December 2022 following his interim order hearing. This letter contained full details of the conditions to which he was subject to including Condition 8 as set out above. The panel determined that the letter makes it clear that

Mr Rees has an ongoing duty to notify and provide a copy of the condition to his employer.

The panel noted the account given by Mr Rees within the disciplinary hearing on 23 May 2023, that he did not really read the conditions of practice letter and did not take the conditions in as the events were traumatic, he conceded he had a requirement to inform his employer and did not do so until three months later. He stated the comment he made to Ms Ferrari was not in relation to NMC conditions but instead hospital conditions and he thought that Ms House was aware of his conditions.

The panel considered the credibility of the account provided by Mr Rees. The panel noted that while he may have been anxious due to the circumstances of his practice restrictions this did not explain his failure to notify his employers of the full terms of his conditions of practice order or provide a copy. Further, the panel considered Mr Rees was a senior nurse with 28 years' experience and would have been familiar with the nursing Code including Code 23.3 and his duty to fully disclose his NMC restrictions.

Having considered all of the evidence above the panel determined that Mr Rees' account is not credible. In reaching this decision, the panel considered the evidence of Ms Ferrari who was clear in her evidence that there was no ambiguity in respect of what Mr Rees communicated about not being subject to NMC restrictions.

Next, the panel went onto consider whether Mr Rees' actions would be considered to be dishonest by the standard of an ordinary decent person on the basis that he was motivated to conceal the conditions placed on his practice.

The panel determined that, the return to work meeting with Ms House and Ms Ferrari on 6 March 2023 should have prompted him to notify [PRIVATE] of his conditions. Mr Rees then went on, as determined by the panel, to inform Ms Ferrari that he was not subject to any restrictions by the NMC. His denial of being subject to any restrictions was also supported by Ms Harry. Further the panel considered that Mr Rees did not provide a copy of his conditions until a significant period of time after returning to work namely the 25 March 2023. In all the circumstances and having

discounted Mr Rees' explanation of events the panel concluded the ordinary decent person would find Mr Rees acted dishonestly and was motivated to conceal the conditions restricting his practice for as long as possible.

Accordingly, the panel found Charge 9 proved as it relates to Charge 7(a),7(b) and Charge 8.

Charge 10)

10) On 7 March 2023 you conducted a 1:1 meeting with Patient B, acting against instructions not to do so.

This charge is found proved.

The panel considered the documentary evidence of Mr Rees' return to work interview which took place on 6 March 2023 and was subsequently followed up in a letter detailing the conversation that took place dated 17 March 2023 with Ms House and Ms Ferrari. The panel noted that within this interview it was made very clear to him that:

'... we discussed there would be no lone worker, which includes 1:1 support of female patients and you would not put yourself in a position of knowingly or intentionally being alone with a female patient.'

When asked in oral evidence, both Ms House and Ms Ferrari reinforced that this discussion with Mr Rees did happen. Both witnesses were very certain and stressed the importance of Mr Rees not meeting 1:1 with female patients. The panel determined that their oral evidence was clear and corroborated each other's account that Mr Rees was told he should not work alone with female patients.

Ms Harry and Ms Withers' hearsay evidence stated they witnessed Mr Rees undertaking a 1:1 meeting with Patient B in the activities room. Patient B is a female patient. Ms Withers provided evidence that as a result she went in to interrupt the meeting and reminded Mr Rees that there should be no 1:1 meetings with this

patient. Ms Withers stated that in this meeting Mr Rees replied, '*I know what you are saying*' but, continued with the 1:1 with Patient B.

The panel noted that in the fact-finding interview on 6 April 2023, Mr Rees accepted that on 7 March 2023 he did conduct a 1:1 meeting with Patient B a female patient.

The panel determined that there was no material dispute that a 1:1 meeting with Patient B took place on 7 March 2023. Within the fact-finding meeting, Mr Rees accepted that he demonstrated a very poor judgement in relation to conducting this 1:1 meeting with Patient B.

In the evidence of Ms Harry confirmed that within an MDT meeting that those present were also reminded not to conduct 1:1 meetings with Patient B who made allegations against staff. Mr Rees accepts that he was in the MDT meeting but disputes hearing this.

The panel preferred the evidence of Ms Harry and considered that this demonstrated further evidence of Mr Rees being aware of the instruction not to have 1:1 meetings with Patient B.

On the basis on all the evidence before it the panel concluded that Mr Rees conducted a 1:1 meeting with Patient B acting against instructions not to do so.

Accordingly, the panel found Charge 10 proved.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Rees was not in attendance and that the Notice of Hearing letter had been sent to Mr Rees registered email address by secure email on 22 December 2025.

Mr Hoskins submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and that the hearing was to be held in person, including instructions on how to join and, amongst other things, information about Mr Rees' right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Rees has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Rees

The panel next considered whether it should proceed in the absence of Mr Rees. It had regard to Rule 21 and heard the submissions of Mr Hoskins who invited the panel to continue in the absence of Mr Rees.

Mr Hoskins submitted that there had been no engagement at all by Mr Rees with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*'.

The panel has decided to proceed in the absence of Mr Rees. In reaching this decision, the panel has considered the submissions of Mr Hoskins and the advice of the legal assessor. It has had particular regard to the factors set out in the decision

of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Rees;
- Mr Rees has not engaged with the NMC and has not responded to any of the letters sent to him about this hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Rees in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him. Furthermore, the limited disadvantage is the consequence of Mr Rees' decision to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Rees. The panel will draw no adverse inference from Mr Rees' absence in its findings of Misconduct and Impairment.

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 Rees' 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 Rees' fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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*'.

Mr Hoskins provided the panel with detailed written submissions on Misconduct and Impairment.

In those submissions, Mr Hoskins 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.

Mr Hoskins identified the specific, relevant standards where Mr Rees' actions amounted to misconduct.

He identified three broad categories of concern: deficiencies in record keeping, arising from Charges 1 and 2; inappropriate interactions and failures to maintain proper professional boundaries with patients, arising from Charges 5 and 10; and dishonesty concerning clinical activity, arising from Charges 3 and 7- 9. Mr Hoskins, submitted that the conduct engaged and breached a number of provisions of the NMC Code, including paragraphs 1.2, 2.1, 10.3, 13.4, 18.2, 19.1, 20.2 and 23.3.

Mr Hoskins submitted that Mr Rees was not a newly qualified or inexperienced nurse working outside his usual area of practice. He had been a Registered Nurse for

approximately 28 years, had worked on the unit for a considerable period and had previously held the position of Unit Head. Although Mr Rees had not completed the specific training relating to the destruction of controlled drugs, the panel had found that the relevant procedures formed a significant and basic part of his day-to-day role and that appropriate signage regarding the destruction of controlled drugs was displayed on the units. Similarly, in relation to Charge 5, although the relevant protocol was new, Mr Rees had received and seen a specific email notifying him of it. Mr Hoskins therefore submitted that the conduct could not properly be attributed to inexperience, naivety or unfamiliarity with the clinical environment.

Mr Hoskins submitted that Mr Rees' seniority and experience were also relevant because other members of staff looked to him as an experienced practitioner. Mr Hoskins relied on the evidence of Mr Voisey in submitting that Mr Rees' practice had the capacity to "*set the tone*" for more junior and unregistered members of staff.

Mr Hoskins further submitted that the concerns were neither isolated nor confined to a single aspect of Mr Rees' practice. Rather, what the NMC characterised as an underlying attitudinal concern across a range of contexts, including medicines record keeping, searches of patients, conducting a one-to-one interaction contrary to protocol, failure to comply with conditions of practice imposed for the protection of patients, and repeated dishonesty. The breadth of the concerns was therefore significant because it demonstrated shortcomings across several areas of professional responsibility.

Mr Hoskins submitted that the findings could not properly be characterised as an accidental or momentary lapse. The conduct on 7 September 2022 concerned more than one controlled drug and had been found to be deliberate. He further relied upon Mr Rees' explanation that he had sought to "*construct an audit trail*". Although the panel had rejected that explanation as providing sufficient justification for his actions, the NMC submitted that it nevertheless reinforced the deliberate nature of the conduct.

Mr Hoskins further submitted that the dishonesty relating to the conditions of practice was neither isolated but persisted over a period of almost three weeks. The panel

had found that Mr Rees had “*many*” opportunities to notify his employer of the conditions, which had themselves been in place since December 2022. In those circumstances, Mr Hoskins submitted that the repeated and continuing nature of the dishonesty materially increased the seriousness of the misconduct.

Mr Hoskins submitted that Mr Rees’ conduct demonstrated a lack of proper regard for procedures specifically designed to protect patients and staff. This was reflected in the destruction of more than one controlled drug without adherence to the required procedure, the inadequate search of Patient A, and Mr Rees’ failure to comply with the NMC conditions of practice. In particular, Mr Hoskins submitted that the failure to comply with those conditions represented a serious disregard of a regulatory mechanism imposed for the protection of the public and the maintenance of patient safety.

Mr Hoskins also emphasised the potential for harm. The patient-search procedures served an important safety function by preventing contraband from entering the units, while the requirement concerning the one-to-one interaction with Patient B was similarly directed towards the safety of both patients and staff. Failure to observe those safeguards therefore created a risk of harm, irrespective of whether actual harm ultimately occurred.

Mr Hoskins submitted that dishonesty relating to record keeping arose in an area which the panel itself had described, in its decision on Charge 3, as both a “*significant*” and “*basic*” aspect of Mr Rees’ nursing practice. Mr Hoskins further submitted that Mr Rees’ deliberate failure to disclose his conditions of practice to his employer significantly undermined the safety of patients and functioning of the regulatory regime to maintain public confidence.

Mr Hoskins submitted that the findings represented considerably more than isolated errors or minor departures from the standards expected of a Registered Nurse. Having regard to Mr Rees’ considerable experience and seniority, the nature, breadth and repetition of the conduct, the findings of deliberate dishonesty, the disregard of established clinical and regulatory safeguards, and the consequent risks

to patient and staff safety, he submitted that the conduct, viewed both individually and cumulatively, was sufficiently serious to amount to professional misconduct.

Submissions on impairment

Mr Hoskins moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Hoskins acknowledged that Mr Rees had made some concessions in relation to his conduct. During the investigatory and disciplinary processes, he had accepted, that the signature on the controlled drug destruction records was his, that aspects of his record keeping amounted to “*poor practice*”, that the search which formed the subject of Charge 5 should have involved two members of staff, and that he had conducted the one-to-one meeting with Patient B. However, Mr Hoskins submitted that these concessions did not demonstrate sufficiently developed insight into the underlying causes of the conduct.

Mr Hoskins further submitted that Mr Rees had not engaged with the regulatory proceedings and, consequently, there was no evidence before the panel of any meaningful development in his insight since 2023. Mr Hoskins submitted that the evidence of insight remained limited.

Mr Hoskins submitted that a common theme emerged from the wider findings, namely an apparent willingness on Mr Rees’ part to depart from established procedures, protocols and regulatory restrictions where he considered the circumstances justified doing so. He submitted that this reflected an underlying attitudinal concern which was not readily remediable and, in the absence of evidence demonstrating that it had been addressed, gave rise to a significant risk of repetition.

Finally, Mr Hoskins invited the panel to consider the wider public-interest considerations identified in *Grant*, including the need to uphold proper professional standards and maintain public confidence in the nursing profession. He submitted that those objectives would be undermined in the absence of a finding of impairment, particularly given the scale and repeated nature of the dishonesty. Honesty, he submitted, was a fundamental requirement of the nursing profession. Further, Mr Rees' failure to comply with the conditions of practice, as reflected in Charge 7 and 8, directly undermined the regulatory framework imposed by the NMC for the protection of the public.

Accordingly, Mr Hoskins submitted that, having regard to the limited evidence of insight, the absence of demonstrated remediation, the risk of repetition, the repeated dishonesty and the wider need to uphold professional standards and public confidence, Mr Rees' fitness to practise is currently impaired.

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*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

The panel first considered whether the conduct found proved amounted to misconduct. It recognised that a breach of the Code does not automatically result in a finding of misconduct and considered the seriousness of the conduct in the circumstances of the case.

When determining whether the facts found proved amounted to misconduct, the panel had regard to the terms of the Code and was of the view that Mr Rees' actions amounted to a breach in a number of areas. Specifically:

'1 Treat people as individuals and uphold their dignity

1.2 make sure you deliver the fundamentals of care effectively

5 Respect people's right to privacy and confidentiality As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

5.1 respect a person's right to privacy in all aspects of their care

10 Keep clear and accurate records relevant to your practice

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

13 Recognise and work within the limits of your competence

13.4 take account of your own personal safety as well as the safety of people in your care

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

20 Uphold the reputation of your profession at all times

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

23 Cooperate with all investigations and audits This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.

The panel noted that Mr Rees was a highly experienced registered nurse, with approximately 28 years of nursing experience. He had previously held the position of Unit Head and had worked on the particular unit for a considerable period of time. As a result of his experience and previous managerial position, he was regarded as a trusted and senior member of staff who carried a degree of authority, particularly with junior colleagues within the unit.

Given Mr Rees' extensive experience on the unit, the panel was satisfied that he was familiar with its day-to-day operation, including the procedures governing the management, destruction and record-keeping of controlled drugs. Against that background, the panel considered that his conduct in relation to the destruction of controlled drugs which he undertook on his own and included completing the form alone and entering inaccurate and false details on the destruction form fell far below the standards expected of a Registered Nurse.

The panel reminded itself that Registered Nurses are expected to act with honesty, integrity and candour. Having previously found Mr Rees' conduct to be dishonest in relation to record keeping and the destruction of controlled drugs, the panel determined that his conduct represented a serious departure from the standards set out in the Code and amounted to misconduct in respect of Charges 1-3.

In relation to Charge 5, the panel noted that an experienced Registered Nurse would be expected to fully understand and comply with all relevant search protocols. Having found that he failed to do so, the panel went on to assess the purpose of those protocols and the seriousness of Mr Rees' failure to comply. It bore in mind, that the purpose of the protocols included protecting the safety of patients,

colleagues and Mr Rees himself, preserving patients' dignity and privacy, and maintaining the security of the unit by preventing contraband or weapons from entering the secure area.

The panel determined that Mr Rees' failure to follow the agreed search protocols created a risk of harm to patients, staff and the wider unit. It noted that the search was conducted in a room with a large window on to the corridor, with the potential to compromise the patient's dignity and privacy and without a second member of staff being present. Accordingly, the panel concluded that Mr Rees' conduct fell far below the standards expected of a Registered Nurse and amounted to misconduct.

The panel next considered Charges 7-9, which concerned Mr Rees' failure to notify his employer of the NMC interim conditions of practice imposed upon his registration. The panel considered the importance of such conditions, which were imposed to protect patients and the public and to maintain confidence in the nursing profession, and the fitness to practice process generally.

The panel determined that, as an experienced registered nurse, Mr Rees would have understood both the significance of the restrictions placed upon his registration and specifically the need for him to ensure that his employer was made fully aware of these conditions. Furthermore, the panel bore in mind that any Registered Nurse is obliged to cooperate with the regulator and engage with any regulatory process. His failure to notify his employer therefore represented a serious departure from the standards expected of a Registered Nurse.

The panel reminded itself that the facts found proved in Charges 7-9 amounted to an intention to conceal from his employer the restrictions placed upon him. The panel determined that this amounted to a particularly serious breach of the standards expected of Registered Nurse. In arriving at this view, the panel took account of Ms Sarah House's evidence that Mr Rees had informed her that at the time he was experiencing a high level of anxiety. Nevertheless, it concluded that this did not excuse his failure to comply with his professional obligation to act with honesty and integrity at all times. The panel therefore concluded that the conduct found proved in Charges 7- 9 amounted to misconduct.

In considering Charge 10, the panel noted that Mr Rees had been given clear instructions not to conduct one-to-one meetings with female patients on the unit. In addition, all staff on the unit were specifically instructed not to conduct one-to-one meetings with Patient B due to concerns about risk. Notwithstanding this, he failed to comply with these instructions.

The panel determined that these instructions had been put in place as a safeguarding measure for both Mr Rees and the patients concerned. In those circumstances, his failure to comply with clear and important instructions represented a serious departure from the standards expected of a Registered Nurse. The panel therefore concluded that the conduct found proved in Charge 10 amounted to misconduct.

Having considered each of the charges individually and in the context of the circumstances as a whole, the panel concluded that the conduct found proved represented serious departures from the standards expected of a Registered Nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide whether, as a result of the misconduct found proved, Mr Rees' 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/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The panel concluded that all of the above limbs were engaged in this case.

The panel concluded that although there was no evidence of direct harm, patients were put at risk, and Mr Rees' actions had the potential to cause patient harm. The panel noted that deficiencies in record keeping, inappropriate interactions with patients and failures to both recognise and maintain professional boundaries all pose a risk to patient safety. The panel further noted that Mr Rees' dishonesty although covered in further detail below, was directly related to clinical activity and concluded that this too posed a risk to patient safety. The panel determined that Mr Rees' misconduct had breached the fundamental tenets of the nursing profession in that he failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust and therefore brought its reputation into disrepute.

Furthermore, the panel found that Mr Rees had acted dishonestly on more than one occasion and in relation to more than one aspect of his practise. The panel noted that the dishonesty related to clinical activity and the deliberate concealment of restrictions on his registration. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel considered that, although Mr Rees misconduct was serious, it was potential capable of remediation. However, the panel considered that effective remediation would require, among other things, the development of meaningful insight, reflective practice, evidence of remorse and evidence of strengthened professional practice.

The panel determined that Mr Rees had accepted some wrongdoing during the Trust investigation conducted during 2022/2023. In particular the panel noted that Mr Rees had accepted that the signature on the controlled drugs destruction records was his, that aspects of his record keeping amounted to poor practice and that he had failed to follow proper protocols in respect of both the search which formed the basis of

Charge 5 and his one-to-one interactions with Patient B in relation to Charge 10. However, since then, Mr Rees had not engaged with the NMC or the regulatory process.

In particular, the panel did not receive any submissions or reflective statement from Mr Rees. There was no evidence demonstrating that he understood the seriousness of his conduct, the risks of harm arising from it, or the impact that his actions had, or could have had, upon patients and colleagues, nor was there evidence that he had reflected upon how he would act differently in similar circumstances in the future. The panel therefore determined that it had very little up to date evidence upon which it could properly assess Mr Rees' insight and as such could only conclude there was limited insight at the present time.

The panel therefore considered whether Mr Rees had taken steps to remediate his conduct and whether there remains a risk of repetition. The panel noted the evidence of Ms House and Mr Chapman, both of whom indicated that Mr Rees was considered to be a competent nurse and that he was patient centred in his approach. However, the panel further noted that the failings in his clinical practice occurred on more than one occasion and that Ms House also stated Mr Rees *"doesn't listen or take direction and doesn't appear to reflect/learn from previous mistakes"*. The panel accepted Mr Hoskins submission that Mr Rees' actions demonstrated a reckless approach to his practice. The panel further noted the absence of any up-to-date training or development, reflective statement or any other efforts made by Mr Rees to strengthen his practice. In the absence of such evidence and taking account of Mr Rees lack of engagement with the regulatory process, the panel was unable to discount the risk of repetition.

The panel went on to consider whether Mr Rees' conduct was indicative of a deep seated attitudinal issue. The panel bore in mind that Mr Rees was an experienced member of staff who had previously been the Unit Head and was regarded by junior colleagues as a person of authority. By repeatedly failing to follow policies, protocols and instructions despite intervention, he has demonstrated a reckless and ambivalent attitude towards the accepted practises of his profession. Therefore, the

panel concluded that this represented an attitudinal risk which may lead to a repetition of his conduct.

Taking all matters into consideration, 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 considered that a well-informed member would be deeply concerned if a finding of impairment were not made in a case involving clinical failings, inaccurate record keeping and dishonesty linked to both clinical practise and deliberate concealment of regulatory obligations. It concluded that the public confidence in both the nursing profession and in the NMC as a regulator would be seriously undermined if a finding of current impairment were not made. The panel therefore decided that a finding of impairment is necessary on the grounds of public interest.

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

Sanction

The panel has decided to make a striking-off order. It directs the registrar to strike Mr Rees off the register.

The effect of this order is that the NMC register will show that Mr Rees has been struck off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case, the submissions of Mr Hoskins and the following NMC Guidance; 'The purpose and approach to sanctions' (reference SAN-1), *'The*

sanctions available (reference SAN-2), *'Deciding between suspension and strike off'* (reference SAN-3) and *'Sanctions for the highest risk cases'* (reference SAN-4).

Submissions on sanction

Mr Hoskins referred the panel to the NMC Guidance (SAN-1). He reminded the panel that purpose of sanctions is to fulfil the NMC's statutory functions and that as per the guidance, the panel should begin their decision making by considering the least restrictive sanction, stepping up the ladder in terms of seriousness and arriving at a sanction which did no more than was necessary and proportionate.

He submitted that due to the repeated dishonesty seen at Charges 3 and 9, coupled with the deliberate breaches of the interim conditions of practice order, a striking off order was the required and proportionate sanction in this case.

Mr Hoskins invited the panel to firstly consider both the aggravating and mitigating features in this case. He addressed the panel in respect of the aggravating features and submitted that the following were applicable.

He submitted that Mr Rees had deliberately and / or recklessly placed people at risk of suffering harm. He drew the panels attention to Charge 9, which related to Mr Rees' dishonest concealment of his interim conditions of practice order and reminded the panel that such orders are imposed to safeguard the public. He also referred to the panel's earlier finding in respect of Charge 10, which related to Mr Rees conducting a one-to-one meeting with a vulnerable patient. He submitted that this served as an example of the type of harm which had occurred due to Mr Rees not following instructions.

Mr Hoskins submitted that there had been deliberate breaches of the Code, including the sustained concealment of the interim conditions of practice order and dishonesty concerning controlled drugs. Mr Hoskins submitted there has been a pattern of misconduct over time and invited the panel to re-visit the written submissions he had made at an earlier stage in respect of sustained dishonesty.

Mr Hoskins acknowledged that there had been an admission to the “*bare facts*”, i.e. an acceptance by Mr Rees that he had signed the controlled drugs form and that he did undertake a one-to-one with Patient B. However, Mr Hoskins submitted this did not constitute meaningful insight into the seriousness or underlying nature of his conduct.

Mr Hoskins submitted that the vulnerability of those receiving care was relevant, given Mr Rees' area of practice and his contact with patients experiencing significant mental health difficulties.

Mr Hoskins acknowledged that Mr Rees had no previous regulatory or disciplinary findings and that he had a lengthy career in nursing. However, he submitted that this offered very little by way of explanation for the lack of remediation and suggested that, in light of his experience, the panel may hold Mr Rees to a higher standard than colleagues perhaps more junior in their field. He submitted therefore that the panel may conclude this was a neutral factor as opposed to either aggravating or mitigating.

In relation to mitigating features, Mr Hoskins acknowledged Mr Rees' admissions to some of the factual matters. He referred to Mr Rees' [PRIVATE], which had previously been referenced in proceedings. However, he submitted that this condition had not been sufficiently evidenced. He submitted that there did seem to be, particularly in relation to Charges 1, 2 and 10, a suggestion that Mr Rees may not have fully appreciated the seriousness of his conduct at the time. However, he submitted that there had been no apology, reflective account, relevant training or evidence of keeping up to date with practice. Overall, he submitted that the aggravating features significantly outweighed the mitigating features.

Mr Hoskins reminded the panel that Mr Rees had previously been subject an interim conditions of practice order (ICOPO), which was subsequently replaced by an interim suspension order in May 2024 following the breach. He submitted that this was relevant to the panel's consideration of sanction. He further submitted that the fact of Mr Rees' current suspension may give some context to the absence of up-to-date training or efforts to strengthen practice.

Mr Hoskins referred the panel to the NMC guidance (SAN-4), specifically the section “*Cases Involving Dishonesty*”. He submitted that recent case law has established that, in cases involving dishonesty, a striking off order should not be considered to be the default sanction. Rather, the panel should carefully consider the type of dishonest conduct and its severity.

He addressed the panel on the factors in the guidance which can make dishonesty cases more serious, and suggested that the following were applicable in this case;

He submitted that there had been a deliberate breach of the professional duty of candour in respect of the ICOPO and Mr Rees’ lengthy failure to disclose this, even when he had been given opportunities to do so. He reminded the panel that the reasons cited by Mr Rees’ for non-disclosure had been found by the panel to be inadequate. He further submitted that Mr Rees’ actions were systematic, rather than one-off incidents or spontaneous conduct, that they went to the heart of Mr Rees’ professional obligations under the Code and created a direct risk to people receiving care.

Mr Hoskins made similar submissions in relation to the dishonesty concerning controlled drugs. He commented that the ease with which Mr Rees filled in the controlled drugs documentation was significant as it concerned a fundamental aspect of his professional practice.

Addressing the panel on the sanctions available, Mr Hoskins submitted that taking no further action or imposing a caution order would not adequately reflect the seriousness of the misconduct or the panel's finding that future risk could not be ruled out.

He further submitted that a conditions of practice order would not be workable. He acknowledged the panel had found some of the misconduct to be potentially remediable. However, he commented that Mr Rees has had a significant amount of time to demonstrate remediation and has failed to do so. There remains a lack of insight and willingness to remediate. Mr Hoskins further relied upon Mr Rees’

previous flouting of a similar order and his continued lack of engagement with these proceedings.

In relation to a suspension order, Mr Hoskins submitted that given Mr Rees' lack of insight and engagement throughout the proceedings, there was no basis to conclude that a suspension order would result in meaningful engagement, remediation or development of insight. He submitted that a suspension order would therefore serve no useful purpose and that the nature of the misconduct demonstrated fundamental incompatibility with continued registration. Mr Hoskins submitted that a striking-off order was the only appropriate and proportionate sanction. Accordingly, he invited the panel to impose a striking off order.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Rees' fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel determined that the following aggravating features were present in this case:

- conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- deliberate breaches of the Code
- a pattern of misconduct over a period of time
- failure to attend hearings, and engage in the Fitness to Practise process, without good reason
- the presence of limited insight
- vulnerability of the person receiving care

The panel also determined that the following mitigating features were present in this case:

- early admission of the bare facts
- no previous regulatory findings against Mr Rees

The panel carefully balanced the aggravating and mitigating features. It determined that the aggravating features substantially outweighed the mitigating features.

The panel then considered the dishonesty in the context of the NMC's *Sanctions for the highest risk cases* guidance (Reference: SAN-4, last updated 31 July 2026).

It was of the view that the dishonesty was very serious because it involved a deliberate and sustained failure to comply with the professional duty of candour and the falsification of entries in regard to the destruction of controlled drugs.

Applying the guidance at SAN-4, the panel identified the following factors as applicable:

- deliberately breaching the professional duty of candour...
- a direct risk to people receiving care.
- premeditated and deliberate deception over a four month period.
- the conduct went to the heart of the professional obligations of a registered nurse, particularly the requirement to act openly and honestly and to protect those receiving care.

Having considered the guidance, the panel could not identify any factors which materially reduced the seriousness of dishonesty in this case. The panel determined that this was not a case involving a momentary lapse of judgment or a one off incident. The panel was of the view that it involved a deliberate and sustained course of conduct which undermined the safeguards put in place to protect patients. The panel concluded that the nature, duration and potential consequences of the dishonesty demonstrated a fundamental failure to understand and uphold the professional obligations expected of a Registered Nurse.

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 Rees’ actions were 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 Rees’ practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Rees’ registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026).

The panel found serious dishonesty involving a deliberate and sustained failure to disclose an interim conditions of practice order, together with a failure to comply with that order. The panel was of the view that this is particularly significant when assessing whether Mr Rees could be expected to be open and honest in his disclosure of such an order and whether he would comply with any conditions imposed. The panel noted the charges found proved were not limited to a specific clinical deficit which could be addressed through targeted retraining, supervision or monitoring. Rather, they included deep-seated attitudinal concerns relating to

honesty, candour, compliance with professional requirements and engagement with regulatory processes. Any conditions formulated to address these concerns would either be insufficient to protect patients and the public or would be incapable of being effectively monitored. For these reasons, the panel determined that there are no relevant, proportionate, workable or measurable conditions that could adequately address the risks identified.

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

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

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

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*

- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel considered that the seriousness and nature of the conduct, particularly the deliberate and sustained dishonesty, and the resulting risk to people receiving care was at the most serious end of the spectrum and calls into question Mr Rees' suitability to continue practising.

Whilst the panel acknowledged that the risks identified could be managed by Mr Rees being temporarily removed from the Register, it concluded that Mr Rees' lack of engagement, limited insight, lack of remorse, and lack of training and development demonstrated that there is no realistic possibility that he would address the concerns to such a level where he could return to practise safely.

Accordingly, the panel determined that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved and the lack of remediation. The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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?*

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 found that the deliberate and sustained nature of Mr Rees' dishonesty, his failure to comply with an interim conditions of practice order, the direct risk to people receiving care, and the absence of sufficient insight or evidence of remediation demonstrated fundamental incompatibility with continued registration.

Mr Rees' actions were significant departures 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 Rees' actions were serious and to allow him to continue practising would not protect the public and 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 Mr Rees' actions, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Rees 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 Rees' own interests until the suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Hoskins. He submitted an application for an 18 month interim suspension order pursuant to Article 31(2) of the Nursing and Midwifery Order 2001. He further submitted that such an order was necessary and proportionate on the grounds of public protection and public interest, given the panel's findings of misconduct and current impairment.

Mr Hoskins reminded the panel that the substantive striking off order would not take effect until the expiry of the 28 day appeal period and that, in the event of an appeal, Mr Rees would otherwise be able to practise unrestricted. He submitted that an 18 month suspension order would cover the appeal period and any potential appeal proceedings.

The panel accepted the advice of the legal assessor.

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 considered that, in the absence of an interim order, Mr Rees would be able to practise unrestricted during the 28-day appeal period and any appeal thereafter. This would be inconsistent with its substantive decision and would not adequately address the public protection concerns identified.

For the reasons already identified in its substantive determination, the panel concluded that an interim conditions of practice order would not be appropriate or

proportionate. The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any possible appeal.

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

That concludes this determination.

This will be confirmed to Mr Rees in writing.