

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

**Substantive Order Review Hearing
Monday, 13 April 2026**

Virtual Hearing

Name of Registrant: Grace Okanlawon

NMC PIN: 06H2890E

Part(s) of the register: Nurses Part of the Register – Sub Part 1
RNMH: Mental Health Nurse, Level 1 (1 March 2007)

Relevant Location: West Northamptonshire

Type of case: Misconduct

Panel members: Joanne Creasy (Chair, Lay member)
Karin Downer (Registrant member)
Catherine Beckett (Lay member)

Legal Assessor: Joseph Magee

Hearings Coordinator: Fionnuala Contier-Lawrie

Nursing and Midwifery Council: Represented by Chris Scott, Case Presenter

Mrs Okanlawon: Not present and unrepresented

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

Fitness to practise: Impaired

Outcome: **Suspension order (6 months) to come into effect on 22 May 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Okanlawon was not in attendance and that the Notice of Hearing had been sent to Mrs Okanlawon's registered email address by secure email 13 March 2026.

Mr Scott 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 substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Okanlawon's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Okanlawon has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Okanlawon

The panel next considered whether it should proceed in the absence of Mrs Okanlawon. The panel had regard to Rule 21 and heard the submissions of Mr Scott who invited the panel to continue in the absence of Mrs Okanlawon. He submitted that Mrs Okanlawon had voluntarily absented herself.

Mr Scott referred the panel to the email from Mrs Okanlawon, dated 11 April 2026 which states that she is unable to attend the hearing today.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Okanlawon. In reaching this decision, the panel has considered the submissions of Mr Scott, the email dated 11 April 2026 from Mrs Okanlawon and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- Mrs Okanlawon has informed the NMC that she has received the Notice of Hearing and had not made an application for adjournment;
- In an email from Mrs Okanlawon, dated 11 April 2026 she stated “*I...will request time to attend if rescheduled for next month possibly*”;
- Mrs Okanlawon’s representative was made informally aware of the date of the hearing on 24 February 2026; and
- There is a strong public interest in the expeditious review of the case.

The panel considered Mrs Okanlawon would not necessarily attend if today’s hearing was adjourned.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Okanlawon.

Decision and reasons on review of the substantive order

The panel decided to replace the current conditions of practice order with a suspension order.

This order will come into effect at the end of 22 May 2026 in accordance with Article 30(1) of the ‘Nursing and Midwifery Order 2001’ (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 15 April 2025.

The current order is due to expire at the end of 22 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:

1. *Between 6 September 2022 and 3 October 2022 on one or more occasion failed to check and/or record Patient H's blood glucose/sugar.*
2. *On 6 September 2022 and/or 25 September 2022 and/or 26 September 2022 failed to document handover notes in respect of one or more patient/s on the electronic system.*
3. *On 31 August 2022 in respect of Patient A:*
 - a) *Failed to carry out a second check of their blood pressure.*
 - b) *Failed to monitor their blood pressure.*
 - c) *Failed to escalate their high blood pressure to a General Practitioner.*
 - d) *Failed to handover their high blood pressure reading.*
 - e) *Failed to record any comment/rationale for the high reading.*
4. *On 13 September 2022 in respect of Patient B:*
 - a) *Failed to record their details on the electronic care plan system.*
 - b) *Failed to record their medication on the electronic care plan system.*
5. *On 21 September 2022:*
 - a) *in respect of Patient C;*
 - i. *Turned off the PEG feed pump/machine.*
 - ii. *Did not change the feeding tube.*
 - iii. *Failed to escalate their feed had occluded.*
 - b) *In respect of Patient D;*
 - i. *Did not close the wound review on the system.*

6. *Between 4 October 2022 and 5 October 2022 on one or more occasion failed to check and/or record Patient E's blood glucose/sugar.*

7. *On 28 September 2022:*
 - a) *In respect of Patient C stopped their feeding tube early/disconnected their feeding tube before the feed was finished.*
 - b) *In respect of Patient E;*
 - i. *Did not follow up when they refused to have their wound checked.*
 - ii. *Failed to record that they required their wound to be checked.*
 - iii. *Failed to handover that they had refused to have their wound checked.*

8. *On or about 2 October 2022 in respect of Patient F;*
 - a) *Were unable to take their blood pressure.*
 - b) *Did not attempt to use the manual blood pressure machine.*
 - c) *Contacted 111 unnecessarily without attempting to use the manual machine.*

9. *On 5 October 2022 in respect of Patient G failed to record on their MAR chart that their medication, Gabapentin and/or Diazepam, had been administered.*

10. *On an unknown date wrongly identified a Covid test as negative.*

11. *On an unknown date did not carry out the Covid testing procedure correctly.'*

The original panel determined the following with regard to impairment:

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, 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?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

In this regard the panel considered the test approved by Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision at paragraph 76:

'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)'*

Taking the above limbs in turn, the panel was satisfied that patients were put at risk of harm as a result of your misconduct. The panel considered that these charges encompassed failure to adhere to care plans, take necessary readings (both blood sugar and blood pressure), escalate or follow up patients, your poor infection control procedures as well as your poor documentation, both in relation to patient handovers as well as medication management. The panel acknowledged that there

is no evidence before it of actual harm coming to any of the patients, but it was satisfied that patients were placed at unwarranted risk of harm as a result of your actions or omissions. Further, the panel determined that your misconduct had breached the fundamental tenets of the nursing profession, namely the provision of safe and effective care to patients as well as communication with your colleagues and therefore brought its reputation into disrepute.

It was satisfied that limb (d) is not engaged in this case.

The panel considered that impairment is a forward-looking exercise, and it next considered whether you are liable, in the future, to put patients at unwarranted risk of harm, bring the nursing profession into disrepute and breach one of the fundamental tenets of the nursing profession, pursuant to Grant. In reaching its decision, the panel also considered the principles derived from Cohen, namely:

- Whether the concern is easily remediable;*
- Whether it has in fact been remedied; and*
- Whether it is highly unlikely to be repeated.*

On whether the concerns are remediable, the panel took into account the NMC Guidance, “Can the concern be addressed?” (FTP-15a). The guidance stated:

“Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:

- medication administration errors*
- poor record keeping*
- failings in a discrete and easily identifiable area of clinical practice*
- ...”*

The panel considered that, whilst your misconduct spanned several areas of fundamental nursing practice, these areas are clinical in nature. The panel took into account that these occurred within just the Home (in context of your 16 years’

nursing experience). The panel was therefore satisfied that the concerns may be remediable through robust training and supervision.

On whether you have remedied the concerns, the panel took into account the NMC Guidance “Has the concern been addressed?” (FTP-15b). On assessing insight, the guidance stated:

“Decision makers must always consider each case on its own facts and circumstances. However, the following factors will be useful when considering whether the evidence of insight is sufficient to address the concerns in the case.

- ...*
- ...*
- ...*
- ...*
- ...*
- ...*
- ...*
- Does the nurse, midwife or nursing associate acknowledge:*
 - any harm or risk of harm, to patients?*
 - any damage to public confidence in the professions?*
 - how far their conduct or practice fell short of professional standards?*
 - their own responsibility for the problem, without seeking to blame others or excuse their actions?”*

The panel considered your reflective piece. The panel took into account that you have considered each of the areas of concern – namely diabetes monitoring, documentation, monitoring blood pressure, feeding tubes, wound management, medicines management and COVID-19 testing – in your reflective piece. The panel considered that the piece comprised of a generic, academic commentary on the clinical importance of each of these identified areas, but it determined that it lacked reflection on your specific conduct. The panel was of the view that the reflective piece did not comment on your recognition of your wrongdoing, the impact of your misconduct on patients, colleagues, families of patients and the wider nursing

profession or any apology on your part. The panel found that you have demonstrated limited meaningful insight into your wrongdoing.

The panel also considered whether you have undertaken any training or strengthening of your practice since the incidents. The panel considered the NMC guidance, which stated:

“Key considerations for decision makers in assessing the steps taken by a nurse, midwife or nursing associate to address concerns in their practice will be whether the steps taken are:

- relevant, in that they are directly linked to the nature of the concerns*
- measurable (for example, where the nurse, midwife or nursing associate says they have been on a training course, information should be provided to help the decision maker understand the scope of the course, the topics covered and the results of any assessments)*
- effective, addressing the concerns and clearly demonstrating that past failings have been objectively understood, appreciated and tackled.”*

The panel had sight of the training certificates you have provided. The panel considered that you have undertaken a small amount of relevant training, such as the IT (Digital Training) you undertook in November 2024 and the training in Excel in January 2025. The panel considered that you are attempting to improve your IT competence, and it was of the view that this is relevant training which is directly linked to the charges.

However, the panel also determined that most of the training you have undertaken was not directly linked to the concerns, with the exception of training undertaken in relation to medication management. The panel took into account that the training you have undertaken is more generic (and some form part of the mandatory training for your current role), which may include areas of concern, but are not specifically targeted to the areas of concerns identified. The panel was not satisfied that you have sufficiently retrained in the specific areas of concern.

The panel determined that, in any event, it has no evidence before it of the training being applied in a clinical setting. The panel did not have sight of a sustained period of supervised, safe practice.

The panel also had sight of the testimonials from your colleagues. The panel acknowledged that you are presently working in a healthcare setting, and that some of the testimonials are from your colleagues who work alongside you. The panel also heard, from Ms Flanagan, that all of the authors of these testimonials were aware of the charges against you and that these had been discussed openly at a team meeting. The panel acknowledged that these testimonials were positive and commented on your clinical skills and patient care. However, the panel considered that the testimonials are of limited value to this panel. The panel, in assessing the testimonials, took into account NMC Guidance FtP-15b. The panel considered that the testimonials provided relating to your nursing practice did not follow the guidance in that: they were not on official foundation trust headed paper; some were not dated or signed; they did not appear to directly address all of the charges found proved; and it was not clear how long the individuals had worked with you and in what capacity in terms of your official line management chain. The panel took into account that there is no evidence before it of any independent competency assessment as part of your current role, or any other formal indicator of your clinical proficiency.

Taking all of the above into account, the panel was of the view that, whilst you have taken limited steps to remediate the concerns, you have not sufficiently remediated to alleviate the risk posed to the wider public. The panel determined that, at this stage, you have shown limited meaningful insight, and there is no evidence before it of sustained safe practice in respect of the charges found proved.

The panel next considered whether the conduct is highly unlikely to be repeated. It took into account the NMC Guidance, "Is it highly unlikely that the conduct will be repeated?" (FTP-15c). The guidance stated:

"Decision makers will consider whether the nurse, midwife or nursing associate is likely to repeat the conduct that caused the concerns. When doing this, they

should take into account whether the nurse, midwife or nursing associate has been practising in a similar environment to where the conduct took place. If they have, and have therefore been exposed to occasions when there was a risk of past conduct being repeated, then the absence of repetition will be significant. If they have not been practising in a similar environment (whether because restrictions have been placed on their practice or for any other reason), the absence of repetition will be of little or no relevance.

Decision makers can also take into account the full circumstances of the case. The likelihood of the conduct being repeated in the future may be reduced where:

- The nurse, midwife or nursing associate has demonstrated sufficient insight and has taken appropriate steps to address any concerns arising from the allegations.*
- ...*
- ...*
- ...”*

The panel took into account that your misconduct generally occurred whilst you were working the early-late shifts (circa 14-hour shifts). Whilst the panel acknowledged that you are currently working in a healthcare setting, it was not satisfied that you have demonstrated how you would respond if you were working in a similar environment to the Home, such as working under pressure or long hours.

Further, the panel determined that you have not fully addressed your shortcomings. The panel considered that you have shown limited meaningful insight in relation to your specific actions and its impact on patients, colleagues and the wider public (as outlined above). The panel also considered that, whilst you have undertaken some training, there is insufficient evidence of any targeted training addressing the specific areas of concern, or any independent or supervised assessment of your competencies in relation to these areas.

Taking all of the above into account, the panel was not satisfied that it is highly unlikely that the conduct would be repeated. The panel was of the view that you have not fully remediated, and there is a high risk of repetition.

Based on the above, the panel determined that you are liable, in the future, to put patients at unwarranted risk of harm, bring the nursing profession into disrepute and breach one of the fundamental tenets of the nursing profession, pursuant to Grant. Accordingly, the panel determined that a finding of impairment is necessary on the grounds of public protection.

Further, the panel bore in mind that the overarching objectives of the NMC, namely 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 public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly given that your misconduct was wide-ranging and concerned basic, fundamental areas within nursing practice. The panel was of the view that a reasonable member of the public would be concerned to learn a finding of impairment is not made for a registered nurse who placed highly vulnerable patients within a nursing home at unwarranted risk of harm as a result of their misconduct. Accordingly, the panel also found your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired by way of your misconduct on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired (by reason of your misconduct), 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 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:

- *Lack of remorse and insight into your failings and limited remediation.*
- *You sought to blame others for your conduct in the charges found proved.*
- *Your conduct placed people receiving care at risk of suffering harm.*
- *Your misconduct relates to vulnerable residents, the majority of whom relied entirely on nursing staff to ensure all care and treatment was delivered as specified in their care plans.*
- *Your misconduct took place across a wide range of areas of fundamental nursing skills.*

The panel found no mitigating features.

However, the panel noted that you have engaged with these proceedings and had no previous regulatory findings against you. You had an unblemished career spanning around 16 years. The panel also considered that during your employment, there was a period of transition at the Home, in that they were moving from one nurse on a shift to two nurses on a shift. As such, when there were two nurses on duty, there may have been potential for some confusion as to which registered nurse was responsible for the care and treatment of an individual resident.

The panel first considered whether to take no action and had regard to the NMC Guidance on "Taking no further action" (SAN-3a). It concluded that this would be inappropriate given the serious nature of the case and the potential risk of repetition. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered the imposition of a caution order and took into account the NMC Guidance on “Caution Order” (SAN-3b) 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 placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG (SAN-3C), in particular:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- No evidence of general incompetence;*
- Potential and willingness to respond positively to retraining;*
- ...*
- Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- The conditions will protect patients during the period they are in force; and*
- Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel placed weight on Ms Flanagan’s submissions that your current employer is supportive of you and have offered you a permanent role as a Senior Carer. The

panel accepted Ms Flanagan's submissions that the manager of Elm Lodge informed you that they had previous experience of managing nurses who were subject to conditions of practice and would be willing to supervise you in the event that you returned to nursing practice.

The panel had regard to the fact that these incidents happened during the course of your employment at one care home and that, other than these incidents, you had an unblemished career of 16 years as a nurse. The panel considered the numerous patient testimonials that you provided at this hearing and noted that you were described as "kind", "caring" and "supportive". The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

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. The panel considered that imposing a suspension-order or a striking-off order would be punitive, particularly as it took the view that you may be able to return to unrestricted practice in the future.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case; these conditions were devised on the basis that you will be supported in your return to unrestricted practice by Elm Lodge – Minster Care Group:

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 restrict your employment to a single substantive employer. This must not be an agency.*
- 2. You must not work as the registered nurse in charge of any shift nor as the sole registered nurse.*
- 3. You must ensure that you are supervised by a registered nurse at any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, another registered nurse.*
- 4. You must not administer medication until formally assessed as competent to do so by your workplace line manager or supervisor. A report containing the competency assessment must be sent to the NMC within 14 days of successful completion of the assessment.*
- 5. You must meet fortnightly with your workplace line manager or supervisor to discuss your clinical performance, particularly in relation to:*
 - a) Blood glucose monitoring and recording and taking any remedial action required.*
 - b) Record keeping, including accurate recording and handover documentation.*
 - c) Accurate recording of clinical observations including blood pressure and taking remedial action as required. Using effectively a manual blood pressure machine.*
 - d) Administration and monitoring of Percutaneous Endoscopic Gastrostomy (PEG) feeding.*
 - i. Ensuring that the patient receives this as prescribed;*
and

- a) *Blood glucose monitoring and recording and taking any remedial action required.*
 - b) *Record keeping, including accurate recording and handover documentation.*
 - c) *Accurate recording of clinical observations including blood pressure and taking remedial action as required. Using effectively a manual blood pressure machine.*
 - d) *Administration and monitoring of PEG feeding.*
 - i. *Ensuring that the patient receives this as prescribed; and*
 - ii. *Taking remedial action as required.*
 - e) *Adhering to wound management care plans in line with local policy and taking any remedial action as required.*
 - f) *Medicine administration and accurate recording.*
8. *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.*
9. *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.*
10. *You must immediately give a copy of these conditions to:*
- a) *Any organisation or person you work for.*
 - b) *Any employers you apply to for work (at the time of application).*

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

11. 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.

12. 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 review).

Before the order expires, 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 piece that focuses on the impact of your conduct, particularly in relation to patients, residents, colleagues and the wider public.
 - This should include your understanding of your failings, why they occurred, what you have learnt and the steps you have taken to address them.**

- *Recent testimonials from your workplace line manager.*
- *Up-to-date training certificates, particularly to the areas of the charges found proved.*

This will be confirmed to you in writing.'

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Okanlawon's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively 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. It has taken account of the submissions made by Mr Scott on behalf of the NMC.

Mr Scott began by outlining the background of the case and the findings of the original panel.

Mr Scott submitted that since the conditions of practice order was imposed, there has been limited ongoing correspondence with Mrs Okanlawon. Mr Scott referred the panel to a personal contact and employment details form, dated 13 June 2025 which states '*none at the moment*' when asked the length and time in current employment. Mr Scott also referred the panel to the email from Mrs Okanlawon, dated 11 April 2026 which states she is unable to attend today's hearing as she is on duty and suggests she is working shift work. Mr Scott submitted that it is not clear what her shift work refers to and that the panel should not infer from this that she is currently working in a health care capacity.

Mr Scott submitted that it appears Mrs Okanlawon is not currently working in a registered nursing capacity. Mr Scott submitted that the original panel put in place conditions of practice, which did not necessarily require Mrs Okanlawon to be working in a registered

nursing capacity to be able to fulfil certain aspects of the conditions. Mr Scott therefore submitted that there was nothing stopping Mrs Okanlawon from providing information to the NMC on her current employment and providing reflections and insight into her previous failings.

Mr Scott submitted that the persuasive burden is on Mrs Okanlawon and that she has not discharged this burden, as the panel has not been provided with any evidence on whether her clinical practice has been remedied and indeed any evidence to show her efforts. Mr Scott submitted that there has been no meaningful engagement and that there is nothing to show her current working practices, where she works and whether her conditions are helping her to return to unsupervised practice.

Mr Scott therefore submitted that Mrs Okanlawon is still impaired and invited the panel to impose a restrictive sanction and consider whether the conditions of practice as they stand, are still appropriate given the limited engagement. Mr Scott submitted that it is a matter for the panel to decide on the length of order it wishes to impose, whether it be a continuation of the conditions of practice or replacing the conditions with a suspension order.

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

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

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

The panel noted that there has been no new information about Mrs Okanlawon's current employment and whether she is currently working in a health care capacity.

The panel had no information before it today to suggest that Mrs Okanlawon had been complying with the conditions of practice order in her current employment. The panel also had no information before it today to suggest that the concerns identified by the original substantive hearing panel had been addressed.

The panel considered that Mrs Okanlawon had not provided any evidence to show that she had addressed the recommendations made by the original panel. The panel also noted that there was no evidence of insight or remediation since the original substantive hearing.

The panel considered that if Mrs Okanlawon is working as a registered nurse, she has a duty to engage with the NMC as her regulator, and to demonstrate compliance with her conditions of practice order, however it had no information on her current employment. The panel therefore considered that there remains a risk of repetition and therefore it determined that a finding of impairment remains necessary on the grounds of public protection.

The panel bore 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 a finding of impairment also remains necessary on public interest grounds, in order to maintain confidence in the nursing profession and in the NMC as a regulator.

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

Decision and reasons on sanction

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

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

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

The panel next considered whether imposing a conditions of practice order on Mrs Okanlawon's 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 next considered the continuation of the current conditions of practice order. Mrs Okanlawon has not fully engaged with the NMC since the imposition of the conditions of practice order on 15 April 2025 and there is no information before it to conclude that Mrs Okanlawon has so far or will be in the future willing to comply with any conditions imposed upon her practice.

On this basis, the panel concluded that a conditions of practice order is no longer the appropriate order in this case. The panel concluded that no workable conditions of practice could be formulated which would protect the public or satisfy the wider public interest.

In light of the seriousness of the past misconduct, lack of insight and non-compliance with the conditions of practice order, the panel determined that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of six months, which would provide Mrs Okanlawon with a further opportunity to engage with the NMC. It considered this to be the most appropriate and proportionate sanction available.

The panel did also consider a striking-off order, but felt that it would be disproportionate and the panel decided that a suspension order would also give Mrs Okanlawon a further opportunity to show that she would take steps to address her impairment.

This suspension order will take effect upon the expiry of the current conditions of practice order, namely the end of 22 May 2026 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- A reflective piece that focuses on the impact of Mrs Okanlawon's conduct, particularly in relation to patients, residents, colleagues and the wider public. This should include her understanding of her failings, why they occurred, what she has learnt and the steps she has taken to address them;
- Recent testimonials from her workplace line manager; and
- Up-to-date training certificates, particularly to the areas of the charges found proved.

This will be confirmed to Mrs Okanlawon in writing.

That concludes this determination.