Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 5 November 2026

Virtual Hearing

Name of Registrant:	Tolulope Akeredolu
NMC PIN:	12I1099E
Part(s) of the register:	Nursing, sub part 1 RNA, Registered Nurse - Adult 15 March 2013
Relevant Location:	Bridgend County Borough
Type of case:	Lack of competence
Panel members:	Linda Owen (Chair, registrant member) Anne Considine (Registrant member) John Marley (Lay member)
Legal Assessor:	Andrew Reid
Hearings Coordinator:	Isabella Payne
Nursing and Midwifery Council:	Represented by Matthew McPherson, Case Presenter
Miss Akeredolu:	Present and represented by Richard Padley, instructed by the Royal College of Nursing
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect at the end of 11 December 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order for 12 months.

This order will come into effect at the end of 11 December 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 six months by a Fitness to Practise Committee panel on 13 May 2026.

The current order is due to expire at the end of 11 December 2026.

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

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

'Details of charge (as amended) That you, a registered nurse:

1. Between 4 December 2017 and December 2019 whilst employed by Kings College Hospital NHS Foundation Trust, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse in that you:

a. Failed medication competency assessments on the dates detailed in Schedule 1.

b. Failed to successfully complete the capability action plans dated as per Schedule 2.

c. On 8 March 2018, demonstrated poor infection control skills, in that you rinsed and then reused a tracheostomy catheter.

d. On 2 March 2018:

i. …

ii. Incorrectly completed Glasgow Coma Scale assessments/scores for a patient at the times as noted within Schedule 3.

e. In July 2019, failed to remove and/or replace the oxygen supply for an oxygen dependent patient which resulted in de-saturation.

2. Between 2 December 2019 and May 2023 whilst employed by Guys and St Thomas NHS Foundation Trust, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse in that you:

a. On 19 January 2021, failed to change a VAC collection canister.

b. Demonstrated poor medications practice, in that you:

i. On 14 April 2020, failed to follow the blood transfusion administration process and tractability.

ii. On 19 April 2020, administered intravenous paracetamol to a patient in circumstances where:

1. The patient was under the weight threshold to receive medication intravenously,

2. The patient's prescription stated that they were to receive oral paracetamol.

iii. On 7 May 2020, countersigned for a dose Oxycodone that was 10 times the prescription dose.

iv. On 1 – 2 June 2020, during a night shift:

1. administered intravenous Vancomycin at an incorrect rate.

2. Recorded an incorrect concentration of Fentanyl on a patient's patient-controlled analgesia syringe.

3. Administered Glucojuice to a hypoglycaemic patient who had a Ryle's (nasogastric) tube in situ for a bowel obstruction.

v. On 15 June 2020, caused a delay in insulin administration for a patient who had elevated blood sugar.

1. failed to escalate a tachycardic patient

2. left a cannula in in situ for a patient who had been discharged

vii. On 27 March 2022, administered to a patient Hartman fluid, instead of the prescribed glucose.

c. Displayed poor infection control, in that you:

i. On 18 May 2020, disconnected and reconnected a patient's TPN and changed the settings in the middle of the infusion.

ii. On 28 January 2021, took down a patient's TPN without flushing the picc line.

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

<u>Schedule 1:</u>

- *04/01/2018*
- *09/01/2018*
- *28/03/2018*
- *03/04/2018*
- *01/05/2018*

<u>Schedule 2</u>

• 25/01/2018

<u>Schedule 3</u>

• 11:01

• 15:02

• 19:14'

The original panel determined the following with regard to impairment:

> *'The panel was of the view that there is a risk of repetition based on the fact that you have not been able to demonstrate a strengthening of your practice. You have not demonstrated or accepted that there are a number of areas of clinical practice where you need to take responsibility in order to understand the consequences of your actions. This will enable you to develop and strengthen your practise to prevent errors involving patient safety from occurring again. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.*
>
> *The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 on public interest grounds was required. The panel concluded that a member of the public, would be seriously concerned if a finding of current impairment on public interest grounds were not made, given the nature of this case.*
>
> *Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.'*

The original panel determined the following with regard to sanction:

> *The panel was satisfied that the lack of competence in your case was not fundamentally incompatible with you remaining on the register. The panel was of the view that the nature of these charges relate to the fundamental basic principles of the nursing profession, primarily, documentation and record keeping, medication administration and infection control. It was also of the view that while it would be possible for you be fit to practice in the future, a period of suspension, where the facts have been found proven, would allow you to take time to deeply reflect and accept what has happened, in order for you to be able to demonstrate developed insight and remorse into your failings as a nurse and impact it had on patient safety. Furthermore, a period of suspension would allow you to work towards not only undertaking relevant training and also reflect and articulate how you would apply the knowledge acquired into practice.*
>
> *Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.*
>
> *The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public protection and public interest issues in this case.*
>
> *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 a period of six months was appropriate in this case.*

At 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:

- *Up to date reflection that demonstrates your insight into your failings and why the public should be satisfied that the same mistakes would not happen again.*
- *Acknowledgement and reflection on what you have learned from this case and the impact your failings had on patient safety, patients, your colleagues, the wider profession and the NMC as its regulator.*
- *Evidence of paid or unpaid work related to healthcare.*
- *Evidence of your reflection and learning and how you would apply the knowledge gained from the training you have undertaken, with a particular emphasis on documentation and record keeping, medication administration and infection control.*

This will be confirmed to you in writing.'

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 reflective piece from yourself, the positive testimonials, the evidence of training certificates and voluntary work. It has taken account of the submissions

made by Mr McPherson on behalf of the NMC. Mr McPherson submitted that the NMC's position is that you are no longer impaired and that the current order should be allowed to lapse upon its expiry.

Mr McPherson acknowledged the history of regulatory concerns and the previous suspension order, which is due to expire on 11 December 2026.

Mr McPherson submitted that there were two key aspects to addressing the concerns identified in the current order. He noted that the previous panel considered these could be addressed through further training, alongside the development of deeper insight from you. The previous panel considered that the suspension period would provide you with an opportunity to reflect on your previous failings, the importance of maintaining public confidence in the profession, and the impact your failings had on the public. Mr McPherson reminded the panel that the previous panel considered that you should demonstrate an ability to learn from these failings and apply that learning to your future practice. He further reminded it that the previous panel further considered that undertaking healthcare-related work within a regulated setting would be beneficial.

Mr McPherson submitted that the persuasive burden rests upon you to satisfy the panel that your fitness to practise is no longer impaired.

Mr McPherson submitted that you had provided a detailed reflective piece and that it was difficult to identify any relevant matters that had not been addressed within it.

Mr McPherson referred the panel to the character references provided. Mr McPherson acknowledged that most of these references did not relate directly to clinical practice. However, he invited the panel to attach weight to those references provided by clinical staff, including a senior nurse in charge of a unit. He highlighted that the references were recent, covering the period between September and October of this year. He further submitted that the referees were aware of the allegations and findings against you but had nevertheless provided positive references in her support.

Mr McPherson identified the extensive training undertaken by yourself over recent months as another key component of the evidence. He submitted that the certificates and associated evidence of learning were relevant and should form part of the panel's consideration. He acknowledged that, given the restrictions imposed by the suspension order, you may have experienced difficulties in obtaining evidence of clinical retraining. Nevertheless, he invited the panel to attach some weight to the training and learning undertaken during the suspension period.

Mr McPherson submitted that the NMC could not identify how extending the suspension order would serve to satisfy the public interest.

Finally, Mr McPherson highlighted that you had undertaken voluntary work within a relevant setting. Taking all of the evidence into account, he submitted that the NMC's position was that your fitness to practise is no longer impaired.

The panel also had regard to Mr Padley's submissions on your behalf. He submitted that he adopted the same position as Mr McPherson and considered that you had demonstrated developed insight and remediated your lack of competence through strengthening your practice and have provided positive testimonials and undertaken relevant voluntary work.

In relation to the voluntary work, Mr Padley submitted that you undertake four-hour shifts once a week in a non-clinical capacity across a variety of hospital departments. He explained that the role involves interacting with patients and staff, including speaking with patients about their experiences and wellbeing and supporting them with activities of daily living. He further submitted that, through this role, you have the opportunity to observe staff undertaking clinical duties and learn from their practice.

On the basis of the evidence before the panel, Mr Padley invited the panel to find that your fitness to practise is not currently impaired.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had developing insight. At this hearing the panel found that although your insight has further developed, it still considered it to be insufficient in order to find your fitness to practice not currently impaired.

The panel considered that you demonstrated an increased understanding of why what you did was wrong. However, it considered that there needed to be a more in-depth understanding of the impact your actions had on patients, colleagues and the wider nursing profession. It noted that whilst the reflections are detailed, they lack insight into how your actions put the patient at a risk of harm and how your lack of competence impacted negatively on the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the voluntary work you have undertaken. The panel considered this to be a positive step in an attempt to strengthen your practice. However, as this is a non-clinical role, there are limitations as to how much you are able to evidence that the clinical concerns have been addressed. It is not satisfied that through this voluntary work that the clinical concerns have been fully addressed.

The original panel determined that you would be liable to repeat matters of the kind found proved. Today's panel has received positive testimonials from your voluntary role, personal reflections, and evidence of completed training courses. However, due to the lack of evidence of strengthened clinical practice it is not satisfied that you are not liable to repeat matters. In light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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

Decision and reasons on sanction

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the ongoing risk of repetition. 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 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 lack of competence 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 considered imposing a conditions of practice order. Despite the seriousness of your lack of competence, there has been evidence produced to show that you have demonstrated some insight and provided evidence of steps taken to strengthen your practice. You have indicated that you wish to return to nursing. The panel is encouraged by the progress that you have made leading up to today's hearing and would like to emphasise that a conditions of practice order would not a punitive sanction but rather an opportunity to demonstrate the changes in your clinical practice.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

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

1. You must ensure that you are supervised by another registered nurse any time you are working, as follows:
    a) Working at all times on the same shift as, but not always directly observed by, a registered nurse of Band 6 or equivalent;
    b) When working in the management or administration of medicines or medication, you should be directly supervised by another registered nurse until you have been formally assessed as competent to work independently;
    c) Weekly meetings with your line manager or supervisor to discuss your performance in relation to:
        i. Documentation and record keeping
        ii. Medication administration
        iii. Infection control
        iv. Communication and escalation
        v. Patient safety and advocacy

2. Evidence of your reflection and learning and how you have applied the knowledge gained from the training you have undertaken, with a particular emphasis on:
    i. Documentation and record keeping
    ii. Medication administration
    iii. Infection control
    iv. Communication and escalation
    v. Patient safety and advocacy

3. 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.

4. 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.

5. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.
    b) Any agency you apply to or are registered with for work.
    c) Any employers you apply to for work (at the time of application).
    d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

6. 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.

7. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
   a) Any current or future employer.
   b) Any educational establishment.
   c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 11 December 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Up to date reflective piece that demonstrates your insight into your failings and why the public should be satisfied that the same mistakes would not happen again.
- Acknowledgement and reflection on what you have learned from this case and the impact your failings had on patient safety, patients, your colleagues, the wider profession and the NMC as its regulator.

This will be confirmed to you in writing.

That concludes this determination.