

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

**Substantive Order Review Meeting  
Wednesday, 15 May 2024**

Virtual Meeting

**Name of Registrant:** Abeni Olutayo Odebode

**NMC PIN:** 17G0853E

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing – July 2018

**Relevant Location:** Berkshire

**Type of case:** Misconduct & Lack of competence

**Panel members:** Paul Grant (Chair, Lay member)  
Vivienne Stimpson (Registrant member)  
Clare Taggart (Lay member)

**Legal Assessor:** Ruth Mann

**Hearings Coordinator:** Eyram Anka

**Order being reviewed:** Suspension order (12 months)

**Fitness to practise:** Impaired

**Outcome:** **Suspension order (6 months) to come into effect on  
12 July 2024 in accordance with Article 30 (1)**

## **Decision and reasons on service of Notice of Meeting**

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mrs Odebode's registered email address by secure email on 5 April 2024.

The panel took into account that the Notice of Meeting provided details of the review, informed Mrs Odebode that the review meeting would be held no sooner than 13 May 2024 and invited her to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

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

## **Decision and reasons on review of the current order**

The panel decided to impose a suspension order for a period of 6 months. This order will come into effect at the end of 12 July 2024 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 14 June 2022. This was reviewed on 24 May 2023 and the panel extended the order for a further 12 months.

The current order is due to expire at the end of 12 July 2024.

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

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

*'That you as a registered nurse;*

*Between 2 September 2018 and 1 November 2018, whilst working on Eashing Ward, failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse in that you;*

*1. Between 20 September 2018 and 17 October 2018 failed to manage your time in order to:*

*(a) Complete learning and/or training in specific areas;*

*(i) Tissue Viability Nurse online training*

*(ii) Medicines Theory Workbook*

*(iii) Practical Medication Assessment*

*(iv) VitalPac training*

*(v) Blood glucose charts*

*(vi) NEWS training*

*(b) Deal with patients whilst working on the bay*

*(c) Complete patient notes prior to leaving work*

*(d) Complete handovers prior to leaving work*

*(e) Adequately write up patient care plans*

*(f) ...*

*(g) Complete drug rounds in a timely manner*

*2. Between the 1 October 2018 and 4 October 2018 had to be prompted:*

*(a) To check patients name bands*

*(b) To check the allergies for each patient*

*(c) To complete hand hygiene between each patient*

*(d) To check the drug chart prior to administering drugs to a patient*

*(e) To check the prescription for a patient*

*(f) That medication had already been provided to a patient*

*3. On the 2 October 2018 were unable to successfully complete a medication administration assessment.*

*4. On the 16 October 2018 incorrectly placed a blood pressure cuff on a patient.*

5. *On the 15 October 2018 were unable to complete relevant patient documentation whilst monitoring blood glucose levels.*
6. *On the 15 October 2018 were unable to understand abbreviations contained within patient notes.*
7. *On the 15 October 2018 were unaware and/or unable to understand NEWS system.*

*Between 2 December 2018 and 25 July 2019, whilst working in the Endoscopy Unit, failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse in that you;*

8. *Between the 28 May 2019 and the 12 July 2019 were unable to consistently go through the World Health Organisation (“WHO”) checklist by;*
  - (a) Failing to ensure that patient notes match the WHO form*
  - (b) ...*
  - (c) Failing to clarify the procedure with the patient*
  - (d) Failing to check whether the patient had any questions about the procedure*
  - (e) Failing to label biopsies taken during the procedure*
  - (f) Failing to ensure drug charts had been completed adequately*
  - (g) Failing to check a patient’s name against their wrist band*
  - (h) Failing to document the number of specimens taken*
9. *Were seen to handle and/or handover biopsy forceps incorrectly;*
  - (a) On or around the 18 March 2019.*
  - (b) On the 11 July 2019.*
  - (c) On other unknown dates.*
10. *Were unable to recognise and/or state the location from which a biopsy had been taken from a patient;*
  - (a) On the 11 July 2019*
  - (b) On other unknown dates*

11. *Were unable to manage and/or prioritise time when recovering patients in the Recovery Room;*

*(a) On the 11 July 2019*

*(b) On other dates unknown*

12. *On the 11 July 2019 failed to set up suction equipment to manage a patient's airway correctly.*

13. *On an unknown date and/or dates were unable to demonstrate competence to manage a patient's airway in that you needed prompting when suction was required.*

14. *On an unknown date and/or dates were unable to complete complex discharges.*

15. *On an unknown date and/or dates were unable to cannulate unsupervised despite being signed off as competent in May 2019.*

16. ...

*(a) ...;*

*(b) ...*

17. *On the 22 July 2019 incorrectly selected Pethidine to be administered to a patient when it should have been Midazolam.*

18. *In the week commencing the 25 February 2019, incorrectly removed the line containing the blood from the pump when not intravenous trained.*

*And in light of charges 1 – 18 above your fitness to practise is impaired by reason of your lack of competence.*

*That you a registered nurse;*

19. ... :

- (a) ...;
- (b) ...;
- (c) ....

20. *On the 10 July 2019 fell asleep whilst monitoring patient C.*

21. *On the 17 July 2019 fell asleep whilst monitoring patient B.*

*And in light of charges 19 to 21 above your fitness to practise is impaired by reason of your misconduct.'*

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

*'The panel noted that the original panel found that Mrs Odebode had not provided full insight into the charges found proved. At this meeting the panel noted that there had been no engagement by Ms Odebode since the substantive hearing and she had not provided an up-to-date reflective piece or any other information to determine whether her insight had developed.*

*In its consideration of whether Mrs Odebode has taken steps to strengthen her practice, the panel noted that the original panel highlighted to Mrs Odebode in its determination the information she could provide to assist a future reviewing panel. This included evidence of any up-to-date Continuing Professional Development (CPD) and any learning from this in relation to the charges and evidence of keeping up-to-date in clinical nursing subjects, including but not limited to; medications management and administration, complex discharges, and record keeping. However, the panel had no information in relation to these recommendations.*

*The panel determined that in the absence of any evidence of insight or evidence that Mrs Odebode has addressed the concerns, there is a risk or repetition of the matters found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.*

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

*For these reasons, the panel finds that Mrs Odebode's fitness to practise remains impaired.'*

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

*' ...*

*The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Odebode further time to provide evidence regarding her insight and take steps to strengthen her practice. The panel noted that a sanction of a striking-off order was only available in relation to the misconduct charges, however, the panel considered that it would be disproportionate to strike-off Mrs Odebode at this hearing in relation to those charges alone. The panel considered that the full range of sanctions would be available to the next reviewing panel in 12 months time in relation to the lack of competence charges. The panel concluded that a further 12 months suspension order would be the appropriate and proportionate response.*

*The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months would provide Mrs Odebode with an opportunity to engage with the NMC. It considered this to be the most appropriate and proportionate sanction available.*

*This suspension order will take effect upon the expiry of the current suspension order, namely the end of 12 July 2023 in accordance with Article 30(1).'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Mrs Odebode's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise safely, kindly and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

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

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

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

The panel considered whether Mrs Odebode's fitness to practise remains impaired.

The panel had no information regarding Mrs Odebode's level of insight at this time. Given Mrs Odebode's lack of engagement with these proceedings the panel has no evidence to conclude that the level of risk has been reduced.

The panel considered the concerns to be very serious and wide ranging relating to a broad range of fundamental nursing skills including poor time management, medication administration, poor record keeping and failure to properly monitor patients. The panel considered that these incidents occurred over a sustained period whilst Mrs Odebode was receiving extensive support from her colleagues. It took the view that there remains a real risk of repetition because there is nothing to indicate that she can now practise kindly, safely and professionally.

In its consideration of whether Mrs Odebode has taken steps to strengthen her practice, the panel had no evidence of strengthened practice or relevant training. Given the breadth of deficiencies in Mrs Odebode's practice, the panel determined that it will take a sustained



effort from Mrs Odebode to remedy the concerns identified. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. Given the risk of repetition and the breadth of the concerns, the panel determined that a well-informed member of the public would be shocked if the NMC did not make a finding of impairment in these circumstances. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

### **Decision and reasons on sanction**

Having found Mrs Odebode's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the risk of repetition. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Odebode's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Odebode's misconduct was not at the lower end of the spectrum and that a caution order would be

inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Odebode's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel had no evidence to suggest that Mrs Odebode would be willing to comply with a conditions of practice order. Further, the panel determined that a conditions of practice order could not manage the breadth of issues identified. The panel took the view that patients would be put in danger because of the amount of re-training and development that would be required for Mrs Odebode to be able to practice safely. Consequently, the panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Odebode's misconduct and lack of competence.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Odebode further time to engage with these proceedings, fully reflect on her previous failings and take the necessary steps to return to safe and effective practice.

In making its decision regarding whether to impose a suspension or a strike-off the panel had regard to the NMC guidance on 'Standard Reviews of Substantive Orders before they expire' (REV-3a). It states:

*'When extending the duration of the existing order, a panel cannot extend a conditions of practice order by more than three years at a time, or a suspension order by more than one year at a time.'*

*When replacing one order with another in a case based on health, **lack of competence**, or not having the necessary knowledge of English, **a panel cannot make a striking-off order unless the nurse, midwife or nursing associate has been on a substantive conditions of practice order, a substantive suspension order, or a combination of the two, for more than two years.***

*Any time spent on an interim order does not count towards the two year period.*

***For example, if a nurse, midwife or nursing associate has been subject to two 12 month suspension orders (one following on immediately from the first), a panel cannot make a striking-off order at the second standard review.***

*This is because the nurse, midwife or nursing associate will not have been on a substantive order for a total period of two years when the panel is carrying out the review hearing, as the review hearing takes place before expiry of the second 12 month suspension order.*

*Any change to the order, or extension of the order, does not take effect until the existing order expires.'*

Based on the guidance, the panel determined that it was unable to consider imposing a striking-off order in relation to the competency issues. Given the nature of Mrs Odebode's misconduct, the panel took the view that it would be disproportionate to impose a strike-off order on that basis alone. However, it noted that a future panel will have all the sanction options available to it because two years will lapse on 12 July 2024. If Mrs Odebode's limited engagement with the NMC continues, a strike-off may be an option under close consideration for the next panel.

The panel therefore concluded that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined that imposing a suspension order for the period of 6 months would provide Mrs Odebode with an opportunity to meaningfully engage with the NMC, further develop her insight and provide evidence of strengthened practice. It considered this to be the most appropriate and proportionate sanction available at this time.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 12 July 2024 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- Mrs Odebode's full engagement with the NMC.
- Evidence of any up to date Continuing Professional Development (CPD) and any learning from this in relation to the charges.
- Reflective piece that addresses Mrs Odebode's insight into the charges, with particular regard to how she would act differently if she was put in the same situations (as seen in the charges) again, and how her actions have affected the nursing profession, colleagues, patients and their families.
- Evidence of keeping up to date in clinical nursing subjects, including but not limited to; medications management and administration, complex discharges, and record keeping.
- Up to date testimonials from any employment, particularly within a healthcare setting, paid or unpaid.

This will be confirmed to Mrs Odebode in writing.

That concludes this determination.