Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday 12 May 2026 – Tuesday 19 May 2026

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Azeez Adewole Adewumi**
NMC PIN:	03H0896O
Part(s) of the register:	Nurses Sub Part 1 RN1 Adult Nurse Level 1 19 August 2003
Relevant Location:	Worcestershire
Type of case:	Misconduct
Panel members:	Patricia Richardson (Chair, Lay member) Katrina Maclaine (Registrant member) Simon Alexander (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Rebecka Selva
Nursing and Midwifery Council:	Represented by Megan Verity, Case Presenter
Mr Adewumi:	Not present and not represented
No case to answer:	Charges 4a, 4b, 4i and 4j
Facts proved:	Charges 1a, 1b, 2, 3b, 3c, 4c, 4d, 4e, 4h, 8
Facts not proved:	Charges 3a, 4f, 4g, 5, 6, 7
Fitness to practise:	**Impaired**
Sanction:	**Conditions of practice order (12 months)**
Interim order:	**Interim conditions of practice order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Adewumi was not in attendance and that the Notice of Hearing letter had been sent to Mr Adewumi's registered email address by secure email 10 April 2026.

Ms Verity, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mr Adewumi's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In light of all the information available, the panel was satisfied that Mr Adewumi has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Adewumi

The panel next considered whether it should proceed in the absence of Mr Adewumi. It had regard to Rule 21 and heard the submission of Ms Verity that the panel should continue in the absence of Mr Adewumi. She submitted that Mr Adewumi had voluntarily absented himself.

Ms Verity referred the panel to the documentation from Mr Adewumi which included an email dated 11 May 2026:

'I wish to inform you that I have now retired from my position and am currently on holiday in Nigeria. As I am out of the country, I will be unable to attend the hearing.

Nevertheless, I understand the importance of this matter and have no objection to the hearing proceeding in my absence, should that be necessary.'

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel decided to proceed in the absence of Mr Adewumi. In reaching this decision, the panel considered the submissions of Ms Verity, the email from Mr Adewumi, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Adewumi;
- Mr Adewumi via email has confirmed that he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- A number of witnesses are due to attend;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to serious matters that occurred in 2023;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and

- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Adewumi in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to his registered email address, he has made no response to the allegations. Mr Adewumi will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Adewumi's decision to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf. The panel would however take into account what he has said in his reflective pieces and local statement.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Adewumi. The panel will draw no adverse inference from Mr Adewumi's absence in its findings of fact.

Decision and reasons on application to redact witness Paul Jamieson's written statement

Ms Verity submitted that further redactions are needed to witness Paul Jamieson's written statement. In particular, redactions are needed from paragraph 7 through to paragraph 14 of his statement which related to matters that should not be before the panel.

Ms Verity outlined that this will be completed prior to Paul Jamieson being called to give evidence.

The panel agreed to the proposed redactions.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Verity under Rule 31 to allow the written statement of Joanna Kirby-Neilson into evidence. Joanna Kirby-Neilson was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, she was unable to attend today due to being away on holiday.

In the preparation of this hearing, the NMC had indicated to Mr Adewumi in the Case Management Form (CMF), dated 10 April 2026, that it was the NMC's intention for Joanna Kirby-Neilson to provide oral evidence to the panel. Despite knowledge of the nature of the evidence to be given by Joanna Kirby-Neilson, Mr Adewumi made the decision not to attend this hearing. Ms Verity outlined that Joanna Kirby-Neilson was the ward manager at the time of the alleged incidents concerning Patient A and Mr Adewumi, and spoke directly with Patient A at the time of the concerns. Ms Verity referred the panel to *Thorneycroft v NMC* [2014] EWHC 1565 (Admin). On this basis, Ms Verity advanced the argument that there was no lack of fairness to Mr Adewumi in allowing Joanna Kirby-Neilson's written statement into evidence.

The panel accepted the advice of the legal assessor.

The panel considered the seven principles in *Thorneycroft* and NMC Guidance DMA-6 and had regard to the following:

- That Joanna Kirby-Nielson's evidence is directly relevant to the charges and had direct communications with other witnesses scheduled to give oral evidence.
- That Joanna Kirby-Nielson's evidence is not sole and decisive in this case as Patient A is scheduled to give oral evidence.
- That Mr Adewumi has denied all the allegations and has been provided with the copy of Joanna Kirby-Nielson's statement. Mr Adewumi had chosen voluntarily to absent himself from these proceedings, he would not be in a position to cross-

examine this witness in any case.

- The panel considered there was no reason to suggest that Joanna Kirby-Neilson had fabricated her evidence.
- The panel noted that the charges related to serious matters including possible dishonesty.
- That Joanna Kirby-Nielson had informed the NMC that she would not be available to give oral evidence for this case over a month ago and gave notice that she would be on holiday.

The panel also considered that there was public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Joanna Kirby-Neilson but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it. The panel can mitigate any unfairness to Mr Adewumi.

Details of charge

That you, a registered nurse, on the night shift of 8 to 9 August 2023:

1. Failed to carry out an adequate assessment of Patient A in that you:
    a. did not carry out a bladder scan in a timely manner;
    b. did not ask Patient A about their vomiting and/or assess what Patient A had vomited.

2. Failed to offer Patient A an alternative to anti-sickness tablets.

3. Failed to keep accurate records, in that you did not record:
    a. the anti-sickness medication given to Patient A;

b. that Patient A was experiencing bladder pain;
c. that Patient A was unable to pass urine.

4. Failed to keep accurate records, in that you recorded that:
    a. you had '*assisted* [Patient A] *to the toilet'* or words to that effect, when you had not;
    b. Patient A was '*at risk of falls*' or words to that effect, when she was not;
    c. there were '*no signs of pain noted*' or words to that effect;
    d. Patient A '*complained of sore throat*' or words to that effect, when she had not;
    e. Patient A '*appears to be settled*' or words to that effect, when she was not;
    f. You had Patient A's '*toilet under supervision'* or words to that effect, when you did not;
    g. Patient A '*slept intermittently*' or words to that effect, when she did not and/or you had no way of knowing if this was true;
    h. Patient A received oxygen when she did not;
    i. At 19:00 on 8 August 2023 and/or 07:00 on 9 August 2023, Patient A consumed 200ml of oral fluid, when she did not;
    j. At 19:00 on 8 August 2023 and/or 07:00 on 9 August 2023, Patient A passed 100ml of urine, when she did not.

5. Your conduct at any or all of Charges 4a-j was dishonest in that you knew the entries you made in Patient A's notes were inaccurate and/or could not be true.

6. Failed to escalate concerns around Patient A's inability to pass urine.

7. Used an inappropriate technique when administering eye drops to Patient A.

8. Failed to treat Patient A with respect and/or dignity, in that you were dismissive of one or more of her concerns.

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

Background

The charges arose whilst Mr Adewumi was employed as a registered nurse by Swiis Healthcare Nursing Agency ('The Agency') from 12 May 2021 until 27 November 2023.

On the night shift of 8 to 9 August 2023 Mr Adewumi was working on the Orthopaedic ward at the Alexandra Hospital ('The Hospital'), which is part of Worcestershire Acute Hospitals Trust ('The Trust'). This was the first time that Mr Adewumi had worked on this ward, but he had worked previously within the Trust.

On 16 November 2023 the NMC received a referral from Patient A raising concerns about Mr Adewumi's practice on that night shift. The concerns were raised by Patient A who was an inpatient on the Orthopaedic ward of the Hospital from 8 – 11 August 2023.

During the night shift of 8 – 9 August 2023 Mr Adewumi had been allocated Patient A's care following an operation.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence together with the submissions made by Ms Verity.

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will

be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard oral evidence from the following witnesses called on behalf of the NMC:

- Patient A: Patient receiving care on the Ward;
- Paul Jamieson: Chief Operating Officer at the Agency.
- Adele Hall: Nurse in charge of the Ward at the Hospital at the time of the incidents.
- Karen McDonell: Ward Manager of the Ward at the Hospital.

Further evidence received by the panel

During the course of Adele Hall's evidence, the panel was alerted to the fact that the entries to the electronic records provided as exhibits could have been made by any of the healthcare professionals working on duty on the night shift in question rather than being attributable solely to Mr Adewumi. The panel made an enquiry to the NMC as to whether there was evidence as to the identity of the individuals who had input the information into the electronic records.

The NMC subsequently provided the panel with an audit trail which identified that there were two individuals inputting the information for Patient A, recorded as Nurse 101 and Nurse 97. The panel subsequently heard from Karen McDonnell who gave evidence to the effect that she had deduced from her research into the records that Nurse 101 was Mr Adewumi and Nurse 97 a Healthcare Assistant – both of whom were the only agency staff on that shift. Her deduction stemmed from the fact that the Clinical Assessment Note

(titled ‘Specialty Review Note’) dated 9 August 2023 exhibited by Patient A, would have been completed by the qualified registered nurse responsible for the care of Patient A and it is evident from the document that was completed by Nurse 101.

In addition, the bundle contained the Intentional Rounding records which would ordinarily be completed by healthcare assistants – were completed by Nurse 97, which suggested to Karen McDonnell that Nurse 97 must have been the agency Healthcare assistant.

The panel determined on balance that Karen McDonnell’s deduction, in her capacity as a registered nurse and ward manager with responsibility for the Ward, in this regard, was accurate and that any reference to Nurse 101 was in reference to Mr Adewumi. The panel found Karen McDonnell’s evidence in this regard both credible and consistent.

At this point the panel was also provided with an unsigned reflective statement, multiple training certificates and testimonials received by the NMC from Mr Adewumi in March 2024. The panel expressed concern that these documents had been provided despite three of the NMC witnesses having concluded their oral evidence and the panel not having had the opportunity to put the contents of Mr Adewumi’s statement to them. The panel was provided with no explanation from the NMC as to why these documents had not been included within the exhibit bundle.

The panel having heard the evidence from Karen McDonnell and having had the opportunity to put the contents of Mr Adewumi’s reflective statement to her were satisfied that it was not necessary to recall the previous three NMC witnesses and that no unfairness was caused to Mr Adewumi in the circumstances.

Decision and reasons on application to offer no evidence

Following the oral evidence of Karen McDonnell and additional on tabled exhibits, the panel considered an application by Ms Verity that there is no evidence to offer in respect of charges 4a, 4b, 4i and 4j. This application was made under Rule 24(7).

In relation to this application, Ms Verity submitted that it was evident from Karen McDonnell's evidence that the relevant record relied upon for charges 4a and 4b were completed by an agency Healthcare assistant colleague who was on duty on the night shift in question and not Mr Adewumi.

In relation to charges 4i and 4j, Ms Verity submitted that Karen McDonnell has given evidence that the fluid balance chart entries made at 19:00 and 07:00 on the night shift in question and attributed to having been made by Mr Adewumi was in fact automatic rounding up of 'totals' on the electronic recording system and not manual entries.

The panel took account of the submissions made and accepted the advice of the legal assessor.

In reaching its decision, the panel considered NMC Guidance DMA-6 and made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether the NMC had evidence to offer for charges 4a, 4b, 4i and 4j.

The panel determined that there was not a realistic prospect that it would find the facts of charges 4a, 4b, 4i and 4j proved. The panel agreed that this application is appropriate given that the information was provided at a late stage during the course of the hearing (after having heard the third witness). Also, upon further enquiry by the panel in relation to the identities of the persons who had input the information into the electronic records, the panel were provided with further information from Karen McDonnell which suggested that the NMC are unable to prove that Mr Adewumi was the person responsible for inputting information for 4a and 4b similarly to 4i and 4j.

Decision and reasons on facts continued

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

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

Charge 1a)

"That you, a registered nurse, on the night shift of 8 to 9 August 2023:

1. Failed to carry out an adequate assessment of Patient A in that you:
    a. did not carry out a bladder scan in a timely manner;"

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel heard that Mr Adewumi was the assigned qualified nurse for the bay in which Patient A had been located after her operation and was therefore responsible for Patient A's care.

Having identified 'Nurse 101' to refer to Mr Adewumi, the panel next decided whether Mr Adewumi carried out a bladder scan in a timely manner. The panel referred to Adele Hall's oral evidence, in which she confirmed that Patient A was observed frequently going to and from the toilet. The panel also referred to Adele Hall's witness statement which was signed and dated 25 October 2024:

‘Mr Adewumi noted at 23:00 on 8 August 2023 that Patient A said she “can’t pass urine properly.” Usually, when a patient raises that they are unable to pass urine due to bladder retention, a bladder scan should be performed to assess how much urine the patient has in their bladder... the bladder scan showed that Patient A had 1100ml of urine.’

In oral evidence, Adele Hall was asked whether this had been a written note or a verbal statement and she responded that she believed this was a verbal statement provided to her by Mr Adewumi.

The panel considered Karen McDonnell’s oral evidence that the ‘*normal*’ amount of urine in a bladder scan would be around 250ml, she clarified that 400ml would be considered ‘*uncomfortable*’. The panel referred to the documentary and oral evidence that Patient A had 1100ml of urine indicated by her bladder scan, and this, according to Karen McDonnell, would have been extremely uncomfortable for the patient. The panel also considered that this was consistent with Patient A’s oral evidence that she had not used the toilet since her procedure, which at this time, would have been over 12 hours prior.

The panel had sight of the complaint Patient A made to the Trust dated 5 October 2023, the original referral made by Patient A to the NMC dated 16 November 2023 and her witness statement to the NMC dated 30 August 2024. The panel found all three of these written accounts by Patient A to be consistent with her oral evidence.

The panel referred to Patient A’s witness statement signed and dated 30 August 2024:

‘*…I told him that I was experiencing great difficulty in going to the toilet, specifically, I could not pass urine. I felt a retention in my bladder when I tried to go to the toilet which was a feeling I had never experienced before…I was met with an immediate response from Mr Adewumi that “you have been to the toilet”.’*

The panel determined that Mr Adewumi had knowledge of Patient A having difficulty passing urine. It referred to Patient A's oral and documentary evidence that she informed Mr Adewumi around three to four times during the course of his night shift that she was experiencing some form of discomfort or pain. The panel considered that as a registered nurse Mr Adewumi should have been aware that if a patient had expressed repeatedly that they were having difficulty passing urine, he should have assessed and monitored the situation and carried out a bladder scan when Patient A had continued to be unable to pass urine. If Mr Adewumi was unsure, he should have raised the issue with the registered nurse in charge, Adele Hall, which he also did not do. The bladder scan only took place as Patient A raised the issue herself to Adele Hall, who acted to organise the scan and catheterise the patient. The panel found on the balance of probabilities that Mr Adewumi did have knowledge that Patient A may have been experiencing urine retention but failed to carry out a bladder scan in a timely manner.

Accordingly, the panel found this charge proved.

Charge 1b)

"1. Failed to carry out an adequate assessment of Patient A in that you:

b. did not ask Patient A about their vomiting and/or assess what Patient A had vomited.

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to Patient A's witness statement:

‘During this first encounter with Mr Adewumi at the beginning of the night shift, I had to run to the toilet in front of Mr Adewumi to vomit. I did not reach the toilet at this time, and I was sick in the sink by the toilet instead. Mr Adewumi came into the toilet a few minutes later and he was holding two tablets in a clear container. I recall these tablets being two small white tablets. I asked Mr Adewumi whether these tablets were anti-sickness tablets to which he replied “yes”. Mr Adewumi gave the tablets to me and I took them… I vomited the two tablets straight back up…Mr Adewumi came back into the toilet area by himself, and I told him that “the tablets were useless, they did not work, they came straight back up”. Mr Adewumi looked at me and said, “I did not see that”.’

The panel had sight of the complaint Patient A made to the Trust dated 5 October 2023, the original referral made by Patient A to the NMC dated 16 November 2023 and her witness statement to the NMC dated 30 August 2024. The panel found all three of these written accounts by Patient A to be consistent with her oral evidence.

The panel had sight of the Clinical Assessment notes created by Mr Adewumi dated from 8 August 2023 to 9 August 2023 and noted that there was no mention of any nausea or vomiting suffered by Patient A. The panel also noted that the assessment and care notes had recorded entries about Patient A experiencing nausea and vomiting on the day shift but there were no entries for the night shift.

The panel referred to Karen McDonnell’s oral evidence that if a nurse saw a patient vomit it would have been the duty of the nurse to ask questions about the frequency and nature of the vomiting, including its colour and contents and also to assess the potential causes. Karen McDonnell added that this would have been important to decipher whether further anti-sickness medications or further escalation was needed.

This was also corroborated by Adele Hall in her witness statement:

‘If a patient complains of nausea and vomiting, I would expect them to be given an anti-sickness medication.’

The panel considered Mr Adewumi’s inconsistent evidence regarding his knowledge of Patient A experiencing symptoms of nausea and vomiting. In Mr Adewumi’s notes made during the shift he makes no reference to Patient A experiencing any nausea or vomiting symptoms. However, in his initial response following Patient A’s complaint he refers to being aware that antiemetic medication had been prescribed on Patient A’s prescription chart and that he had administered it in tablet form. In his subsequent reflective response, he again states that he was unaware of her nausea. The panel also considered the prescription chart which evidences that Patient A had been administered antiemetic medication.

The panel determined that on the balance of probabilities, Mr Adewumi did not ask Patient A about their vomiting and/or assess what Patient A had vomited, and therefore found this charge proved.

Charge 2)

“ 2. Failed to offer Patient A an alternative to anti-sickness tablets.”

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi’s various statements.

The panel referred to Patient A’s witness statement:

'Mr Adewumi came into the toilet a few minutes later and he was holding two tablets in a clear container. I recall these tablets being two small white tablets. I asked Mr Adewumi whether these tablets were anti-sickness tablets, to which he replied "yes". Mr Adewumi gave the tablets to me and I took them… Mr Adewumi came back into the toilet area by himself, and I told him that "the tablets were useless, they did not work, they came straight back up". Mr Adewumi looked at me and said, "I did not see that". Therefore, Mr Adewumi would not offer me anymore anti-sickness tablets or alternatives to anti-sickness tablets that evening. This was despite me earlier that day being given an anti-sickness injection.'

The panel also considered the witness statement of Karen McDonnell signed and dated 14 August 2024:

'From my review of Patient A's notes, I can see that Mr Adewumi did not document the administration of any anti-sickness medication. I can see an entry on Patient A's drug card for Gaviscon at 21:50 and also for Codeine at 23:00 which would have been given in the form of two small tablets, which is what Patient A may have confused it for. … A failure to offer an alternative to anti-sickness tablets which could not be kept down by Patient A is serious, although its severity depends on whether the patient is vomiting or feeling nauseated and whether they can tolerate fluids'

The panel considered that in the Prescription Chart for the night shift from 8 August 2023 to 9 August 2023 there was no antiemetic medication recorded as having been administered to Patient A.

The panel determined that Patient A had incorrectly believed that she had been given an antiemetic medication when in fact she had been given analgesic tablets by Mr Adewumi. The panel, being satisfied that Patient A had recently vomited, determined that Mr Adewumi was under a duty to give Patient A an antiemetic medication to treat Patient A's vomiting and ongoing nausea and help her to feel more comfortable.

The panel had regard to the prescription chart and oral evidence of Karen McDonnell that there were options to administer the antiemetic medication via intramuscular or intravenous methods to avoid Patient A having to swallow tablets.

The panel referred to Mr Adewumi's reflective statement dated 3 November 2023. In this statement he stated that, '*The patient was asked for her preference for an injection or tablet. However, she opted for a tablet which was given to the patient during my shift and signed as prescribed. Therefore, the tablet was administered to her and was effective after administration'*. The panel also had sight of a statement from Mr Adewumi received by the NMC on 6 March 2024, which stated that '*Unfortunately, I was not aware of patient A being nauseous… I didn't give her any antiemetics. That is the reason I did not sign for it. All the medication given to all the patient was signed on their drug chart.'* The panel considered that both statements were not consistent with each other and could not deduce objectively from Mr Adewumi's statements whether any alternative to anti-sickness tablets were administered to Patient A.

The panel also referred to its findings under charge 1b. It considered the inconsistencies in Mr Adewumi's statements and preferred the evidence of Patient A that she had not been offered an alternative to anti-sickness tablets and therefore, on the balance of probabilities found that Mr Adewumi failed to offer Patient A an alternative to anti-sickness tablets.

Charge 3a)

"3. Failed to keep accurate records, in that you did not record:
   a. the anti-sickness medication given to Patient A;"

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to Patient A's witness statement:

> *'Mr Adewumi came into the toilet a few minutes later and he was holding two tablets in a clear container. I recall these tablets being two small white tablets. I asked Mr Adewumi whether these tablets were anti-sickness tablets, to which he replied "yes". Mr Adewumi gave the tablets to me and I took them.'*

The panel took into account its findings in relation to charge 2 and its view that whilst Patient A believed that she was given anti-sickness tablets this was incorrect.

The panel also had regard to the inconsistencies in Mr Adewumi's reflective statement dated 3 November 2023 and his later statement provided to the NMC in March 2024 which had contradictory accounts of whether any antiemetic medication was given.

The panel had sight of the Clinical Assessment notes dated 9 August 2023 and the Assessment and Care notes as well as the Prescription Chart for the night shift in question none of which made reference to any antiemetic medication being administered to Patient A.

The panel referred to the Trust's Clinical Record Keeping and Records Management Policy exhibited by Karen McDonnell as well as her oral evidence that Mr Adewumi would have had access to the electronic records, and at the time in question, he did not raise any concerns about access to the electronic records to either her or Adele Hall. The panel found that as an experienced nurse if Mr Adewumi had administered any anti-sickness medication, which the panel concluded he had not, he would have recorded this within the prescription chart.

Therefore, on the balance of probabilities the panel found this charge not proved on the basis that there is no proof of any anti-sickness medication having been administered to Patient A by Mr Adewumi during the shift in question.

Charge 3b)

"3. Failed to keep accurate records, in that you did not record:
b. that Patient A was experiencing bladder pain;"

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to Patient A's witness statement which was consistent with her oral evidence:

'I was experiencing great difficulty going to the toilet, specifically, I could not pass urine…my bladder was getting progressively uncomfortable and painful… my bladder was getting unbearably uncomfortable'

The panel referred to its findings under charge 1a, in particular that Patient A's bladder scan showed that she had 1100ml of urine which, according to Karen McDonnell and Adele Hall's live evidence would have been extremely uncomfortable for Patient A.

The panel also referred to Mr Adewumi's statement provided to the NMC in March 2024:

'I was not aware of patient A being nauseous; I was only aware of the pain, hence, I gave her analgesia and Gaviscon.'

The panel also had regard to the Clinical Assessment Records made by Mr Adewumi and noted that it did not include any record of Patient A experiencing bladder pain or words to that effect.

The panel considered that given the contextual evidence; Patient A would have been experiencing bladder pain and Mr Adewumi, who was the nurse responsible for her care during the shift in question, was aware that Patient A was experiencing bladder pain and failed to record it.

The panel therefore found this charge proved on the balance of probabilities.

Charge 3c)

" 3. Failed to keep accurate records, in that you did not record:

c. that Patient A was unable to pass urine."

This charge is found proved.

In reaching this decision, the panel referred to its findings under charges 1a and 3b and consequently found this charge proved.

Charge 4c)

"4. Failed to keep accurate records, in that you recorded that:

c. there were '*no signs of pain noted*' or words to that effect;"

This charge is found proved.

In reaching this decision, the panel referred to its findings under charge 3b. Specifically the panel considered that Mr Adewumi must have been aware that Patient A was in pain having recorded his administration of prescribed analgesia on two separate occasions during the shift in question.

The panel consequently found this charge proved.

Charge 4d)

> "4. Failed to keep accurate records, in that you recorded that:
>
> d. Patient A '*complained of sore throat*' or words to that effect, when she had not;"

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to the Clinical Assessment notes created by Mr Adewumi dated 9 August 2023 where it stated: '*Later complained of sore throat, on call DR bleeped.'*

The panel had sight of Patient A's witness statement:

> *'I never mentioned that I had a sore throat to anyone because I did not have one at any point during my stay on the ward'.*

It also considered Patient A's oral evidence that she did not know, at the time in question, that a doctor had been called but she learned this after receiving the documents in relation to her complaint. Patient A, in oral evidence said that she was concerned to learn that a

doctor was called for a sore throat and not her initial complaints in relation to her inability to pass urine or her bladder pain.

The panel determined that Mr Adewumi recorded that Patient A had a sore throat when she did not and thus find this charge proved on the balance of probabilities.

Charge 4e)

"4. Failed to keep accurate records, in that you recorded that:

e. Patient A '*appears to be settled*' or words to that effect, when she was not;

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to the Clinical Assessment notes created by Mr Adewumi dated 9 August 2023 where it stated: '*Patient appears to be settled.'*

The panel had regard to its findings under charge 3b that Patient A was experiencing extreme discomfort and difficulty passing urine. The panel considered Adele Hall's oral evidence that she saw Patient A going to and from the toilet multiple times. The panel found it to be highly unlikely that Patient A would have been settled and therefore Mr Adewumi's record of this was inaccurate.

On the balance of probabilities, the panel found this charge proved.

Charge 4f)

"4. Failed to keep accurate records, in that you recorded that:

f. You had Patient A's '*toilet under supervision'* or words to that effect, when you did not;"

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to the Clinical Assessment notes created by Mr Adewumi dated 9 August 2023 where it stated: '*Out of bed to toilet under supervision.'*

In oral evidence Patient A stated that she was independently going to and from the toilet, this is also corroborated by Adele Hall's statement, '*I recall Patient A being very mobile during this night shift and going to and from the toilet, unaided.'* Adele Hall in oral evidence also confirmed that Patient A would have had to pass the nurse's station each time to go to the toilet from her ward.

The panel considered that the NMC had provided no definition of the meaning of supervision in relation to Patient A. In the absence of a definitive description of 'supervision' in relation to this charge the panel could not be satisfied on the balance of probabilities that the NMC had discharged its burden of proof.

Charge 4g)

"4. Failed to keep accurate records, in that you recorded that:

g. Patient A '*slept intermittently*' or words to that effect, when she did not and/or you had no way of knowing if this was true;"

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to the Clinical Assessment notes created by Mr Adewumi dated 9 August 2023 where it stated: '*slept intermittently.'*

The panel considered Patient A's witness statement:

> '*Furthermore, throughout the majority of that night, I could not find Mr Adewumi. Therefore, Mr Adewumi would not have known whether I "slept intermittently"*

In addition, Patient A stated, '*I had realised by this point the whole night had gone by and that I barely slept at all'*. When questioned further by panel, Patient A stated that she could not objectively confirm if she slept at certain moments during that night shift or not.

The panel determined that whilst Patient A may not have seen Mr Adewumi during this shift, there is no evidence to suggest that he was not in attendance and able to observe Patient A.

The panel found that this charge could not be found proved on the balance of probabilities.

Charge 4h)

> "4. Failed to keep accurate records, in that you recorded that:
>
> h. Patient A received oxygen when she did not;"

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel considered Patient A's oral evidence that she was on oxygen for a short period of time when she came onto the Ward but not thereafter which was consistent with the entries for the day shift on the Vital Signs Measurement chart for 8 August 2023.

The panel considered the Vital Signs Measurement record dated 8 August 2023 and noted that on the night shift in question oxygen was recorded by Mr Adewumi as having been administered to Patient A at 20:22 and then again at 00:29 on 9 August 2023.

The panel considered Karen McDonnell's oral evidence that oxygen administration is based on oxygen saturation for each patient. Having been questioned on Patient A's record indicating her oxygen saturation was consistently within the required 96 to 97 percent saturation, Karen McDonnell agreed that in the absence of a written record explaining why the patient required oxygen at 20:22 and 00:29, oxygen administration would not have been required.

The panel also had regard to the Prescription Chart dated 8 August 2023 to 11 August 2023, which had no record of oxygen being administered to Patient A during the time in question.

The panel had regard to the Clinical Assessment Notes written by Mr Adewumi which stated, '*Received Patient A in bed with oxygen therapy'*.

The panel referred to Mr Adewumi's statement received by the NMC in March 2024:

> '[Patient A] *required a minimal amount of oxygen. There was no concern in this regard, as she had the oxygen required before the start of my shift.'*

The panel found Mr Adewumi's statement in this regard to directly contradict his entries in the Vital Signs Measrument Chart that Patient A was administered oxygen on the night shift of 8 to 9 August 2023.

The panel determined that Mr Adewumi had recorded that Patient A received oxygen at two points in the night when in fact she had not.

The panel found this charge proved on the balance of probabilities.

Charge 5)

> "5. Your conduct at any or all of Charges 4a-j was dishonest in that you knew the entries you made in Patient A's notes were inaccurate and/or could not be true."

This charge is found NOT proved.

In reaching this decision, the panel referred to its findings for charges 4c, 4d, 4e and 4h. It also referred to NMC guidance DMA-8.

<u>Charge 4c, 4d, 4e and 4h</u>

In considering whether any of these sub charges amounted to dishonesty the panel considered each of the charges separately.

The panel had regard to Karen McDonnell's oral evidence that Mr Adewumi was providing her with a brief summary of Patient A's concerns during handover by Patient A's bedside when she expressed concern as to the account being given to her by Mr Adewumi. The panel also considered that the Clinical Assessment notes dated 9 August 2023 created by Mr Adewumi, would have been created towards the end of his shift. It appeared to the

panel that there may well have been an alternative explanation as to why he made the inaccurate records – for example carelessness, poor recall or incompetence.

The panel determined that there was insufficient cogent evidence that Mr Adewumi's state of mind was such that he intended to deceive or was deliberately trying to misrepresent the care he had provided to Patient A. Accordingly, on the balance of probabilities, the panel could not be satisfied that in regard to each of the matters found proved under charge 4 that Mr Adewumi's acted dishonestly.

Charge 6)

"6. Failed to escalate concerns around Patient A's inability to pass urine."

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel had regard to the evidence that a concern such as Patient A's inability to pass urine should have been raised to the nurse in charge (Adele Hall at the time). Karen McDonnell also explained in oral evidence that Mr Adewumi would have been made aware of the chain of command during his induction of when he first started working at the Ward or during handover which took place with the team before each shift.

The panel also referred to Karen McDonnell's witness statement:

> *'Mr Adewumi would have a duty to escalate Patient A's concerns surrounding her inability to pass urine, only if Patient A's problems could not be resolved'*

The panel accepted that Mr Adewumi was aware of Patient A's inability to pass urine and as a trained nurse could have resolved the issue via a bladder scan and catheterisation but failed to do so. The panel also took into account the evidence of Karen McDonnell in which she stated that only if Mr Adewumi could not resolve Patient A's problems would he need to escalate. The panel had no evidence that Mr Adewumi was not able to resolve Patient A's inability to pass urine and therefore, concluded that he was not under a duty to escalate.

Accordingly, on the balance of probabilities the panel found this charge not proved.

Charge 7)

"7. Used an inappropriate technique when administering eye drops to Patient A."

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to the Prescription Chart dated 8 August 2023 to 11 August 2023 to confirm that the evening dose of eyedrops were administered to Patient A by Mr Adewumi.

The panel referred to Patient A's witness statement:

'Mr Adewumi began administering my eye drops for me without explaining how he was going to administer them. Mr Adewumi held the bottle above my right eye and as I was looking up, I was waiting for the liquid to drop into my right eye. However,

Mr Adewumi jabbed the bottle down just above my right eye, which frightened me, although the bottle did not make any physical contact with my eye.'

The panel referred to Karen McDonnell's witness statement:

'Administering eye drops is not always an easy task and it requires the RN to communicate with their patient. On the Ward, part of our checks is that we ensure the patient is comfortable before we leave them, and therefore, I would expect an RN to communicate with their patient whether the eye drops had been administered into the eye and whether the patient was comfortable. No actual harm was caused by Mr Adewumi to Patient A because Patient A felt that Mr Adewumi had got too close to her eye with the eye drop bottle but that it had not actually made any physical contact with her eye.'

The panel considered that whilst Mr Adewumi may not have adopted the values of the Code in the way that he administered the eye drops, the NMC did not provide any evidence for what an '*appropriate technique*' to administering eye drops was to enable the panel to make a judgement.

The panel did not find this charge proved on the balance of probabilities.

Charge 8)

"8. Failed to treat Patient A with respect and/or dignity, in that you were dismissive of one or more of her concerns."

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Patient A, Adele Hall, Karen McDonnell, Paul Jamieson and their documentary evidence and Mr Adewumi's various statements.

The panel referred to various parts of Patient A's witness statement:

> '*Mr Adewumi had seen me walk back from the toilet which he was with* [another patient] *and therefore, he had assumed that I had been able to go to the toilet. This was despite me telling him moments before, that I was not able to urinate and that I felt a retention feeling in my bladder. I felt that Mr Adewumi had a condescending attitude towards me. I also had the feeling that Mr Adewumi immediately did not like me because I had a problem… I felt as though Mr Adewumi was not listening to me or taking me seriously. Mr Adewumi showed me no concern… I was again shocked by Mr Adewumi's condescending and dismissive attitude towards my concerns and as I was too uncomfortable to stand there and argue, I just walked back to my bed. I sat in bed feeling very alone and unsure of who to ask help'*

Patient A expanded in oral evidence that Mr Adewumi's tone had been condescending, his demeanour had been abrupt and that he had walked off dismissing her when she had tried talking to him.

The panel referred to a document titled Skin Bundle Assessment created by a Nurse Siobhan Baker who recorded at 19:01 on 9 August 2023 in regard to Patient A:

> *'Initially very upset this morning due to night agency nurse – felt that she had not been listened to and that her needs were not met.'*

The panel also referred to Karen McDonnell's witness statement which is consistent with Patient A's statement:

'When I approached the Bay just after Ms Baker [a nurse colleague] *had gone over to Patient A, Patient A did not seem overly distressed but she verbalised to myself and Ms Baker that she was not happy with the Night Nurse, Mr Adewumi because she felt that he had ignored her concerns, had not listened to her and that she had not seen a Doctor during the night. I responded to Patient A's concerns at the time by verbally apologising to her and providing her reassurance… From speaking with Mr Adewumi myself on 9 August 2023, I noticed that he did have a strong accent which made it difficult to fully understand what he was saying. However, I am not aware of any other contextual factors which may have contributed to the concerns raised by Patient A.'*

The panel referred to the Code which imposes a duty on nurses to treat people with respect and dignity.

The panel had sight of the positive testimonials before it on behalf of Mr Adewumi.

The panel accepted the account given by Patient A and preferred that to the accounts given by Mr Adewumi in his various statements.

The panel determined that Mr Adewumi failed to treat Patient A with respect and/or dignity. On the balance of probabilities, the panel found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Adewumi's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Adewumi's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Ms Verity invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

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

Ms Verity referred to specific paragraphs of the Code:1.1, 1.2, 1.4, 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.3, 7.4, 10.2, 10.3, 13.1, 19.1, 20.1, 20.2, 20.3 and 20.5.

Ms Verity submitted that the charges found proved directly link to Mr Adewumi's professional practice. The panel have found proved charges that amount to Mr Adewumi failing to conduct adequate patient assessments, failing to treat a patient for her vomiting

and nausea, failing to keep accurate records – both omitting important information and including inaccurate information, and failing to treat a patient with dignity and respect over the course of a that shift which resulted in Patient A becoming distressed and in pain.

Submissions on impairment

Ms Verity moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008].

Ms Verity submitted that Mr Adewumi's fitness to practice is currently impaired.

Ms Verity submitted that Mr Adewumi's conduct resulted in Patient A becoming distressed and was caused actual harm in that she was left in pain due to the uncomfortable state of retention, and as such, his conduct breached the fundamental tenets of the nursing profession.

Ms Verity submitted that Mr Adewumi's actions had the potential to cause further harm to Patient A through omitting to record or his failure to record accurately the medications administered.

Ms Verity submitted that the reflective statements before the panel are limited in insight into the concerns. She outlined that no insight or reflections has been provided since the full charges for this case was established. She submitted that though there are apologies in the statements before the panel, this does not amount to sufficient insight nor is there acknowledgement by Mr Adewumi that his actions led to pain suffered by Patient A.

Ms Verity submitted that the training certificates before the panel are of limited relevance to the concerns in this case. She highlighted that the training courses do not address record keeping or patient assessments. She also submitted that Mr Adewumi has not practised as a nurse for a prolonged period.

Ms Verity submitted that given the limited insight there is a likelihood of repetition in this case were Mr Adewumi permitted to return to practise unrestricted.

Ms Verity submitted that therefore a finding of impairment is required on the ground of public protection.

Ms Verity submitted that in regard to public confidence the NMC remains neutral and leave the decision at the panel's discretion.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

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

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

*'**1 Treat people as individuals and uphold their dignity***

To achieve this, you must:

1.1 Treat people with kindness, respect and compassion

1.2 Make sure you deliver the fundamentals of care effectively

1.4 Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

2.3 encourage and empower people to share in decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

2.6 recognise when people are anxious or in distress and respond compassionately and politely

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.3 Act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it

7 Communicate clearly

To achieve this, you must:

7.4 Check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

10 Keep clear and accurate records relevant to your practice

To achieve, this you must:

10.2 Identify any risks or problems that have arisen and the steps taken to deal with them so that colleagues who use the records have all the information they need

10.3 Complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to those requirements

13 Recognise and work within the limits of your competence

To achieve, this you must:

13.1 Accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code.

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that each of the charges found proved involves serious misconduct. The panel determined Mr Adewumi's actions amounted to misconduct in that; he made Patient A feel dismissed, he omitted to record key information in regard to Patient A's health, he failed to record accurately and he failed to carry out duties in a timely manner which caused physical and emotional harm to Patient A.

The panel found that Mr Adewumi's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and

the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame 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:*
>
> 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) ….'

The panel found that Patient A was put at both physical harm (bladder pain) and emotional harm (Patient A felt '*anxious and comfortable*') as a result of Mr Adewumi's misconduct. Mr Adewumi's misconduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Therefore, the panel found that limbs a, b and c were engaged.

In assessing whether Mr Adewumi was liable in the future to cause unwarranted risk of harm, bring the profession into disrepute and/or breach one of the fundamental tenets of the medical profession the panel applied the test as set out in *Cohen* with regard to impairment:

a. is the misconduct easily remediable?
b. has the misconduct already been remedied?
c. is the misconduct highly unlikely to be repeated?

The panel determined that the misconduct identified is remediable via training and insight.

However, the panel in assessing whether the misconduct had had been remedied, considered that Mr Adewumi's reflective statement dated 3 November 2023 was limited in insight. It also referred to his recent statement dated March 2024. The panel found this recent statement to have some recognition as to how his communication impacted upon Patient A's care and expressed some remorse for Patient A, nonetheless, the panel determined that there is little recognition of his role and responsibility in the harm caused to Patient A in the Ward. The panel also considered that it had no further statements from Mr Adewumi since March 2024 before it.

In assessing whether insight is insufficient, the panel considered that Mr Adewumi did cooperate with the Agency when the concerns were first raised to him, in providing a response. Within the response Mr Adewumi acknowledged if he did not deliver the care he

should have and apologised for it, he also stated that he would work to prevent such negative consequences from happening again, however, there is no acceptance of the key concerns within the charges. The panel considered the insight before it to be very limited and therefore the panel determined that the misconduct has not been remedied.

The panel bore in mind the testimonials submitted on Mr Adewumi's behalf but noted that they were two years old, do not reference the charges raised in this case and are not from colleagues in a managerial or supervisory role. Therefore, the panel attached little weight to the two testimonials before it.

The panel accepted that Mr Adewumi has informed the NMC that he has retired from nursing. It also accepted the numerous relevant training courses (albeit the training covers limited parts of the misconduct identified) he has undertaken. The panel also noted an email from Mr Adewumi that he had not practised as a nurse since August 2023. In the absence of any further training since March 2024 to show a strengthening of practise in the clinical setting via practical application, the panel considered the misconduct highly likely to be repeated.

The panel therefore decided that a finding of impairment is necessary on the ground 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 a finding of impairment on public interest ground is also required as a well-informed member of the public would be concerned if a finding of impairment was not made for a nurse who had dismissed a patient, failed to take accurate records, failed to act on concerns in a timely manner and consequently caused a patient

physical and emotional harm. In addition, 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 found Mr Adewumi's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has decided to make a conditions of practice order for a period of 12 months. The effect of this order is that Mr Adewumi's name on the NMC register will show that he is subject to a conditions of practice order and anyone who enquires about his registration will be informed of this order.

Submissions on sanction

In the Notice of Hearing, dated 10 April 2026, the NMC had advised Mr Adewumi that it would seek the imposition of a striking-off order if it found Mr Adewumi's fitness to practise currently impaired. During the course of the hearing, the NMC revised its proposal and submits that a condition of practice order for 12 months is more appropriate in light of the panel's findings.

Ms Verity submitted there to be the following aggravating factors:

- The misconduct occurred in a clinical setting
- Whilst there is some insight, it is limited
- There was little recognition of Mr Adewumi's role and responsibility in the harm caused to Patient A over the course of that shift
- There is limited remediation in the areas of concern
- The misconduct caused actual harm to Patient A, both physical and emotional
- There is a risk of repetition

Ms Verity submitted there to be the following mitigating factors:

- Mr Adewumi apologised early on for how Patient A felt
- Outlined that he would work to try and prevent a similar situation again
- He provided some insight into the conduct having affected the patient
- The concerns are confined to one night shift and one patient
- There is evidence of some attempted remediation

Ms Verity submitted that taking no action or imposing a caution order in this case would not be proportionate given the seriousness of the misconduct found proved.

Ms Verity submitted that given the panel's findings under impairment, it may impose a conditions of practice order. She said that conditions can be put in place to sufficiently protect patients and if necessary, address any concerns around public confidence or proper professional standards and conduct.

Ms Verity submitted that there is no evidence of deep-seated attitudinal issues and there are identifiable areas of Mr Adewumi's clinical practice that can be retrained.

Ms Verity submitted that Mr Adewumi being retired, does not prevent conditions being workable should he return to practice.

Decision and reasons on sanction

Having found that Mr Adewumi's fitness to practise is currently impaired, the panel considered what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive its effect, may be to have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel identified the following aggravating factors:

- Actual harm caused to Patient A through Mr Adewumi's actions
- Limited insight.

The panel also identified the following mitigating factors:

- Mr Adewumi apologised early on for how Patient A felt
- Has completed some relevant training courses
- Concerns are isolated to one shift and one patient.

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

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 found that Mr Adewumi's misconduct was not at the lower end of the spectrum, and that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Adewumi's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Adewumi's registration would be appropriate. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the presence of the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel had regard to the fact that these incidents occurred three years ago and that, other than this single shift, and there was no evidence of previous findings during Mr Adewumi's 20-year career as a nurse. It would appear to the panel that it would be in the public interest that, with appropriate safeguards, Mr Adewumi should be able to return to practise as a nurse.

The panel determined that it would be possible to formulate relevant, proportionate, workable and measurable conditions which would address the failings highlighted in this case and mitigate risk to the public.

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

The panel did consider whether to impose a suspension order or a striking-off order but decided that this would be wholly disproportionate and would not be a reasonable response considering the identified mitigating factors.

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, proportionate and necessary in this case:

> ‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your nursing practice to one substantive employer, this may be through an agency, but with a single placement for a minimum of 3 months.

2. You must not be the sole registered nurse in charge of any shift.

3. You must ensure that you are supervised 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, a registered nurse.

4. You must meet weekly with your line manager, mentor or supervisor to discuss:
    - Patient assessment and timely response to any clinical issues
    - Medications management
    - Record keeping
    - Effective and respectful communication with patients
    - Steps to uphold patient dignity

5. You must obtain a report from your line manager, mentor or supervisor and send it to your NMC case officer seven days before any review hearing. This report must outline the standard of your:
   - Patient assessment and timely response to any clinical issues
   - Medications management
   - Record keeping
   - Effective and respectful communication with patients
   - Steps to uphold patient dignity

6. You must keep us 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 keep us 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.

8. 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.

9. 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.

10. 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.

Before the order expires, a panel will hold a review hearing to see how well Mr Adewumi has 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:

- Evidence of any further completed training or courses
- An updated reflective statement including developed insight addressing the impact of misconduct of this nature on patients, public confidence in and reputation of the profession
- Updated testimonials
- Feedback from current managers or supervisors
- Attendance at future review hearings

Interim order

As the conditions of practice order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Adewumi's own interests until the conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Verity. She submitted that an interim order be imposed to reflect the panel's findings on sanction.

Decision and reasons on interim order

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

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months due to cover the appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after Mr Adewumi is sent the decision of this hearing in writing.

This will be confirmed to Mr Adewumi in writing.

That concludes this determination.