

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

**Substantive Order Review Hearing  
Monday, 7 April 2025**

Virtual Hearing

**Name of Registrant:** Ethel Delali Adjo

**NMC PIN** 95Y00740

**Part(s) of the register:** RN1: Registered Nurse – Adult  
(25 May 1995)

**Relevant Location:** Swindon

**Type of case:** Misconduct

**Panel members:** Sarah Lowe (Chair, lay member)  
Clare Taggart (Lay member)  
Genevieve Nwanze (Registrant member)

**Legal Assessor:** Andrew Granville Stafford

**Hearings Coordinator:** Khatra Ibrahim

**Nursing and Midwifery Council:** Represented by Stephanie Hayward, Case Presenter

**Miss Adjo:** Present and unrepresented at this hearing

**Order being reviewed:** Conditions of practice order (9 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (12 months) with a review to come into effect on 13 May 2025 in accordance with Article 30 (1)**

## **Decisions and reasons to hold the hearing in private**

The panel, having heard reference to [PRIVATE] in your oral submissions, drew your attention to the distinction between public and private hearings, and the possibility of parts of this hearing relating to [PRIVATE] being heard in private.

You told the panel that you do not wish to go into private, and that you have not made reference to [PRIVATE]. You told it that you are comfortable with keeping these details on the public record, and that you don't feel it should be heard in private.

Ms Hayward did not oppose your views, and stated that it is for the panel to decide if the hearing will proceed partly or wholly in private.

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

The panel, having heard from you, decided to allow the hearing to continue in public. It considered that you understood the difference between being heard in the public and private domain, and determined the hearing would continue in public session.

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

The panel decided to continue the current conditions of practice order.

This is the second review of a substantive suspension order imposed for a period of 5 months by a Fitness to Practise Committee panel on 14 February 2024. It was reviewed on 12 August 2024, where another Fitness to Practise Committee decided to change and impose a conditions of practice order for a period of 9 months.

The current order is due to expire at the end of 13 May 2025.

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

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

*That you, a registered nurse, whilst working at Great Western Hospitals NHS Foundation Trust:*

1. ...;
2. ...
3. *On 15 November 2018;*
  - a. *Failed to appropriately assess an unknown patient during triage by failing to ask necessary questions;*
4. *On 19 November 2018;*
  - a. ...
  - b. ...;
  - c. ...;
  - d. ...;
5. ...
6. ...;
7. ...
8. *On 22 November 2018, acted unprofessionally, in that you;*
  - a. ...
  - b. ...
  - c. ...;
  - d. *Ate breakfast in a clinical treatment room that should be kept sterile;*
9. *On 22 November 2018, failed to carry out appropriate IV administration, in that you;*
  - a. *Had to be corrected and/or prompted by ZH, a colleague, in your aseptic technique when preparing the IV antibiotics;*

- b. Failed to identify the difference between a securacath and a clamp;*
- c. Had to be told by ZH to move the tray closer to you to reduce risk of contamination;*

*10. On 23 November 2018;*

- a. Attempted to administer subcutaneous heparin in the wrong part of the patient's body;*
- b. Failed to first gain said patient's consent;*
- c. When the patient raised the mistake, glared at them, and did not apologise;*
- d. Failed to check the patient record and/or the authorisation to administer medication;*
- e. Failed to follow handwashing procedure;*
- f. ...*

*11. On 29 November 2018, during a triage shift;*

- a. Told LC2 that you needed a 10-minute break to make a call but did not return for over an hour;*
- b. Only returned when LC2 found you;*
- c. Were dismissive when asked why you were gone for so long, and would not comment as to whether you realised how long you had gone for;*

*12. On 29 November 2018, in relation to Patient A;*

- a. Telephoned prior to the visit, asking "I don't know where you are, do you really need a visit," or words to that effect;*
- b. ...*
- c. ...*

*13. ...*

*14. On 30 November 2018, during a performance meeting;*

- a. ...;*
- b. ...;*

*15. ...*

a. ...

b. ...

16. On 13 January 2019, during triage, failed to;

a. Ask the necessary questions;

b. ...;

c. ...;

17....;

18....;

19. ...

a. ...

b. ...

20. ...

21....;

a. ...;

b. ...;

22....;

23....;

24....”;

25. On 21 May 2019;

a. Failed to carry out observations on patients;

b. Told JS, a Senior Sister that you had carried out one or more observations when you had not;

26. *Your conduct at charge 25.b. was dishonest in that you knew you had not completed the observation(s) but intended for SF to believe that you had;*

27. ....;

a. ...

b. ....;

c. ...

d. ....;

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

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

*'The panel considered whether your fitness to practise remains impaired.*

*The panel noted that the original panel found that you had limited insight into your misconduct and did not seem to accept responsibility for your failings.*

*At this hearing you apologised for the misconduct and expressed that things of this nature would not happen again. The panel recognise that for five years you had been working with no further concerns since the incident arose. You acknowledged and reflected that the job you applied for was outside your experience, you are also aware that there is a requirement on you to find out more about roles and the responsibilities in order to put a plan in place. The panel were confident in this respect that this concern would not arise again.*

*However, the panel noted that some of the issues identified by the previous panel were serious. There was nothing before it today that showed you understood the potential risks to patients arising from your clinical failings, took steps to address these and/or reflected on them. The panel is not satisfied that this risk of harm would not arise in the future.*

*The panel noted that you still dispute some of the facts found proved a regarding your failure to carry out observations and telling a senior sister you had carried them out. Given a previous panel has found these facts proved, the panel would expect to see you have reflected on the findings on honesty and integrity, albeit that you disagree with them.*

*The panel accepted that as a registered nurse you would have undertaken and completed mandatory training up until the time you were suspended. It also acknowledged the difficulty in you obtaining the documents to support this. Nevertheless, the panel had no information from you to show how you would do things differently if a similar situation like this arose in the future. It has noted your assertion that this would not happen again, however there was no detailed explanation on how you would handle a stressful or pressurised situation such as you say you faced during the period when the concerns arose.*

*The panel was not satisfied that you have remedied the concerns found proved. In light of this, this panel determined that you are still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of current 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 current impairment on public interest grounds is not required as this was served by the five-month suspension.*

*For these reasons, the panel finds that your fitness to practise remains impaired on the grounds of public protection only.*

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

*'Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the*

*'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.*

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

*It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor protect the public to impose a caution order.*

*The panel considered substituting the current suspension order with a conditions of practice order at the end of the existing suspension order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have developed some insight and demonstrated remorse. You have indicated that you wish to return to nursing.*

*The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public.*

*The panel considered whether to impose a further suspension order but considered that it would be disproportionate given that workable conditions of practice can be formulated to address the public protection concerns.'*



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

The panel has considered carefully whether your fitness to practise remains impaired, and referred to the NMC guidance, namely DMA-1 and REV-3a. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely 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 had regard to all the documentation before it, including the NMC bundle, Ms Hayward's submissions, and your submissions and documents. It has taken account of the submissions made by Ms Hayward. She took the panel through the background of the case and submitted that you remain impaired on the grounds of public protection. She submitted that since the last review hearing, you have not remedied the concerns that were found proved at the substantive hearing. She submitted that you also have not been in employment, so have not yet had the opportunity to demonstrate any progress in relation to the conditions of practice order currently imposed. She also submitted that although you have since undertaken training, the courses do not sufficiently or specifically address the concerns the conditions were designed to remedy.

Ms Hayward submitted that the current conditions of practice order remains necessary on the grounds of public protection, and invited the panel to continue the order in its current form, and it is for the panel, to decide what length, if any, to impose.

You told the panel that since the imposition of the conditions of practice order, you have struggled to find a job and that the current order has had a significant impact on both your home life and career. You said that you have been applying for jobs, and that you have been unsuccessful when applying for Healthcare Assistant (HCAs) and nursing roles. You told the panel that as a result of this, you have struggled to pay for basics, and that you have had to rely on external sources to help you.

You told the panel that if it decides to continue the current conditions of practice order, you are happy to work for one substantive employer, and gain experience and confidence in

the areas of concern. You also asked the panel to consider what conditions would best aid you to eventually return to nursing practice unrestricted, including helping you to locate a suitable employer to assist you in continuing to strengthen and develop your clinical skills.

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 your fitness to practise remains impaired.

The panel noted that the previous reviewing panel found that you had limited insight into your misconduct and did not acknowledge nor accept responsibility for your failings, and was concerned about the lack of accountability in regard to dishonesty.

The panel determined that there was no evidence before it today to demonstrate that you understood the potential risks to both your patients and colleagues, as a result of your clinical failings. It also noted that your statements during this hearing mainly related to the impact the order has had on you personally, and not on your patients, colleagues or the wider nursing profession. The panel considered that the evidence you have provided does not demonstrate that you have addressed the concerns about your practice that led to the conditions of practice order being imposed on your practice. Therefore, the panel could not be satisfied that there is no longer a risk to the public.

The panel noted that you still do not acknowledge dishonesty, despite this being a fact found proved. The panel noted the comments of the previous panel, with respect to the findings on dishonesty and integrity:

*'...The panel noted that you still dispute some of the facts found proved a regarding your failure to carry out observations and telling a senior sister you had carried them out. Given a previous panel has found these facts proved, the panel would expect to see you have reflected on the findings on honesty and integrity, albeit that you disagree with them...'*

You did not provide the panel with any reflections on the importance of honesty in the nursing profession. In addition, the panel had no information before it from you to demonstrate how you would do things differently if a similar situation like this arose in the future. You did not provide any information as to what steps you would take to avoid a repeat of the concerns that brought you before the NMC.

The panel was not satisfied that you have remedied the concerns found proved. In light of this, this panel considered that you are still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of current 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 noted that the previous panel found impairment on public protection grounds alone. Whilst the panel noted you have taken some steps to strengthen your practice, this panel remained concerned by your:

- Continued failure to recognise dishonesty;
- Limited insight into potential impact on patients and colleagues; and
- Limited ability to explain how you would do things differently in the future.

All of which are relevant to maintaining confidence in the nursing profession, and upholding professional standards. Having given serious consideration to the above factors, at this point in time, the panel did not find your fitness to practice impaired on the grounds of public interest. However, it is open to any future reviewing panel to take a different view on this.

For these reasons, the panel finds that your fitness to practise remains impaired on the grounds of public protection only.

## Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG), namely SAN-3c, and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor protect the public to impose a caution order.

The panel considered that despite evidence of some training which was relevant to your nursing practice, it did not address the concerns raised regarding your clinical practice. Further, the panel noted that you have been unable to demonstrate clinical competence in those areas identified in the conditions of practice.

The panel was satisfied that it could formulate practicable and workable conditions that, if complied with, would serve to protect the public and may lead to your unrestricted return to practice.

The panel decided that the public would remain suitably protected by the continuation of the following conditions of practice:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your nursing practice to one substantive employer.  
This can be an agency, providing the placement is in one location for no less than 3 months.
2. You must ensure that you are supervised by a registered nurse until signed off as competent to do so by a registered nurse any time you carry out the following:
  - a) Intravenous medication injections
  - b) Subcutaneous injections
  - c) Aseptic technique on wound care
3. You must meet every month with your line manager or supervisor or mentor (who must be a registered nurse) to discuss:
  - a) Intravenous administration
  - b) Aseptic technique and wound care
  - c) Observations and record keeping
  - d) Communication with patients and colleagues
4. You must provide the NMC with a report from your line manager or supervisor or mentor (who must be a registered nurse) seven days prior to the next substantive review in relation to the areas in Condition 3.
5. You must keep the NMC informed about anywhere you are working by:
  - a) Telling your case officer within seven days of accepting or leaving any employment.

- b) Giving your case officer your employer's contact details.
6. You must keep the NMC informed about anywhere you are studying by:
- a) Telling your case officer within seven days of accepting any course of study.
  - b) Giving your case officer the name and contact details of the organisation offering that course of study.
7. You must immediately give a copy of these conditions to:
- a) Any organisation or person you work for.
  - b) Any agency you apply to or are registered with for work.
  - c) Any employers you apply to for work (at the time of application).
  - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
8. You must tell your case officer, within seven days of your becoming aware of:
- a) Any clinical incident you are involved in.
  - b) Any investigation started against you.
  - c) Any disciplinary proceedings taken against you.
9. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
- a) Any current or future employer.
  - b) Any educational establishment.
  - c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months with a review.

The panel considered that a period of 12 months would protect the public and allow you sufficient time to reflect fully and obtain employment in order to improve your clinical practice.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 13 May 2025 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- A reflective statement that shows that you understand the potential impact of your misconduct on patients and colleagues, importance of honesty in the nursing profession and what you would do differently to avoid a repetition of the conduct which led to a referral to the NMC;
- Recent testimonials from any employment;
- Evidence of any training undertaken relevant to clinical practice; and
- Your continued engagement and attendance at any review hearing.

This will be confirmed to you in writing.

That concludes this determination.