Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 25 June 2026

Virtual Hearing

Name of Registrant:	**Sunday Okoli**
NMC PIN:	14D1558E
Part(s) of the register:	Registered Nurse Sub Part 1 Mental Health - (Level 1) - 09 October 2014
Relevant Location:	East Sussex
Type of case:	Misconduct
Panel members:	Adrian Blomefield (Chair, lay member) Michelle Providence (Lay member) Hazel Walsh (Registrant member)
Legal Assessor:	Laura McGill
Hearings Coordinator:	Grace Sharp
Nursing and Midwifery Council:	Represented by Sila Akin, Case Presenter
Mr Okoli:	Present and represented by Adewuyi Oyegoke
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (6 months) to come into effect on 4 August 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, Mr Oyegoke, on your behalf, made a request that this case be held partly in private on the basis that proper exploration of your case involves reference [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Akin, on behalf of the Nursing and Midwifery Council (NMC), indicated that she supported the application to the extent that any reference to these matters should be heard in private.

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 will be reference to [PRIVATE], the panel determined to hold the hearing partly in private in order to protect your privacy. The panel will go into private session as and when such issues are raised throughout the hearing.

Decision and reasons on review of the substantive order

The panel decided to confirm and further extend the suspension order.

This order will come into effect at the end of 4 August 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 7 July 2025.

The current order is due to expire at the end of 4 August 2026.

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

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

'That you, a registered nurse:

1. *Whilst working as the nurse in charge, during the night shift of 18 to 19 January 2023:*
    a. *Arrived late for your shift between 20:00 to 20:30 when you were meant to start at 19:00.*
    b. *Did not record and or carry out patient observations during the night shift.*
    c. *Did not provide a written handover at the end of the shift to the morning staff and or nurses.*
    d. *Slept whilst on duty when you were not supposed to.*

2. *Following your night shift of 18 to 19 January 2023, recorded and submitted a timesheet to Langley Clarke Recruitment that you had worked from 19:00 to 07:30 on that night shift, when you had not.*

3. *Your conduct at Charge 2 was dishonest in that you represented to Langley Clark Recruitment that you were entitled to receive payment for the hours stated in the timesheet when you knew that you were not.'*

The original panel determined the following with regard to impairment:

'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 Janet 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/They:

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 determined that limbs 'a', 'b,' 'c' and 'd' of Grant are engaged in this case. The panel concluded that there was a risk of harm to patients under your care as a result of your misconduct. The panel noted that as the only nurse on duty that night, you were in a position where other colleagues looked up to you and that you were expected to lead by example. The panel also had regard to the fact that for many hours of your shift you had been either relaxing or sleeping in the Ward's open social space, which was used by both patients and staff, and therefore able to be clearly observed. It was a Health Care Assistant (HCA) colleague, also on shift

that night, who had alerted the Trust to your actions. In addition, the panel also had regard to the witness statement of Witness 2, who stated:

> *"Two of the four members of staff working that night were agency workers Mr Okoli and a HCA … The HCA was also reported to have been sleeping for majority of the night."*

The panel concluded that your behaviour had brought the nursing profession into disrepute.

The panel noted that you were aware of the importance of taking observations, particularly in relation to two patients who had been exhibiting symptoms of concern and who you knew required monitoring. Despite that you put your needs above the needs of patients and breached the trust of your employer by being idle and/or sleeping for a substantial amount of your shift. You also took advantage of your employer by defrauding it and claiming dishonestly for time you had either not been carrying out your duties or not been in attendance, for your own financial gain. The panel determined that your misconduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Further, in relation to limb d, the panel was easily persuaded that this limb was engaged in your case.

Regarding insight, the panel acknowledged your admissions to the charges at the start of this hearing and your apology by way of your recent reflective piece. It recognised that you have now expressed remorse and demonstrated some insight into how your conduct had impacted your employer, your colleagues and the wider nursing profession. However, the panel was of the view that your admissions had come at a very late stage. It noted that your admission came only after disclosure to you of the overwhelming evidence in the form of the CCTV footage that clearly shows you idle and/or sleeping in the social space for much of your shift, together with the key fob data. The panel had regard to your first statement to your employer in which you denied the concerns raised:

> *'I find this complaint unbelievable as could a nurse really be asleep for 4 hours then approximately 3 hours on a ward with none of the other staff*

taking any action? So, in answer to points 1 and 2, no I was not asleep and actually did not have a break that night.

In response to point 3, it is unclear what is meant by detailed as that sounds subjective and as the patients were asleep for most of the night, I documented as appropriate. The allegation that I wrote activities that did not occur is untrue.

Lastly, it was agreed with … that I would be paid for the entire shift since I was contacted late however it is clear that I should have asked for written confirmation. With regards to leaving early, if you are aware of how shifts work, it is impossible to leave early and with handovers it is also highly unlikely to be able to leave on time. I have just checked the time sheet that I resent to … as the first had an error and it clearly states 19:00 - 07:30.'

In addition, the panel found that your reflective piece did not go far enough to demonstrate sufficient insight or explanation of why you had chosen to act in a way that demonstrated such disregard to the trust of your employer, the needs of your patients, and your responsibilities as a registered nurse. The panel was also of the view that you had not provided any explanation of your dishonest conduct. The panel had regard to your protracted period of non-engagement with the NMC as your regulator and the delayed offer to pay back your employer, which you had attempted only a few days before the start of this hearing. The panel noted that you have had since January 2023 to offer your employer reimbursement. The panel therefore concluded that your expressions of remorse and apology are diminished by this delay, and that this undermines any demonstration of insight.

Nevertheless, the panel considered that the misconduct in this case may be capable of being addressed. Therefore, the panel went on to carefully consider the evidence before it in determining whether you have taken steps to strengthen your practice. It considered the training you had undertaken just prior to the start of this hearing but noted that it too had come at a very late stage only days before. Furthermore, the panel noted that the training you have undertaken is not directly

relevant to the concerns found proved, and that the specific issues of concern identified remain insufficiently addressed.

The panel had regard to the time sheets it had been taken to by Mr Oyegoke as evidence of your good practice. These had contained feedback on your practice in relation to those specific shifts. However, the panel noted that, in relation to the shift of 18 and19 January 2023, your practice is also rated as excellent by Witness 5 who accepted they had not observed you during the shift. The panel was of the view that this undermines the weight which can be attached to the entirety of this evidence.

The panel noted that, although your conduct is remediable you were not able to provide any evidence or explanation as to why you acted in this way at the time of the incidents, other than that the ward was quiet and that no issues had been raised to you by other members of staff. The panel was not persuaded that there was any evidence to show that your [PRIVATE] had impacted upon your choice to sleep during your shift.

The panel concluded that there remains a risk of repetition due to your very limited insight, insufficient reflection, and the lack of any meaningful steps taken to address the underlying reasons for your misconduct. In these circumstances, the panel finds that your misconduct is likely to be repeated and that you continue to present a risk to public safety.

The panel determined that your conduct undermined the standards of the nursing profession and therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind 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, in this case, a finding of impairment is also required on public interest grounds. The panel concluded that the confidence of the public in the profession, fully appraised of the facts of the case, would be undermined if a finding of current impairment were not made.'

The original panel determined the following with regard to sanction:

'The panel then went on to consider whether a suspension order would be the 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;*

The panel considered that the first and third bullet points above are engaged in your case. However, the panel was of the view that there is evidence of a harmful attitudinal problem and has found that there is risk of you repeating your behaviour. Nevertheless, it is satisfied that there is also evidence of the beginnings of insight and that therefore your misconduct is still remediable. The panel did not consider your misconduct to be fundamentally incompatible with remaining on the register.

The panel did consider very carefully whether a striking-off order would be proportionate and necessary in your case. In making its decision, the panel bore in mind the submissions of Ms Stevens in relation to sanction and that the NMC was seeking a strike-off order. However, taking account of all the information before it, including your engagement with your regulator (albeit delayed), your 11 years practise as a nurse with no other regulatory concerns, your positive testimonials and references (some of whom were evidently aware of the allegations), your presence at this hearing, your eventual admission to all the charges, your beginnings of insight and

attempts at remediation (albeit delayed), the panel concluded that a striking-off order would be disproportionate at the present time. The panel determined that although it had identified a variety of misconduct within the incident of this case, it was appropriate to give you further time to remediate. A suspension order would be sufficient to protect the public from any future risk of harm, as well as ensuring public confidence in the profession is maintained.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel considered that a striking-off order is not the only sanction sufficient 'to protect patients, members of the public, or maintain professional standards.' The panel was of the view that it would be unduly punitive in your case to impose a striking-off order.

The panel considered that this order is necessary 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.

The panel determined that a suspension order for the maximum period of one year was appropriate in this case to mark the seriousness of the misconduct.

The panel noted the hardship such a suspension order will inevitably cause you and your family. However, this is outweighed by the public interest in this case.

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

In the panel's view, a future panel reviewing this case would be assisted by:

- *An up-to-date reflective piece from you, specifically addressing the concerns identified, including your dishonesty, the importance of putting your patients' needs above your own and showing an understanding of the risks to patients and your colleagues;*

- *Full explanation as to why you behaved in the way you did;*
- *Recent character references and testimonials relevant to the concerns addressed;*
- *Sufficient evidence of insight into how you will ensure your behaviour is not repeated in the future; and*
- *Continued engagement with the NMC and attendance at any review.'*

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 of the documentation before it, including the NMC bundle, the registrant's bundle and an on-table document provided from the NMC containing evidence that was presented at the original substantive hearing.

It has taken account of the submissions made by Mr Oyegoke on your behalf.

Mr Oyegoke took the panel through the documentation contained within the registrant's bundle including an updated reflective piece, testimonials and character references, and certificates of training undertaken.

Mr Oyegoke submitted that you have complied with the recommendations made by the previous panel and had demonstrated meaningful insight into your misconduct. It was submitted that you have acknowledged your wrongdoing, reflected on the impact this had had on patients, colleagues, the employer and the profession, and had identified the steps you would take to prevent repetition.

Mr Oyegoke invited the panel to take into account the mitigating circumstances that were present at the time of the incident and relevant for consideration, including your health status at the time of the misconduct. Mr Oyegoke explained [PRIVATE].

Mr Oyegoke submitted that despite difficulties securing healthcare employment following the substantive hearing, you had remained committed to remediation. It was noted that you had continued to work as a nurse between when the misconduct was found to have occurred until June 2025, without any concerns being raised regarding your competence, clinical practice or conduct. Mr Oyegoke further referred to the numerous of positive testimonials and character references, which describe your reflective discussions, remorse and learning arising from the concerns.

Mr Oyegoke also submitted that you had attempted to make restitution in relation to the matters giving rise to the concerns but had encountered difficulties due to relevant agency no longer operating and a lack of engagement from other parties

In relation to impairment, Mr Oyegoke submitted that you had demonstrated full insight, genuine remorse, and a clear understanding of the seriousness of your conduct. It was suggested that the evidence before the panel conveyed that risk of repetition was low and that your fitness to practice was no longer impaired. Mr Oyegoke therefore invited the panel to consider revoking the suspension order with immediate effect.

The panel also had regard to the submissions from Ms Akin who firstly took the panel through the background of the case, the charges found proved and the findings from the previous panel which had determined that your fitness to practice was impaired on both public protection and public interest grounds.

Ms Akin referred to the panel's decision at the original substantive hearing that they were not persuaded that the evidence demonstrated that your health had contributed to or impacted upon the misconduct and were unable to identify any mitigating factors arising from those circumstances.

Ms Akin referred the panel to the findings from the original substantive panel regarding insight, and whilst admissions were made, it was noted that these were made at a late

stage and only after the disclosure of CCTV evidence. The previous panel had also noted that your reflective piece did not sufficiently explain why you had acted as you did or demonstrate adequate insight into the concerns.

Ms Akin submitted that the persuasive burden rests upon you to demonstrate that your fitness to practice is no longer impaired.

The panel was invited to consider the weight that could properly be attached to the testimonials and character references provided. Ms Akin submitted that several of the testimonials had been provided by friends or those close to you and that questions may therefore arise regarding their objectivity. It was further noted that several testimonials contained substantially similar wording when describing your character.

Ms Akin submitted that the training certificates relied upon by you, had previously been considered by the original substantive panel and did not materially advance the issues of remediation. Similarly, it was submitted that the reflective piece before the panel was largely unchanged from what was provided at the original substantive hearing. Ms Akin argued that the additions that were made, did not demonstrate any significant development in insight or remediation.

Ms Akin noted that the registrant had not worked in a healthcare setting since the suspension order was imposed, and as a result, there was limited evidence of strengthened practice or independent evidence demonstrating remediations within a healthcare environment.

Ms Akin submitted that given there has been no change to the risk, that a further suspension period remains necessary to allow you to remediate the concerns that appear ongoing but that it is a matter for the panel to determine whether you have sufficiently addressed the concerns identified at the substantive hearing.

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 recognised several positive factors including that you had continued to work as a nurse between when the misconduct was found to occur and when the order was imposed with no further concerns being raised. They also found that you have been engaging with the regulatory process and attending proceedings, and that you have expressed remorse for your misconduct and apologise for your wrongdoings. The panel noted that you have provided an updated reflective piece and a number of testimonials in support of your application. The panel further acknowledge that you have sought employment since your suspension order has been imposed but that you have been unable to a secure a role in a healthcare setting due to restrictions on your practice.

The panel accepted that there had been some development in your reflection. In particular that you accept you acted inappropriately accepting the shift, that you prioritised your personal circumstances over your professional responsibilities and that your actions had the potential to impact patient care. The panel also noted that you have demonstrated some understanding of the impact of your misconduct on the reputation of the profession and public confidence in nursing.

However, having considered all the evidence, the panel were not satisfied that there had been sufficient progress in your insight and remediation since the substantive hearing. The panel noted that many of the recommendations made by the previous panel had not been fully addressed. While you have provided an updated reflection, the panel considered that much of the document remained identical to that previously considered. Although some additions had been made, the reflection continued to focus on certain aspects of the misconduct whilst failing to adequately address others.

In particular, the panel remained concerned that you had not fully addressed the findings relating to charges relating to sleeping on shift, your failure to undertake observations, failure to provide appropriate handover and the dishonesty associated with claiming

payment for hours not worked. Whilst you continued to characterise part of your misconduct as '*dosing off*', the panel considered that you had not demonstrated a sufficient understanding of the seriousness of the misconduct or provided a detailed explanation as to why these failings occurred. The panel was therefore not satisfied that you had yet developed full insight into all aspects of the misconduct.

The panel also considered the evidence of remediation. Whilst you had provided certificates of training, it noted that all were dated before the original substantive hearing and there was no evidence of any recent or targeted professional development specifically addressing the charges found proved. Further, you had provided very limited evidence demonstrating what learning you had taken from the courses you had completed, and you would apply that in future practice.

The panel carefully considered the testimonials provided. Whilst it attached some weight to them, it noted that the majority were from private individuals rather than employers or professional colleagues. Five of the testimonials had also been provided previously, and the panel observed similarities in the wording used within some of the references. The panel considered that independent evidence from a recent employer, voluntary role or other professional setting would have been of assistance in demonstrating attitudinal change, reliability, professionalism and strengthened practice.

The panel was mindful that you have not worked in a nursing role since the suspension order was imposed, and whilst it accepted that this may have limited opportunities to demonstrate professional development, the panel considered that there were alternative ways in which you could have demonstrated this including undertaking more relevant training, voluntary work or employment within a health or social care setting.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel considered that the evidence before it was largely the same material that had already been considered by the original substantive panel, rather than demonstrating significant new progress. 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 because there has been no material change in your situation since the substantive hearing in July 2025. Therefore, the panel considered that fully informed members of the public would be surprised if you were to return to practice without restriction, having not strengthened your practice sufficiently.

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

Decision and reasons on sanction

Having found that 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 a 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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct.

The panel considers that the remarks of the substantive panel in respect of conditions of practice are not altered by anything that has been presented by you today.

> *'The misconduct identified in this case was not something that can be addressed through retraining as your misconduct deals with dishonesty and other harmful attitudinal concerns for which you have not yet gained sufficient insight or remedied. The panel determined that your lack of insight with regard to your dishonesty undermines the panel's confidence in your compliance with any conditions imposed. The panel was of the view that the clinical failings, to provide a written handover and make observations, were caused by your harmful attitude. As an experienced nurse, you would have been aware that your choices would expose your patients and colleagues to a risk of harm. It noted that training cannot change your attitude and behaviour and that you have not demonstrated any insight into why you did what you did. The panel concluded that a conditions of practice order would therefore not protect the public.*
>
> *Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of the case and would not satisfy the public interest.'*

The panel considered the imposition of a further period of suspension. The panel noted that the aggravating factors remain present and that no additional mitigating factors had been identified. The panel considered there remains a realistic prospect that you could demonstrate sufficient insight, remediation and strengthened practice at a future review. It was of the view that a suspension order would allow you to address the outstanding concerns and fully reflect on your previous misconduct and dishonesty

The panel concluded that a further 6 months suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals to attest to your honesty and integrity in your workplace assignments since the substantive hearing. It considered this to be the most appropriate and proportionate sanction available which would continue to both protect the public and satisfy the wider public interest.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 4 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:

- An up-to-date reflective piece from you, specifically addressing the concerns identified, including your dishonesty, the importance of putting your patients' needs above your own and showing an understanding of the risks to patients and your colleagues;
- Evidence of paid or voluntary work within a health or social care setting;
- Recent character references and testimonials from a current employer and any unpaid work addressing matters such as reliability, attendance, timekeeping and attitude towards work;
- Sufficient evidence of insight into how you will ensure your behaviour is not repeated in the future; and
- Continued engagement with the NMC and attendance at any review.

This will be confirmed to you in writing.

That concludes this determination.