

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

**Substantive Order Review Hearing
Wednesday, 8 April 2026**

Virtual Hearing

Name of Registrant: Ethel Delali Adjo

NMC PIN: 95Y00740

Part(s) of the register: Adult Nursing – May 1995

Relevant Location: Swindon

Type of case: Misconduct

Panel members: Caroline Jones (Chair, registrant member)
Paula Newton (Lay member)
Roseann Kane (Lay member)

Legal Assessor: Alan Gogarty

Hearings Coordinator: Max Buadi

Nursing and Midwifery Council: Represented by Shopna Roy, Case Presenter

Miss Adjo: Present and not represented at this hearing

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect on 13 May 2026 in accordance with Article 30 (1)**

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

At the outset of the hearing, Ms Roy informed the panel that you wanted this case to be held wholly in private on the basis that proper exploration of your case involves references to your health and personal circumstances. Ms Roy submitted that she would not be making references to your health or personal circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that there may be reference to your health and personal circumstances, the panel determined to hold those parts of the hearing in private if and when those parts are raised.

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 13 May 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third 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. On 7 April 2025, this was reviewed and the Fitness to Practise Committee imposed a conditions of practice order for a period of 12 months.

The current order is due to expire at the end of 13 May 2026.

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

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

'That you, 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 second reviewing panel determined the following with regard to impairment:

'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'

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

'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.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in

light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, written submissions from Mr Holborn on your behalf, and a bundle of documents containing reflective statements and CPD's. It has taken account of the submissions made by Ms Roy on behalf of the NMC.

Ms Roy informed the panel that you have gained employment as a healthcare assistant as of last week. She referred the panel to the written submissions provided by Mr Holborn, on your behalf and the reflective pieces. Ms Roy submitted that while you have continued to recognise the dishonesty aspect of this case, you still have limited insight into the potential impact on patients and colleagues. She submitted that you have not demonstrated how you would act differently in the future.

Ms Roy submitted that you are still impaired. She submitted that no new information has been provided to demonstrate that you have reflected or undertaken training to address the areas of concern in the case. She submitted that you are therefore liable to repeat the matters found proved in the charges.

Ms Roy submitted that the NMC has not received any references from your new employers as it is too early in your employment for those to be given and therefore there is no information to determine any improvement at this stage.

Ms Roy submitted that the panel cannot be satisfied that you would not repeat matters of the kind found proved, so a finding of impairment would be necessary on the grounds of public protection.

Ms Roy submitted that a finding of impairment would be necessary on the grounds of public interest. She submitted that a fully informed member of the public would be seriously concerned if impairment was not found given your continued failure to recognise dishonesty and your continued limited insight into the potential impact on patients and colleagues.

Ms Roy invited the panel to impose conditions of practice for a further period of 12 months. She submitted that this would protect the public and allow you to develop your clinical practice. She reminded the panel that you are seeking variations to your conditions of practice. Ms Roy submitted that the current conditions are not onerous and are workable.

Ms Roy submitted that given that you have started only just started employment, it is too early to assess whether these conditions are workable by the employer. She submitted that a suspension order or a striking off order would not be proportional at this time given that you have now gained employment.

You made oral submissions to the panel.

You stated that since the NMC referral in 2019, you worked as a nurse in an acute and very busy environment in one of the biggest hospitals in London. You said that you had no issues until you took "early exit". You said that you nursed, supervised and mentored others and no such allegations were made until the ones that were raised in the NMC referral.

You said that you are committed to your profession and asked the panel to consider the written submissions made by your representative.

In response to panel questions you asked for conditions in relation to Intravenous medication injections and subcutaneous injections be removed. You then stated that the conditions as a whole prevent you from doing what the NMC want you to do. You said that the conditions have made it difficult for you as you applied for numerous jobs with no success. You said that once you get a job, you will be proactive in your development and you will provide the NMC with updates on your progress.

With regard to insight into your dishonesty, you stated that you are profoundly sorry because dishonesty has no place in the nursing profession. You said that if you make a mistake you should own up to it and training will be provided to rectify the mistake. You said that it is unfortunate that this has happened and you are remorseful and so sorry about it and it will not happen again.

With regard to your role as a healthcare assistant, you said that you will be interacting with patients and using communication and interpersonal skills. You said that you will be using your nursing skills in your capacity as a healthcare assistant.

The panel received written submissions from your representative dated 8 April 2026.

Mr Holborn, in written submissions on your behalf, invited the panel to continue the conditions of practice order for a further period with consideration given to a reduction in the severity of the conditions.

Mr Holborn submitted that you have not been able to demonstrate clinical competence due to a lack of employment. He submitted that you have made extensive, sustained and genuine efforts to secure employment since the last review. Within the written submissions, there is a table which demonstrated seven applications from February 2025 and August 2025. Mr Holborn further submitted that you have also made 16 applications through the NHS job website alone.

Mr Holborn submitted that you had been rejected repeatedly due to the conditions of practice.

Mr Holborn informed the panel that you have now commenced employment.

Mr Holborn submitted that you have completed 102 hours of CPD from 10 March 2025 to 17 August 2025. He submitted that the training directly addresses the concerns identified in the conditions including News Score Training, Medications awareness, infection control, communication training. He also referred the panel to detailed reflective statements where you have reflected on yourself, infection control and aspect technique, IV administration, communication, and the NMC conditions.

Mr Holborn submitted that the imposition of a striking off order would be disproportionate because you have engaged with the regulatory process, completed 102 hours of CPD, provided detailed reflective statements, have made efforts to find employment, and there is no evidence of any further regulatory concerns.

Mr Holborn invited the panel to vary the current conditions of practice order. He suggested conditions that employers can realistically implement like a reduction in clinical supervision requirements.

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 had regard to the substantive hearing decision, as well as the subsequent reviews involved in this case.

The panel noted that the last reviewing panel found that you had not provided any evidence to demonstrate that you understood the potential risks to both your patients and colleagues. The last reviewing panel also noted that you had not demonstrated that you have addressed the concerns about your practice which led to the imposition of a conditions of practice order.

In considering the position today, the panel was of the view that you have still not provided sufficient evidence to demonstrate that you have addressed the clinical failings which led to the imposition of a conditions of practice order.

The panel took account of your oral submissions. It bore in mind that the dishonesty found proved was directly linked to patient care. While you expressed remorse, this was in a general sense and did not reflect the risk of harm to patients that could have been caused by your actions. You said that if someone makes a mistake, they should take responsibility and will be given further training. The panel considered that you appeared to characterise the dishonesty as a mistake, rather than acknowledging that you had stated you had undertaken observations when you had not.

The panel also took account the reflective pieces you provided. It noted that some were general in nature and did not sufficiently address the specific clinical failings identified in the charges. While you referenced the NMC Code, you did not demonstrate how you have applied its principles in practice following your reflection or how you would apply it in future. Furthermore, you have not demonstrated an understanding of the impact your clinical failings and dishonesty would have had on patients, colleagues, or the wider nursing profession.

In light of the above, the panel was of the view that your level of insight remains limited.

The panel also noted that you have not been employed as a registered nurse for a significant period and therefore have not had the opportunity to address the clinical failings in a clinical setting. While it is positive that you have recently commenced employment as a healthcare assistant, the panel noted that you have only been in this role for a short period of time.

The panel also took account of the evidence of CPD you provided. While it was encouraged by the volume of training undertaken, with the exception of infection control training, the majority did not directly relate to the charges found proved.

The panel concluded that you have not demonstrated strengthened practice in the areas of concern. As a result, it could not be satisfied that you have fully addressed the issues which led to the original findings.

In light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

For these reasons, the panel finds that your fitness to practise remains impaired.

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) 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 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 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 in the public interest to impose a caution order.

The panel next considered whether continuing the conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel bore in mind that your representative invited the panel to vary the conditions of practice. In your oral evidence, you had suggested that conditions in relation to Intravenous medication injections and subcutaneous injections be removed. Then you appeared to suggest that the conditions as a whole prevented you from gaining employment.

The panel bore in mind that condition 2 and 3, relating to Intravenous medication injections and subcutaneous injections, were directly linked to the clinical failings identified. It considered that, aside from the usual conditions, all conditions imposed related to the clinical failings. The panel was satisfied that the conditions of practice were proportionate, measurable and workable.

However, the panel considered a variation should be made to condition 3 by removing conditions 3a and 3b. These conditions required monthly meetings with your line manager or supervisor to discuss Intravenous administration (Condition 3a), and Aseptic technique and wound care (Condition 3b). The panel noted that condition 2 requires you to be signed off as competent in these areas. It was of the view that condition 2 adequately protected the public in respect of the issues listed.

In light of the above, the panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest. In this case, there are conditions could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to extend as varied a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 13 May 2026. It decided to vary the following conditions which it considered are appropriate and proportionate in this case:

'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) *Observations and record keeping*
 - b) *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.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 13 May 2026 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.
- Testimonials from your current employer;
- 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.