Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Thursday, 21 – Friday 29 August 2025

Virtual Hearing

Name of Registrant:	**Oluwadurotimi Michael Ayodele**	
NMC PIN:	20A1404E	
Part(s) of the register:	Registered Nurse - Sub part 1 Adult (9 September 2020)	
Relevant Location:	Leicester	
Type of case:	Misconduct	
Panel members:	Tehniat Watson Elisabeth Fairbairn Jane Malcolm	(Chair, Lay member) (Registrant member) (Lay member)
Legal Assessor:	Angus Macpherson	
Hearings Coordinator:	Peaches Osibamowo	
Nursing and Midwifery Council:	Represented by Safeena Rashid, Case Presenter	
Mr Ayodele:	Not Present and unrepresented	
Facts proved:	Charges 1a, 1b, 1c, 1d, 2a, 2b, 3, 4a, 4b, 5, 6, 7, 8, 9b, 9c, 9d, 10, 11a, 11b, 12	
Facts not proved:	Charge 9a	
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 Ayodele was not in attendance and that the Notice of Hearing letter had been sent to Mr Ayodele's registered email address by secure email dated 23 July 2025.

Ms Rashid, 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 that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Ayodele's 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 Ayodele 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 Ayodele

The panel next considered whether it should proceed in the absence of Mr Ayodele. It had regard to Rule 21 and heard the submissions of Ms Rashid who invited the panel to continue in the absence of Mr Ayodele. She submitted that Mr Ayodele had voluntarily absented himself.

Ms Rashid referred the panel to the documentation from Mr Ayodele including his response bundle, which included an email 8 August 2025 where he indicated that he would not attend the hearing due to his personal circumstances and was keen for the hearing to proceed in his absence.

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 decided to proceed in the absence of Mr Ayodele. In reaching this decision, the panel considered the submissions of Ms Rashid, the written representations from Mr Ayodele, and the advice of the legal assessor. It had 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 Ayodele;
- Mr Ayodele has informed the NMC that he has received the Notice of Hearing and confirmed he wanted the hearing to proceed in his absence;
- Mr Ayodele had previously requested that the case be heard at a meeting which would mean he would not be able to attend;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- 2 witnesses are attending to give live evidence today and 3 others are due to attend;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- 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 Ayodele in proceeding in his absence. Although the evidence upon which the NMC relies was sent to him at his registered email address, he will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be 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. Further the panel has considerable documentation from Mr Ayodele concerning the allegations which, although hearsay, can be taken into account. Furthermore, the limited disadvantage is the consequence of Mr Ayodele's decision not to apply for an adjournment and to absent himself from the hearing, and thereby 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 Ayodele. The panel will draw no adverse inference from Mr Ayodele's absence in its findings of fact.

Decision and reasons on application to admit hearsay evidence Witness 6

The panel heard an application made by Ms Rashid under Rule 31 to allow the written statement of Witness 6 into evidence. Witness 6 was not present at this hearing and, whilst the NMC made efforts to ensure that this witness was present, they are unable to attend today as they are [PRIAVTE] on or around the time of this hearing.

Ms Rashid submitted that the evidence from Witness 6 is not sole or decisive evidence in relation to the matters in charges 1 to 6, to which they speak. There is other evidence, from Witness 1 and Witness 2 who both spoke to Mr Ayodele shortly after the alleged incident took place. This mitigates any potential unfairness to Mr Ayodele.

Ms Rashid submitted that the evidence of Witness 6 is relevant to the alleged dishonesty as Mr Ayodele states that he told Witness 6 that a doctor had told him to

give IV medication and that they would prescribe it later. Witness 1 subsequently investigated his assertion that he had spoken to a doctor.

Ms Rashid submitted that Witness 6's evidence is signed with a statement of truth.

Ms Rashid referred the panel to the case of *Thorneycroft v. NMC [2014]* EWHC 1565 (Admin), which outlines the matters the panel should take into account when considering a hearsay application. She submitted that it would be fair to admit the evidence as it is relevant.

Ms Rashid submitted that the hearsay bundle was sent to Mr Ayodele; he would be aware of the hearsay evidence of Witness 6, and he has not indicated a desire to cross examine her evidence. Therefore, there is no suggestion that this witness fabricated her evidence or had reason to do so.

Ms Rashid submitted that there was no other way to admit the hearsay evidence of Witness 6 other than seeking an adjournment, which would not be suitable in this case.

In the preparation of this hearing, the NMC had indicated to Mr Ayodele in the Case Management Form (CMF), that it was the NMC's intention for Witness 6 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Witness 6, Mr Ayodele made the decision not to attend this hearing. On this basis Ms Rashid advanced the argument that there is no lack of fairness to Mr Ayodele in allowing Witness 6's hearsay testimony 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. This included that Rule 31 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 gave the application in regard to Witness 6 serious consideration. The panel noted that Witness 6's statement had been prepared in anticipation of being

used in these proceedings and contained the paragraph, *'This statement … is true to the best of my information, knowledge and belief'* and that it is signed by them.

The panel considered whether Mr Ayodele would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 6 to hearsay testimony.

The panel considered that there was good reason for the non-attendance of the witness. It concluded that it is fair and relevant to admit the hearsay evidence.

The panel noted that it had already determined that Mr Ayodele had voluntarily absented himself from these proceedings, and that, therefore, he would not have been in a position to cross-examine any of the witnesses in the case, including Witness 6. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of a witness, and the opportunity of questioning and probing that testimony. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay evidence of Witness 6. It determined that it would give what it deemed appropriate weight to this evidence, once the panel had heard and evaluated all the evidence before it.

Details of charge

That you, a registered nurse:

1. On 4 December 2023, administered intravenous ("IV") Lorazepam to Patient A in circumstances where:

    a) It was not prescribed.

b) Its administration was not clinically justified on the grounds of agitation.
c) You did not ensure the medication was second checked by another IV trained nurse prior to administration.
d) You did not escalate the patient's agitation for clinical review, prior to the administration of the drug.

2. On 4 December 2023 in respect of Patient A:

a) Did not record the administration of IV Lorazepam in their notes.
b) Did not record a rationale in their notes as to why you had administered IV Lorazepam.

3. On 4 December 2023, did not record any entries in Patient A's notes between 08:44 and 18:00.

4. On 4 December 2023 failed to safeguard Patient A following the administration of IV Lorazepam in that you:

a) Did not conduct a complete set of observations and/or monitor their condition post administration.
b) Did not respond appropriately and/or escalate for review upon realising that you had made a drug error.

5. On 4 December 2023, incorrectly reported that a doctor had authorised the administration of IV Lorazepam to Patient A.

6. Your conduct at charge 5 was dishonest, in that upon your drug error being identified, you sought to create a misleading impression that the administration of IV Lorazepam had been authorised by a doctor when you knew it had not.

7. Failed to notify [PRIVATE] that an Interim Conditions of Practice Order had been imposed on your NMC registration on 17 January 2024, in contravention of condition 9b).

8. Your conduct at charge 7 was dishonest in that you sought to conceal the existence of the Interim Conditions of Practice Order to enable you to continue procuring work via [PRIVATE]

9. Worked at George Eliot Hospital and/or Warwick Hospital on one or more of dates set out in Schedule 1 in contravention of the following conditions of your Interim Conditions of Practice Order.

    a) Condition 2.
    b) Condition 3.
    c) Condition 4.
    d) Condition 5.

10. Your conduct at charge 9a) and/or 9b) and/or 9c) and/or 9d) was dishonest in that you sought to conceal the existence of the Interim Conditions of Practice Order to enable you to continue working unrestricted as a nurse.

11. On 6 February 2024 when asked by Colleague A if you were being investigated by your professional registered body you:

    a) Failed to disclose the Interim Conditions of Practice Order which had been imposed on your NMC registration on 17 January 2024.
    b) Failed to disclose that you were subject to a NMC fitness to practise investigation.

12. Your conduct at charge 11a) and/or 11b) was dishonest in that you sought to conceal you were subject to an Interim Conditions of Practice Order and/or a NMC fitness to practise investigation to enable you to continue procuring work via [PRIVATE].

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

Schedule 1:

24 January 2024
25 January 2024
26 January 2024
27 January 2024
30 January 2024
31 January 2024
3 February 2024
8 February 2024
9 February 2024
10 February 2024
12 February 2024
14 February 2024
17 February 2024
18 February 2024
20 February 2024
23 February 2024
26 February 2024
27 February 2024
29 February 2024
1 March 2024
4 March 2024
8 March 2024
12 March 2024
13 March 2024
14 March 2024
15 March 2024
18 March 2024
19 March 2024
21 March 2024
30 March 2024
4 April 2024
15 April 2024

Background

On 20 December 2023 the NMC received a referral from Leicester Royal Infirmary ("the referrer") raising concerns about Mr Ayodele.

The NMC was told that on 4 December 2023, Mr Ayodele was working a shift as an agency nurse. On that date, a patient was agitated and Mr Ayodele administered Lorazepam without it having been prescribed or second checked. Mr Ayodele advised that a doctor had instructed him to administer the Lorazepam, but when asked, he wasn't able to identify or describe the doctor beyond her being female.

A colleague witnessed the Lorazepam being administered intravenously and questioned Mr Ayodele as to what it was. Upon hearing that it was Lorazepam, he checked whether it was prescribed and alerted the Nurse in Charge. It was then noted that the patient was now having apnoeic episodes. This was escalated to a doctor. The patient was then given Flumazenil and moved to the resuscitation room to be closely monitored.

When asked about the incident, Mr Ayodele allegedly used his fingers to explain how much had been administered rather than stating the dose in millilitres or milligrams. He allegedly told the Nurse in Charge that a doctor had advised them to administer the drug.

The referrer told the NMC that, even where patients are agitated, IV Lorazepam is not first line treatment and should never be given in a majors area without close monitoring.

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 Ms Rashid on behalf of the NMC and written representations from Mr Ayodele.

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

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:

- Witness 1: Nurse in charge in the Emergency Department at Leicester Royal Infirmary Hospital
- Witness 2: Healthcare Assistant (HCA) at the time of the incident, in the Emergency Department at Leicester Royal Infirmary Hospital
- Witness 3: Associate Chief Nurse at George Eliot Hospital NHS Trust
- Witness 4: Clinical lead for [PRIVATE] at Warwick Hospital
- Witness 5: Clinical Nurse Manger for [PRIVATE]

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

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

Charge 1a

"That you, a registered nurse:

1. On 4 December 2023, administered intravenous ("IV") Lorazepam to Patient A in circumstances where:

    a) It was not prescribed.''

This charge is found proved.

In reaching this decision, the panel took into account that there is no evidence of any written prescription for IV Lorazepam. It also had regard to the oral and written evidence of Witness 2, the representations made by Mr Ayodele at the interim order hearing, the oral and written evidence from Witness 1 and the doctors rota.

The panel noted the absence of any evidence of a written prescription for intravenous Lorazepam for Patient A, and that it did not have any evidence of a verbal instruction regarding a prescription; only Mr Ayodele's written responses to the charges. It also considered the narrative given by Mr Ayodele at the first interim order hearing wherein he describes the circumstances surrounding his interactions with a doctor regarding a prescription. In the record of the Interim Order determination dated 17 January 2024, it is set out that Mr Ayodele told the panel that

"the doctor accompanied you to the cubicle where she assessed the patient. You stated that both you and the trainee nursing associate (TNA) (who you described as a 'healthcare assistant') were present. You submitted that the

doctor told you to administer Lorazepam to the patient. You obtained the Lorazepam and checked this with the doctor. You told us that you had administered 2.5mg of Lorazepam as instructed by the doctor and you recorded this in the patient's care plan. You also explained that you then became aware that the doctor had not recorded their prescription. At that point you say you alerted the Nurse Coordinator."

However, the panel noted that over time this narrative has changed. It considered that these inconsistencies fundamentally undermined Mr Ayodele's account. In the Case Management form, Mr Ayodele wrote:

At approximately 6:50 pm, the patient in cubicle 26 experienced a significant escalation in behaviour. They became physically aggressive and attempted to climb out of bed, actions that presented an imminent risk of injury to themselves. Recognising the potential for harm, I acted with urgency to safeguard the patient's wellbeing. I requested that a healthcare assistant remain with the patient to provide immediate supervision while I sought further medical guidance. Following prompt consultation with the attending doctor, it was recommended that the patient be administered 2.5mg of lorazepam to manage their agitation. The doctor assured me that a prescription for this medication would be completed without delay. However, at this time, the coordinator nurse, who would normally oversee medication administration protocols, was unavailable. Given the pressing circumstances and the patient's escalating risk, I made the decision to personally retrieve the lorazepam 2.5mg from the Red Major department and administer it. I ensured that the administration was documented accurately in the patient's care plan and signed my entry accordingly. Shortly after, upon reviewing the patient's records, I discovered that the prescription had not yet been written by the doctor. Realising the seriousness of this omission, I immediately informed the Blue Major coordinator nurse and explained the situation, including my documentation of the medication administration.

The panel noted the evidence from Witness 2. In his witness statement Witness 2 stated:

I am not aware of the doctor Mr Ayodele was referring to when he stated that Lorazepam was prescribed by a doctor. There was not any evidence of this. I attach a copy of the rota of staff provided to me by Capsticks LLP relating to the shift 3-4 December 2023 as Exhibit JA4. Upon review of JA4, I confirm that I cannot identify the doctor Mr Ayodele was referring to as there was not any evidence of Lorazepam being prescribed by a doctor.

Further the panel noted Witness 1's evidence that Mr Ayodele was unable to describe the doctor.

The panel noted the evidence that the hospital staff looked at the doctors' rota and took further steps to try and identify the doctor that Mr Ayodele was referring to but were unable to do so.

The panel further considered Mr Ayodele's admission in one of his written accounts when he stated that he *'fully recognised'* his decision to administer the medication *'without a prescription'.*

Therefore, on the balance of probabilities, this charge is found proved.

Charge 1b)

"That you, a registered nurse:

1. On 4 December 2023, administered intravenous ("IV") Lorazepam to Patient A in circumstances where:

    b) Its administration was not clinically justified on the grounds of agitation"

This charge is found proved.

In reaching this decision, the panel took into account the written statement of Mr Ayodele, the oral and written evidence of Witness 2, the oral and written evidence of

Witness 1, the hearsay evidence of Witness 6 and the hospital's Rapid Tranquilisation of Disturbed Adults Patient Guidelines (RTDPA)

The panel considered Witness 1's evidence in which they stated that it would be very unusual for a doctor to prescribe IV Lorazepam without reviewing the patient. They stated that although on occasions doctors in A&E would prescribe without seeing a patient, this was usually for low level medication. They further stated that IV Lorazepam, *'would not be the first line of treatment for the patient'*. The panel noted the evidence of Witness 2 who acknowledged that the patient displayed some signs of agitation; however, he told the panel that the level of agitation was not such that steps had to be taken to sedate the patient or protect others on the ward. Furthermore, there is no contemporaneous record of any agitation in the patient notes and the curtains were open for much of the shift.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 1c)
"That you, a registered nurse:

1. On 4 December 2023, administered intravenous ("IV") Lorazepam to Patient A in circumstances where:

    c) You did not ensure the medication was second checked by another IV trained nurse prior to administration"

This charge is found proved

In reaching this decision, the panel took into account the written statement of Mr Ayodele.

The panel had sight of a contemporaneous local reflection made by Mr Ayodele in which he stated that**:**

‘I understand that when administering medication, it is necessary to have another registered nurse countersign the process to comply with standard protocol. However, in this case, this was only documented on the patient care plan but not countersigned while calming the patient down, which is essential to ensure patient safety and wellbeing. I acknowledge the gravity of this mistake and the potential risks involved.’

The panel also took into account oral evidence from Witness 2 in which he explained that it was very unlikely that a nurse would second check the medication in the absence of a prescription.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 1d)

“That you, a registered nurse:

1. On 4 December 2023, administered intravenous (“IV”) Lorazepam to Patient A in circumstances where:

    d) You did not escalate the patient’s agitation for clinical review, prior to the administration of the drug.”

This charge is found proved

In reaching this decision the panel took into account Mr Ayodele’s written statements, the oral and written evidence of Witness 2 and the oral and written evidence of Witness 1.

The panel found that there was no contemporaneous reference to any clinical review being sought by Mr Ayodele for agitation on the part of the patient, prior to administering IV Lorazepam. The panel considered Witness 6’s hearsay evidence where she confirmed that Mr Ayodele had not escalated or consulted with her in relation to Patient A. The panel also considered Witness 1’s evidence that, whilst this

was not written into the local policy, this was a standard practice known by all nurses.

Whilst the panel notes that Mr Ayodele states that he sought a doctor to prescribe medication for Patient A, it had already found that on the balance of probabilities, the IV Lorazepam was not prescribed nor was it clinically justified. Further, there is no written record of a doctor, or another staff member having carried out a clinical review.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 2a

"That you, a registered nurse:

2. On 4 December 2023 in respect of Patient A:

a) Did not record the administration of IV Lorazepam in their notes"

This charge is found proved

In reaching this decision the panel took into account the patient's clinical notes.

The panel noted that at 19:14 on the patient's electronic notes, Mr Ayodele recorded that 2.5mg of Lorazepam had been given to the patient. This record was made retrospectively and signed electronically by Mr Ayodele. However, the entry does not record that the medication was given intravenously.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 2b

"That you, a registered nurse:

2. On 4 December 2023 in respect of Patient A:

b) Did not record a rationale in their notes as to why you had administered IV Lorazepam"

This charge is found proved.

In reaching this decision the panel took into account the patient's clinical notes and Mr Ayodele's written statement.

The panel considered that the record in the patient's clinical notes states that *'one of the junior doctors advised 2.5mg of lorazepam'* should be administered to the patient due to the '*agitation'* of the patient. The panel noted that the recording did not state that the medication should be administered intravenously. There was therefore no rationale for administering the medication intravenously recorded.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 3
"That you, a registered nurse:

3. On 4 December 2023, did not record any entries in Patient A's notes between 08:44 and 18:00."

This charge is found proved

In reaching this decision the panel took into account Patient A's clinical notes.

The panel had sight of Patient A's clinical notes which shows a record made at a 08:44 and another at 18:00.

The panel also noted Witness 1's clear evidence that there would be handwritten documents in addition to digital records on nerve centre as the hospital had a hybrid model operating at that time, but there would be no other loose-leaf records.

There is no evidence of you making any records on Patient A's clinical notes on the paper or electronic recording systems between 08.44 and 18.00.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 4a

"That you, a registered nurse:

4. On 4 December 2023 failed to safeguard Patient A following the administration of IV Lorazepam in that you:

a) Did not conduct a complete set of observations and/or monitor their condition post administration."

This charge is found proved.

In reaching this decision the panel took into account Patient A's clinical notes, the oral and written statement of Witness 1, the oral and written statement of Witness 2 and the RTDAP Policy.

The panel noted the RTDAP policy which outlines the duty of a registered nurse to monitor and observe the effects of the drug that was in fact administered to Patient A. The policy states that after the IV Lorazepam was administered a nurse has a duty to ensure the patient undergoes:

'The following monitoring:
- *Pulse*
- *Blood pressure*
- *Oxygen saturation*
- *Level of hydration*
- *Respiratory rate*
- *Temperature*
- *Level of consciousness.'*

The panel considered that this policy made it clear that after administering medication to a patient, a nurse has a duty to ensure the patient's safety, monitor and safeguard the patient. This is particularly important with sedating medication.

The evidence from Witness 1 and Witness 2 indicates that Mr Ayodele was not with the Patient A when they both attended post administration of the drug. The contemporaneous patient notes also did not evidence monitoring or observations taken by Mr Ayodele post administration of the IV Lorazepam.

Therefore, there is no evidence to show that he undertook the necessary observations or monitoring post administration.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 4b
"That you, a registered nurse:

4. On 4 December 2023 failed to safeguard Patient A following the administration of IV Lorazepam in that you:

b) Did not respond appropriately and/or escalate for review upon realising that you had made a drug error."

This charge is found proved.

In reaching this decision the panel took into account the oral and written statement of witness 1, the oral and written statement of Witness 2, the hearsay evidence of Witness 6 and the RTDAP policy.

The panel found that there would be a duty on a nurse following a drug incident to act to keep the patient safe. There is a duty to care to ensure a patient's welfare as a professional, particularly after making an error.

The issue which the panel must determine is whether and when Mr Ayodele realised that he had made a drug error. His case is that the medication was administered in consequence of a level of agitation demonstrated by the patient and as a result of speaking to a junior doctor. The panel has already dismissed the proposition that the level of agitation warranted the administration of Lorazepam. In its determination in respect of charge 5, the panel dismisses Mr Ayodele's explanation that he was advised to administer Lorazepam by a junior doctor. The panel noted, moreover, that the RTDAP policy does not authorise the administration of Lorazepam at a higher level than 2 mg under any circumstances.

The panel therefore reached the conclusion that Mr Ayodele must have known that his administration of IV Lorazepam in the circumstance was an error. In the circumstances, it was his duty to act appropriately by remaining with the patient and escalating the matter to senior nursing staff in addition to conducting observations.

The panel took due regard of the accounts in the oral and written evidence from Witness 1, Witness 2 and the hearsay statement of Witness 6 all of which make it clear that Mr Ayodele did not stay with the patient and respond appropriately, nor did he escalate the error for review.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 5
"That you, a registered nurse:

> 5. On 4 December 2023, incorrectly reported that a doctor had authorised the administration of IV Lorazepam to Patient A."

The charge is found proved.

In reaching this decision the panel took into account that there is no written prescription for IV Lorazepam for Patient A and the oral and written evidence of Witness 1.

The panel noted that its previous determination in charge 1 that there is no evidence that a doctor had prescribed IV Lorazepam to Patient A. It accepted the evidence of Witness 1 that it was not likely that an A&E doctor, or any other doctor, would prescribe this medication without reviewing the patient. Therefore, Mr Ayodele incorrectly reported that a doctor had authorised the administration of the medication.

Further the panel noted the evidence from Witness 1 and Witness 2 that they had taken all reasonable steps to identify the doctor to whom Mr Ayodele was referring. They explained that they had made diligent efforts to identify the doctor, including referring to the doctors' rota.

Still further, the panel noted Witness 2's statement that *'Mr Ayodele did not say to me that Lorazepam was prescribed by the doctor.'* However, when confronted about the incident by Witness 1, the nurse in charge, at that stage he said that it was prescribed by a doctor.

Furthermore, the panel had regard to the RTDAP policy which stated that the appropriate dose of IV Lorazepam would be 1-2mg; it considered that it was most unlikely that a doctor would prescribe an incorrect dose of 2.5mg, especially given that Patient A was elderly.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 6

> 6) Your conduct at charge 5 was dishonest, in that upon your drug error being identified, you sought to create a misleading impression that the administration of IV Lorazepam had been authorised by a doctor when you knew it had not.

This charge is found proved

In reaching this decision the panel took into account Mr Ayodele's written statements and the NMC Guidance DMA-8 (Making decisions on Dishonesty Charges and the Professional duty of Candour).

The panel considered its findings in charge 5. It made reference to Mr Ayodele's statements at the first interim order hearing and the fact that this narrative has altered in subsequent representations from him. The panel noted the inconsistent accounts of the incident.

The panel considered that in the light of its findings in charges 4 and 5, Mr Ayodele knew that he had made a drug error, that the IV Lorazepam had not been prescribed by a doctor and that he was making this statement in order to create the misleading impression that it had been. Applying the standards of ordinary and decent people, the panel concluded that this conduct would be regarded as dishonest.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 7

> 7) Failed to notify [PRIVATE] that an Interim Conditions of Practice Order had been imposed on your NMC registration on 17 January 2024, in contravention of condition 9b)

This charge is found proved

In reaching this decision the panel took into account the oral and written evidence of Witness 5 and Mr Ayodele's written statements

The panel noted paragraph 9(b) of the interim order determination dated 17 January 2024 which provided:

> *'9. 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)'

The panel determined that Mr Ayodele was aware of his obligation to disclose the interim conditions of practice order. In the case management form, which he submitted to the NMC, he stated that:

> *'When the Conditions of Practice Order was imposed on 17 January 2024, I took steps to notify the agencies I had previously worked with, as I understood this to be part of my professional responsibility. At the time, I was under the impression that [PRIVATE] had been informed, either directly by myself or through broader communication channels. However, upon reflection and further review, I now recognise that I did not personally and directly notify [PRIVATE] of the imposed conditions'*

In her witness statement, Witness 5 explained that

> *'On 29 April 2024, the Compliance Officer of* [PRIVATE], *[Ms 1], was conducting the NMC Pin checks. [Ms 1] identified Mr Ayodele's restrictions and sent an email to the Governance, Quality, and Audit manager, [Ms 2]. [Ms 2] then informed me about Mr Ayodele's restrictions by email…*
> *…I was shocked when I received the email from [Ms 2] as I had an appraisal with Mr Ayodele in February 2024 and this was not disclosed to me during the meeting.'*

In her oral evidence Witness 5 confirmed that had a member of [PRIVATE] been informed by Mr Ayodele that he was the subject of an interim order of conditions, she would have been advised of that fact. This had not happened.

The panel accepted that [PRIVATE] were unaware that an Interim Conditions of Practice Order had been imposed on Mr Ayodele's registration until the NMC Pin checks were undertaken. It therefore follows that Mr Ayodele had failed to inform [PRIVTAE] of the Order.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 8

8) Your conduct at charge 7 was dishonest in that you sought to conceal the existence of the Interim Conditions of Practice Order to enable you to continue procuring work via [PRIVATE].

This charge is found proved

The panel considered that Mr Ayodele had a duty to inform [PRIVATE] about the existence of his Interim Conditions of Practice Order, but that he sought to conceal this to enable him to continue to procuring work via [PRIVATE].

The panel noted that his statement in the Case Management Form that:

'I was under the impression that [PRIVATE] had been informed, either directly by myself or through broader communication channels. However, upon reflection and further review, I now recognise that I did not personally and directly notify [PRIVATE] of the imposed conditions.'

The panel noted that he had a further opportunity to disclose the existence of the Interim Conditions of Practice Order at his appraisal in February 2024. Witness 5 stated that he was specifically asked about this but did not disclose the order.

Further, the panel considered the email from Mr Ayodele to [PRIVATE] dated 30 April 2024 in which he stated:

'I had every intention of following all the instructions during my shifts and not deviating from them. However, I quickly realized that it was more challenging than I anticipated. As a result, I have decided to stop requesting shifts from [PRIVATE] as the only agency, and I am currently searching for a new job. I also want to assure you that I am taking steps to reflect on my actions and ensure that I do not retake any shifts until the investigation/condition of practice is over.'

The panel found that he knew he was subject to an interim conditions of practice order, chose not to disclose this to [PRIVATE], and that the most likely reason for this was to ensure that he was still able to procure work through [PRIVATE] as he acknowledged that it may be more difficult to secure employment if he revealed the imposition of the Interim Conditions of Practice Order.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 9

> 9) Worked at George Eliot Hospital and/or Warwick Hospital on one or more of dates set out in Schedule 1 in contravention of the following conditions of your Interim Conditions of Practice Order.
>
> a) Condition 2.
> b) Condition 3.
> c) Condition 4.
> d) Condition 5.

This charge is found proved in relation to paragraph 9(b), (c) and (d). It is found not proved in relation to paragraph 9(a).

Charge 9(a)

In reaching this decision the panel took into account the interim conditions of practice and the list stating Mr Ayodele's shifts.

The panel considered Condition 2 which states:

> *'You must not be the nurse in charge on any shift."*

The panel found that a bank nurse would never be in charge of a shift and would always be working as a band 5 nurse. There is no evidence that Mr Ayodele was

ever working as a nurse in charge. This is corroborated by the evidence from Witness 1 and Witness 2.

In light of this, this sub charge is found not proved.

Charge 9(b)

The panel considered Condition 3 which states:

> *'You must not manage or administer medication at any time unless under the direct supervision of another registered nurse '.*

The panel considered Witness 3's statement:

> *'Mr Ayodele would have been undertaking these duties unsupervised and would often not be working directly with anyone. Medication administration would also not necessarily be supervised, and often would be administered by a nurse directly, independently, and without supervision. This is the usual process and there would have been no reason that this process would have been deviated'*

The panel accepted that it would be difficult for someone in A&E working as an autonomous practitioner in a highly pressurised environment to work under direct supervision as the nature of the role would make this impossible.

The panel determined that Mr Ayodele would have administered medication without direct supervision as this was expected of a nurse in his role.

In light of this, this sub charge is found proved.

Charge 9(c)

The panel considered Condition 4:

‘You must ensure you are supervised by another registered nurse at any time you are working. The supervision must consist of:
a) Working at all times on the same shift as, but not always directly observed by a registered nurse unless undertaking medication administration or management when condition 3 applies.’

The panel considered that Mr Ayodele was working in a managed clinical environment, but he was not being directly observed when undertaking administration of medication. Although being on the same shift as the supervisor is a level of supervision, in an A&E environment, a nurse is working autonomously and caring for patients autonomously.

As staff were not aware of conditions, the supervision was not equivalent to or occasioned by the terms of the interim order.

The panel noted Witness 3’s evidence that:

‘8. Mr Ayodele's role in A&E with the Trust was to look after patients, doing observations and basic nursing care, supporting Doctors and undertaking general tasks as needed. He would be doing wound dressings, medication administration, supporting patients with X-rays, and transfers to Wards. As he was an agency nurse, he would not be doing specialist areas of work in the department.

9. Mr Ayodele would have been undertaking these duties unsupervised and would often not be working directly with anyone. Medication administration would also not necessarily be supervised, and often would be administered by a nurse directly, independently, and without supervision. This is the usual process and there would have been no reason that this process would have been deviated’.

The panel determined this condition presupposes that a person is aware that they are in a position of supervisor. As Mr Ayodele had not disclosed this condition, it is

clear that he was not under supervision, consequently, he was contravening this condition.

In light of this, this sub charge is found proved.

Charge 9(d)

The panel considered Condition 5 which states:

> *'You must meet with your line manager/ mentor/ supervisor at least fortnightly to discuss medication administration and management to include:*
> *a) Following mandatory protocols.*
> *b) Your understanding of medications administered their dosage and indications.*
> *c) Monitoring patients after medication has been administered where indicated'*

The panel considered its findings in relation to Condition 4 and determined that there is no evidence that Mr Ayodele had a line manager, mentor or supervisor who conducted fortnightly meetings with him to enable him to comply with this condition.

In light of this, this sub charge is found proved.

Charge 10

> 10) Your conduct at charge 9a) and/or 9b) and/or 9c) and/or 9d) was dishonest in that you sought to conceal the existence of the Interim Conditions of Practice Order to enable you to continue working unrestricted as a nurse.

This charge is found proved

In reaching its decision, the panel made reference to your written representations and the oral and written evidence of Witness 3 and Witness 4

The panel refers to Condition 9 of the Interim Conditions of Practice Order which required Mr Ayodele to disclose his conditions of practice to any person or organisation he worked for.

The panel noted that in an email to the NMC on 23 January 2024 he acknowledged that he was *'struggling to secure work'* as a result of the Interim Conditions of Practice Order. This demonstrates that he was aware of the restrictions on his practice yet sought to conceal the existence of the conditions to enable him to continue working unrestricted as a nurse.

The panel determined that ordinary and decent people would find this dishonest.

Therefore, on the balance of probabilities, this charge is found proved.

Charges 11a and 11b

> 11) On 6 February 2024 when asked by Colleague A if you were being investigated by your professional registered body you:
>
> a) Failed to disclose the Interim Conditions of Practice Order which had been imposed on your NMC registration on 17 January 2024.
>
> b) Failed to disclose that you were subject to a NMC fitness to practise investigation.

This charge is found proved

In reaching its decision the panel took into account Mr Ayodele's written statements, and the oral and written evidence of Witness 5

The panel referred to Mr Ayodele's written statement where he stated that

> *'I now recognise that I did not personally and directly notify [PRIVATE] of the imposed conditions. I deeply regret this oversight and fully acknowledge the*

importance of personally ensuring that all relevant parties are clearly and promptly informed in such circumstances. I take full responsibility for this lapse'.

The panel accepted this admission regarding your failure to disclose the Interim Conditions of Practice Order imposed on his NMC registration.

The panel noted that on 6 February 2024, Mr Ayodele had the opportunity to disclose the Interim Conditions of Practice Order to Witness 5, and that he was subject to a NMC Fitness to Practise investigation. Mr Ayodele was specifically asked about these matters during his appraisal, and he chose to conceal this information.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 12

12) Your conduct at charge 11a) and/or 11b) was dishonest in that you sought to conceal you were subject to an Interim Conditions of Practice Order and/or a NMC fitness to practise investigation to enable you to continue procuring work via [PRIVATE].

This charge is found proved

In reaching its decision the panel took into account Mr Ayodele's written statements and NMC Guidance DMA-8 (Making decisions on Dishonesty Charges and the Professional duty of Candour).

The panel considered its findings in charge 8 and determined that Mr Ayodele amended his narrative regarding notifying [PRIVATE] of the Interim Conditions of Practice Order. It noted that he had the opportunity to disclose that he was subject to an interim conditions of practice order and an NMC Fitness to Practise investigation, but he deliberately chose not to do so.

The panel noted that he stated that he regretted his failure to communicate honestly. It also noted that Condition 9 of the Interim Conditions of Practice Order placed an obligation on Mr Ayodele to disclose the interim conditions to the agency.

The panel determined that an ordinary and decent person would view Mr Ayodele's conduct as actively dishonest.

Therefore, on the balance of probabilities, this charge is found proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Mr Ayodele's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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 Ayodele's 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.'*

Ms Rashid 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.

Ms Rashid identified the specific, relevant standards where Mr Ayodele's actions amounted to misconduct.

Ms Rashid acknowledged that not every breach of the Code will result in a finding of misconduct. She referred the panel to the case of *Roylance* and submitted that the panel can conclude that Mr Ayodele's conduct on 4 December 2023 and subsequent conduct relating to the interim conditions of practice order would fall into the category of misconduct.

She submitted that Mr Ayodele's conduct was dangerous and caused harm to an elderly patient who had a reaction to the medication administered by him. She submitted that Mr Ayodele did not observe the patient after administering the medication. There was a combination of acts and omissions that were not proper in the circumstances and were serious enough to constitute misconduct.

Ms Rashid submitted that this incident started as a clinical error but Mr Ayodele's way of dealing with this error made the situation considerably worse. Instead of accepting his mistake Mr Ayodele fabricated a story about a doctor prescribing the medication. She submitted that Mr Ayodele did not appear to show any remorse and maintained that he was told to administer the medication by a doctor.

Ms Rashid submitted that the panel made findings on dishonesty; that Mr Ayodele actively sought to deceive and *'cover his back'*. This aspect of dishonesty is so serious that it is clearly misconduct.

Ms Rashid submitted that there was ongoing dishonesty as Mr Ayodele did not disclose that he was subject to an interim conditions of practice order; he then worked at least 30 shifts after the imposition of the conditions. Although there were no clinical issues arising from his work, he breached the conditions.

Ms Rashid submitted that Mr Ayodele's conduct fell far below what is expected of a registered nurse and the totality of his behaviour amounts to misconduct.

Ms Rashid submitted that Mr Ayodele's conduct breached the following paragraphs of the Code 3, 3.1, 4, 6, 8, 10, 13, 13.2, 14.1, 15.2, 16.1, 18.1 19.1 and 23.3.

Submissions on impairment

Ms Rashid moved onto the issue of impairment and addressed the panel on the need to have regard to the protection of 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. Her submissions included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and CHRE v NMC and Grant* [2011] EWHC 927 (Admin).

Ms Rashid submitted that Mr Ayodele's practice is currently impaired. She submitted that the NMC guidance asks if the nurse can practise kindly, safely and professionally.

Ms Rashid submitted that Mr Ayodele had no previous Fitness to Practise conditions, but the proven allegations are extremely serious, and in view of the actual harm to Patient A as a result of Mr Ayodele's actions, his fitness to practice is currently impaired.

Ms Rashid submitted that the panel should consider if there are any attitudinal issues. She submitted that Mr Ayodele did not show concern about the patient, something which demonstrated a lack of insight at the time, as did his attempt to cover up his error through dishonesty. She submitted that his continued insistence that he was following the doctor's instructions shows a current lack of insight.

Ms Rashid submitted that the breach of Mr Ayodele's Interim Conditions of Practice Order and his concurrent dishonesty over a number of months shows a further lack of insight.

Ms Rashid submitted that there were not any contextual issues that might serve to explain and mitigate his misconduct.

Ms Rashid submitted that Mr Ayodele has not apologised or shown genuine remorse. Though he has done some training and engaged with the regulatory process, it has little impact on addressing the issues with his practice.

Ms Rashid submitted that the overall objective of the NMC is to protect the public and his actions have already harmed a patient. Therefore, Ms Rashid submitted that a finding of impairment should be made on public protection grounds.

Ms Rashid submitted that a finding of impairment should also be found on the wider public interest ground, as allowing Mr Ayodele to return to unrestricted practice would not maintain public confidence in the profession, given the serious nature of his conduct.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, R (on the application of Remedy UK) v GMC [2010] EWHC 1245 (Admin), R (on the application of Cohen) v GMC [2008] EWHC 581 (Admin), *Yeong v GMC* [2009] EWHC 1923, *Nicholas-Pillai v GMC* [2009] EWHC 1048 (Admin).

Decision and reasons on misconduct

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

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

In relation to charges 1 to 5:

> ***1 Treat people as individuals and uphold their dignity To achieve this, you must:***
> *1.1 treat people with kindness, respect and compassion*
>
> ***2 Listen to people and respond to their preferences and concerns***
> ***To achieve this, you must:***
> *2.1 work in partnership with people to make sure you deliver care effectively*
> *2.6 recognise when people are anxious or in distress and respond compassionately and politely*
>
> ***3 Make sure that people's physical, social and psychological needs are assessed and responded to***
> ***To achieve this, you must:***
> *3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*
>
> ***4 Act in the best interests of people at all times***
> ***To achieve this, you must:***
> *4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment*
>
> ***6 Always practise in line with the best available evidence***
>
> ***8 Work co-operatively***
>
> ***10 Keep clear and accurate records relevant to your practice***
> ***This applies to the records that are relevant to your scope of practice.***
> ***It includes but is not limited to patient records.***

13 Recognise and work within the limits of your competence

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

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

20 Uphold the reputation of the profession at all times

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

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

In relation to charge 6 and charges 7 to 12:

20 Uphold the reputation of your profession at all times

20.1 keep to and uphold the standards and values set out in the Code 20.2 act with honesty and integrity at all times, treating people fairly 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.
To achieve this, you must:

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 appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel therefore considered Mr Ayodele's conduct in relation to each of the charges found proved.

The panel considered that it was very serious that Mr Ayodele decided to administer IV Lorazepam to Patient A when it was not prescribed and when it was not clinically justified. He had not ensured that the medication was second checked by another nurse, nor had he escalated the patient's agitation for clinical review before administering the IV Lorazepam. This caused actual harm to Patient A. It decided that Mr Ayodele's conduct found proved in charge 1 is so serious to amount to serious misconduct.

In relation to charge 2, the panel determined that the administration of IV Lorazepam is a serious matter so the administration and rationale for it should have been recorded, particularly with a highly vulnerable and elderly patient who was harmed as a result of Mr Ayodele's actions. In light of this, the panel found misconduct.

In relation to charges 2 and 3, the panel found that documentation is critical for patient care and safety, and this is particularly so when a patient is highly vulnerable. Mr Ayodele had an obligation to record what was happening. In light of this, the panel found misconduct.

In relation to charge 4, the panel considered this serious misconduct as the patient was given a potentially lethal dose which required an antidote to be administered. Mr Ayodele subsequently did not observe the patient, and the outcome could have been

different if the error had not been observed and escalated by another member of staff. In light of this, the panel found misconduct.

In relation to charges 5 and 6, Mr Ayodele consistently maintained his position regarding the prescription which was designed to mislead. Nurses are required to have integrity and honesty. Therefore, it determined that this amounted to serious misconduct.

The panel found that Mr Ayodele's repeated breaches of the Interim Conditions of Practice Order, and his dishonesty in that regard as set out in charges 7-12 amounted to serious misconduct. Moreover, Mr Ayodele initially concealed the existence of conditions on his registration and did not take the opportunity to disclose the conditions during his subsequent appraisal with [PRIVATE]. He made that choice for personal gain and had minimised the seriousness of the conditions imposed.

The panel therefore found that Mr Ayodele's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Ayodele's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance DMA-3 (Impairment), updated on 3 March 2025, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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 Witness 2net 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 has found that a patient was put at risk and was caused actual physical harm as a result of Mr Ayodele's misconduct. Mr Ayodele's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. 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 insight and whether the misconduct in this case is capable of being addressed.

The panel carefully considered the evidence before it in determining whether or not Mr Ayodele has taken steps to strengthen his practice and remediate his dishonesty. The panel took into account the training courses Mr Ayodele stated he has undertaken in '*a clear and ongoing commitment to improving'* his practice: In the Case Management Form response, Mr Ayodele wrote:

'The actions I have taken include:
• Completion of formal training focused on consent and mental capacity, which has strengthened my understanding of the legal and ethical frameworks surrounding patient choice.
• Updated safeguarding training, which has reinforced the need to prioritise patient safety and well-being in every interaction.
• Engagement in Continuing Professional Development (CPD) activities, including reflective learning modules and evidence-based updates in clinical best practices. These activities have helped me to stay informed about current standards and innovations in healthcare delivery'

However, the panel considered that the remedial actions which Mr Ayodele undertook were based on his inaccurate and self-serving version of the incident, rather than what happened. In particular, it did not reflect his deliberate decision to address a vulnerable elderly patient's moderate agitation by the administration of the

dose of IV 2.5mg Lorazepam, his failure to safeguard that patient thereafter or to record contemporaneously what he had done, and his dishonest attempt to attribute responsibility for that decision to a fictitious doctor. Thereafter he sought to remain in work by his dishonest failure to disclose the Interim Conditions of Practice order to the agency through which he obtained work and to the Hospitals where he was given work.

In his Reflective Statement, Mr Ayodele cast his conduct in the following terms:

- *A decision to administer medication without a formally documented prescription, and without the presence or verification of a second nurse;*
- *I understand that obtaining informed consent is not only a legal and ethical requirement but also an essential component of establishing trust with patients, ensuring their autonomy, and safeguarding their right to make decisions that align with their values and preferences. My failure to properly obtain and document consent in this case directly undermined this principle.*
- *I placed undue pressure on myself to act quickly in the midst of a demanding clinical environment, and in doing so, I inadvertently bypassed essential safeguards.*

In consequence, the courses he undertook, did not focus on medicines management or the duty of candour; that is where the panel expected the focus of Mr Ayodele's learning to be. As such, this does not demonstrate sufficient or appropriate strengthening of his practice.

The panel considered Mr Ayodele's reflective statement where he stated:

> *'I take full and unreserved accountability for the errors and professional shortcomings outlined above. I now have a much deeper understanding of the serious implications of failing to document accurately, follow established medication protocols, escalate clinical concerns appropriately, and uphold the fundamental principle of transparency in nursing practice. These are not just*

administrative oversights—they represent critical components of safe, ethical, and patient-centered(sic) care.'

The panel was not satisfied that Mr Ayodele has taken full responsibility for his deliberate error. In particular, there is no recognition of the impact of his actions on the patient and his colleagues. The panel concluded that Mr Ayodele has not addressed why he made the original decision to administer the IV Lorazepam when it was not clinically indicated, and that therefore there are serious questions concerning his behaviour, particularly as he compounded it with serial dishonesty.

The panel found that the original clinical mistake is remediable. However, the pattern of intentional dishonesty indicates a deep-seated attitudinal issue which is very difficult to remediate.

The panel carefully considered whether there are any contextual matters in relation to the behaviour of Mr Ayodele which may have mitigated its seriousness. It noted the evidence of Witness 1 that the A&E Department was not short staffed, and the panel had not been made aware of any wider difficulties in the working environment or culture. There was, therefore, no reason for Mr Ayodele to behave as he did. In relation to the failure to disclose and abide by the conditions (as outlined in charges 7-12) in the period 17 January to 15 April 2024, the panel recognised that Mr Ayodele advanced a reason relating to personal matters relating to his family which he claimed were current at the time, but it was unable to place reliance upon those matters since they were cited as recent by Mr Ayodele in a subsequent communication over a year later.

Consequently, the panel is of the view that there is a risk of repetition based on the seriousness of the harm to Patient A and Mr Ayodele's lack of remorse, genuine insight into both his clinical practice and his dishonest conduct, or the strengthening of his clinical practice in medicines management and documentation. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because honesty and integrity are fundamental tenets of the profession and key to maintaining public confidence, and therefore a well informed, ordinary and decent member of the public would expect such a finding in respect of a registered nurse who has conducted himself as Mr Ayodele has.

In addition, the panel concluded that public confidence in the profession, and the NMC as regulator, would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Ayodele's fitness to practise impaired on the grounds of public interest.

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

Submissions on sanction

Ms Rashid informed the panel that in the Notice of Hearing, 23 July 2025, the NMC had advised Mr Ayodele that it would seek the imposition of a striking off order if it found Mr Ayodele's fitness to practise currently impaired.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Ayodele's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The

panel had careful regard to the Sanctions Guidance ("SG"). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Conduct which put patients at risk of suffering harm
- Actual harm caused to a highly vulnerable patient
- Vulnerability of the patient
- Deliberate erroneous administration of IV Lorazepam
- Abuse of a position of trust with a highly vulnerable patient who was reliant on him for care
- Lack of candour with his regulator and employer
- Pattern of misconduct that was sustained over several months
- Personal financial gain as a result of the misconduct
- Lack of insight into failings

The panel also took into account the following mitigating features:

- Lack of previous disciplinary history
- Some admissions, albeit limited

The panel did consider the personal mitigation Mr Ayodele put forward to his employers and the regulator but reminded itself that due to the potential inconsistencies it could not place any reliance on it.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified an order that does not restrict Mr Ayodele's practice would not be sufficient in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the*

lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mr Ayodele's misconduct was not at the lower end of the spectrum. It found that his dishonesty was deliberate, repeated and sustained, and that he has been dishonest with his regulator. That represents serious misconduct. In those circumstances, a caution order would be inappropriate. 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 Mr Ayodele's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and the blatant disregard Mr Ayodele showed for the interim order conditions imposed on his registration.

The panel considered that the misconduct identified in this case was not something that can be easily addressed through retraining, particularly as Mr Ayodele has shown limited insight into his failings and a propensity to disregard the steps the NMC put in place to keep the public safe by breaching the terms of his interim conditions of practice order. Furthermore, the panel concluded that the placing of conditions on Mr Ayodele's registration would not adequately address the seriousness of this case and support public confidence in the profession, nor would conditions adequately protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

In light of the facts found proved, the panel determined that these factors were not engaged in this case.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel considered that the serious breach of the fundamental tenets of the profession evidenced by Mr Ayodele's actions is fundamentally incompatible with Mr Ayodele remaining on the register.

The panel was also mindful that, as set out in the SG, it would be helpful for it to explain clearly what expectations it has, or what actions the nurse could take that would help a future Committee in reviewing the order before it expires. The panel did not consider that it could formulate any workable expectations or actions that would assist the nurse or a future Committee in their review of a suspension order, if imposed.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mr Ayodele's actions represented significant departures from the standards expected of a registered nurse and are fundamentally incompatible with his remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Ayodele's actions were so serious that to allow him to remain

on the register would place patients and the public at risk of harm and undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all these factors, taking into account all the evidence before it, and considering the adverse impact likely on Mr Ayodele's livelihood, the panel determined that the appropriate and proportionate sanction is a striking-off order. Having regard to the effect of Mr Ayodele's actions in bringing the profession into disrepute and adversely affecting the public's view of how registered nurses should conduct themselves, the panel has concluded that nothing short of a striking off order would be appropriate in this case.

The panel considered that this order is necessary to ensure the public is properly protected, 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.

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 Ayodele's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Rashid. She submitted that an interim suspension order is necessary to ensure that the public is protected and that the appeal period is covered.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to ensure that the public is protected for the duration of the appeal period.

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

This will be confirmed to Mr Ayodele in writing.

That concludes this determination.