

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

**Substantive Order Review Hearing
Thursday 23 July 2026**

Virtual Hearing

Name of Registrant:	Olanma Monalisa Davidson
NMC PIN:	20I07620
Part(s) of the register:	Nursing, Sub part 1 RN1, Registered Nurse - Adult 23 September 2020
Relevant Location:	Chesterfield
Type of case:	Misconduct
Panel members:	Patricia Richardson (Chair, Lay member) Vickie Glass (Registrant member) Robert Marshall (Lay member)
Legal Assessor:	Charlotte Mitchell-Dunn
Hearings Coordinator:	Isabella Payne
Nursing and Midwifery Council:	Represented by Rosie Welsh, Case Presenter
Ms Davidson	Present and represented by Dr Akinoshun at this hearing
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (12 months) to come into effect on 12 August 2026 in accordance with Article 30 (1)

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

During the hearing, Ms Welsh made a request that this case be held partly in private on the basis that proper exploration of your case involves matters of your current personal circumstances that relate to health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Dr Akinoshun indicated that he supported the application to the extent that any reference to your health should be heard in private.

The panel reminded itself 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.

The panel determined to rule on whether or not to go into private session in connection with your health as and when such issues are raised in order to protect your privacy and granted the application.

Decision and reasons on review of the substantive order

The panel decided to replace the current conditions of practice order with a suspension order of 12 months.

This order will come into effect at the end of 12 August 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 July 2025.

The current order is due to expire at the end of 12 August 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. During a nightshift commencing on 19 May 2022:*
 - a. Turned off the lights when you knew residents were still awake and walking around;*
 - b. Remained in the nurses’ office for a continuous period of around 4 hours;*
 - c. Slept on duty.*
- 2. On 20 May 2022, having found Resident A lying on the floor:*
 - a. Did not examine or assess Resident A;*
 - b. Did not conduct observations for and/or monitor the condition of Resident A;*
 - c. Did not consider obtaining medical assistance for Resident A or document your reasoning for not obtaining medical assistance;*
 - d. Did not lift Resident A up from the floor in the correct manner in that you did not:*
 - i. speak or indicate to Resident A that you were going to lift them from the floor prior to doing so;*
 - ii. failed to call out or use the emergency bell to obtain assistance to lift Resident A;*
 - e. Did not ensure Resident A was cleaned up as soon as possible following them having been incontinent;*
 - f. Failed to record that Resident A had been found on the floor and/or had suffered an unwitnessed fall;*
 - g. Failed to mention to colleagues in handover that Resident A had been found on the floor.*

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

The original panel determined the following with regard to impairment:

'Regarding charge 1 in its entirety, the panel considered your actions to be attitudinal in nature. It noted that there has been no repetition of the matters found proved, and no further concerns of this nature raised since the incidents in 2022. The panel also acknowledged your reflective piece which contained your understanding of the impact of your actions on patients and the public. However, the panel considered that, as you no longer work in a care home but instead work in a hospital, you have not had the opportunity to apply your reflections in comparable healthcare settings.

Regarding charge 2 in its entirety, the panel considered that these charges relate to your clinical practice. The panel took into account your apology within your reflective piece, and the evidence of training you have undertaken. The panel considered that you did not address what you would do differently in the future to ensure that the actions found proved in this case are not repeated, nor have you demonstrated a period of strengthened practice within your current employment as your current employer continues to identify lapses in your practice, particularly around timely and accurate record keeping. The panel noted that your training to address these issues is relatively recent and it is not confident that the full learning has been implemented. The panel is of the view that there is a risk of repetition and therefore it cannot be satisfied that you have satisfactorily remediated the concerns in relation to charge 2. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC are not only to protect, promote and maintain the health, safety, and well-being of the public and patients, but also to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the

nursing and midwifery professions and upholding proper professional standards for members of those professions.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds 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.'

The original panel determined the following with regard to sanction:

'Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will be adequate to protect the public and to maintain public confidence in the profession, and to declare to the public and the profession the standards of conduct and practice required of a registered nurse.

The panel determined that the following conditions 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 The James Cook University Hospital or a similar acute setting. You must not undertake any bank or agency work.

2. You must ensure that you are indirectly supervised at any time you are working. Your supervision must consist of working at all times

on the same shift as, but not always directly supervised by, a registered nurse of Band 6 or above.

3. You must meet monthly with your line manager, mentor, or supervisor (your named supervisor) to discuss the following:

- a) Documentation/record keeping*
- b) Falls management*
- c) Continence management*
- d) Manual handling*
- e) Assessment of patients*

4. You must work with your named supervisor to create a Personal Development Plan (PDP). Your PDP must address the concerns about:

- a) Documentation/record keeping*
- b) Falls management*
- c) Continence management*
- d) Manual handling*
- e) Assessment of patients*

You must:

- Send your case officer a copy of your PDP within one month after these conditions come into effect.*
- Send your case officer a report from your named supervisor on a monthly basis following your submission of your PDP. This report must show your progress towards achieving the aims set out in your PDP.*

5. At least seven days in advance of the next NMC hearing or meeting, you must send to your case officer a report from your named supervisor documenting your progress in addressing your previous failures in:

- a) Documentation/record keeping*
- b) Falls management*
- c) Continence management*

- d) *Manual handling*
- e) *Assessment of patients*

6. *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.*

7. *You must immediately give a copy of these conditions to:*

- a) *Any current or future organisation or person you work for.*
- b) *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 you 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 other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is 12 months. The panel was satisfied that this period is proportionate in the circumstances of your case.'

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 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 the documentation before it, including the NMC bundle and further documents provided during the course of the hearing by yourself and the NMC. It has taken account of the submissions made by Ms Welsh on behalf of the NMC and by Dr Akinoshun on your behalf.

Ms Welsh submitted that there had been limited communication from you since the original order was imposed. She reminded the panel that there is a persuasive burden on the registrant to engage with the NMC, provide relevant information, and demonstrate compliance with any conditions imposed. Ms Welsh invited the panel to take note that there has been limited evidence that you have complied with the Conditions of Practice Order. She submitted that you have not provided evidence of completed learning, updated clinical skills, or a reflective piece demonstrating insight into the concerns identified.

Ms Welsh stated that the NMC has been prompting you to provide information to them in accordance with the conditions imposed upon you, however your communication with the NMC has been limited. She submitted that, in the absence of evidence demonstrating that you are able to return to safe and unrestricted practice that your fitness to practice remains impaired.

Ms Welsh drew the panels attention to the evidence of a Professional Development Plan (PDP) provided to the panel during the course of this hearing and having been received by the NMC in August 2025 from your manager. She submitted that information commentary of the PDP raised alleged concerns regarding your clinical practice, including preservation of patient's privacy and dignity, monitoring patients, and other alleged clinical matters that remain under investigation.

In light of the above, Ms Welsh invited the panel to consider finding you still impaired on grounds of both public protection and public interest. Ms Welsh submitted that the current

conditions of practice are no longer workable and have not been adhered to. She therefore invited the panel to consider that a suspension order of 12 months would be the proportionate sanction.

On your behalf, Dr Akinoshun submitted that you have made reasonable effort to comply with the Conditions of Practice Order but have experienced difficulties implementing the conditions within your current place of work. He submitted that the management at your place of work had decided to communicate directly with the NMC and had not shared a copy of your PDP with you. He referred the panel to the correspondence you sent to the NMC in 2025, which demonstrated a lack of communication with you, and noted that the lack of collaborative support from your employer has created obstacles beyond your control.

Dr Akinoshun further submitted that you have not been able to submit a reflective piece in accordance with the conditions of practice, as you have been absent from work since May 2026 due to [PRIVATE]. He also submitted that when you received a copy of the PDP in April 2026, you had been advised by your union that all communication with the NMC should be forwarded by them first, which has had an effect on the level of direct communication that you have had with the NMC. Dr Akinoshun informed the panel that your relationship with your current employer had broken down irretrievably, and they can no longer support you.

Dr Akinoshun invited the panel to impose a further conditions of practice order of six months to provide you with the opportunity to secure alternative employment and demonstrate compliance with the conditions. He also invited the panel to vary the first condition so that it no longer restricted you to one area of practice, thereby enabling you to work in either a hospital or nursing home setting and have the opportunity to demonstrate compliance with the Conditions of Practice 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 your fitness to practise remains impaired.

The panel noted that the original panel found that you had insufficient insight. At this hearing the panel found that you had provided no evidence to demonstrate that your insight had improved since the last hearing. The panel noted that the burden was upon you to demonstrate that you are currently fit to practise. The panel considered that you had provided little evidence to show compliance with the conditions, in particular conditions 3, 4 and 5 of the original order. Despite being informed by the previous panel that you should provide the next panel with a reflective piece to demonstrate your insight, you have not done so. The panel have considered the submissions made on your behalf in relation to [PRIVATE] which started in May 2026, and as a result you have been unable to provide a reflective piece for today's hearing. However, the panel note that the order was imposed in July 2025 and the panel is of the view that this provided you with ample opportunity to provide a reflective piece.

In addition, the panel have been provided with information which suggests that further alleged concerns have been raised in relation to your practise which are of a similar nature to the original concerns proved.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the professional development plan provided by your employer that show some evidence of a short period of strengthening of practice. However, the panel noted that you provided no evidence of any training that you have undertaken since the conditions were imposed.

The panel considered that the alleged concerns raised, in conjunction with your lack of insight, indicated an ongoing risk of repetition and, consequently, a risk to public safety.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel has received information which suggests that there is a potential of risk of repetition of harm to patients. It found that your failure to comply with the conditions imposed by the previous panel, together with the allegations made by your employer of alleged ongoing poor clinical practice, and there being no evidence of strengthening of practice, or any development of sufficient insight, this panel determined that you remain

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 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, but the Committee wants to mark that what happened 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 a 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 determined that continuing a conditions of practice order would be inappropriate for the following reasons:

- It is alleged that you have made further medication and clinical errors despite practising under supervision;
- There is insufficient evidence to conclude that you are willing to comply with any new conditions imposed upon your practice, bearing in mind your failure to comply with your current conditions;
- There is no evidence of a reflective piece demonstrating any insight into your misconduct;
- There is no evidence of completed relevant training courses and insufficient evidence of remediation or strengthening of practice.

Accordingly, the panel concluded that a conditions of practice order is no longer the appropriate or proportionate 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.

The panel determined therefore that a suspension order is the most appropriate and proportionate 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 12 months, which would provide you with an opportunity to engage with the NMC and to provide evidence of remediation. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current conditions of practice order, namely the end of 12 August 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:

- Evidence of professional development, including documentary evidence of completion of relevant training courses;
- A reflective piece that demonstrates insight into your previous misconduct, and should include what you have since learned and what you would do differently;
- Testimonials and/ or references relating to any paid or voluntary you have undertaken.
- Appropriate communication and engagement with the NMC;
- Attendance at any future hearings, meetings or review.

This will be confirmed to you in writing.

That concludes this determination.