

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

**Substantive Meeting**  
**Wednesday 12 November 2025**

Virtual Meeting

<b>Name of Registrant:</b>	Nqobile Ndlovu
<b>NMC PIN:</b>	11F0842E
<b>Part(s) of the register:</b>	Nursing, Sub part 1 RNMH, Registered Nurse - Mental Health (16 December 2011)
<b>Relevant Location:</b>	England
<b>Type of case:</b>	Conviction
<b>Panel members:</b>	Tracy Stephenson (Chair, Lay member) Richard Curtin (Registrant member) Colleen Sterling (Lay member)
<b>Legal Assessor:</b>	Richard Tyson
<b>Hearings Coordinator:</b>	Hazel Ahmet
<b>Facts proved:</b>	Charge 1 proved by way of the conviction.
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Ndlovu's registered email address by secure email on 06 October 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the conviction, the time, possible dates and the fact that this meeting was to be heard virtually.

In the light of all of the information available, and on the balance of probabilities, notwithstanding the fact that it did not see the actual attachments to the proof of posting email, the panel was satisfied that Mr Ndlovu has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

## **Details of charge**

That you, a registered nurse:

- 1) On 26 March 2024 were convicted at Bradford Magistrates Court of Carer ill-treat / wilfully neglect a person without capacity – Mental Capacity Act 2005.

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

## **Background**

Mr Ndlovu qualified as a mental health nurse in 2012 and was at the time of the incident, contracted to work shifts for Malvern Nursing Home. Mr Ndlovu was convicted of having, in the early hours of 19 December 2023, at approximately 1:30am, used force to move a resident onto the ground, followed by kicking the resident multiple times and then hitting them on their on their head whilst they were on the ground. On 04 June 2024, Mr Ndlovu was sentenced at Bradford Magistrate's Court as follows:

*‘Suspended sentence order – imprisonment Committed to prison for 4 months suspended for 12 months [...] 10 days rehabilitation activity requirement [...] 120 hours unpaid work requirement.’*

## **Decision and reasons on facts**

The charges concern Mr Ndlovu’s conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

- ‘31.— (2) Where a registrant has been convicted of a criminal offence—*
- (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
  - (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.’*

In addition, the panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: NMC Case Coordinator in the Case Preparation and Presentation Team.
- Witness 2: Registered Nurse at the Malvern Group Limited (‘the Home’).

The panel also had regard to written representations from Mr Ndlovu.

## **Fitness to Practise**

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Ndlovu's fitness to practise is currently impaired by reason of his conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

## **Representations on impairment**

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

In his undated written statement prepared for his interim order hearing on 29 January 2024, Mr Ndlovu wrote the following:

*'Having watched the CCTV footage back, I am in shock and disbelief in my own actions. I am deeply devastated and disheartened about what happened. I can only stress that I was overwhelmed by panic and frustration at the time of the incident.*

*The whole environment at the Home was tense and extremely challenging. I have felt incredibly stressed and I sincerely regret what happened. I know that I am not a violent person. I always have and always will have a caring heart. I love my job and I love helping other people. I am not a bad person, but I accept that I did not conduct myself well on that night. I have never been like that before and that simply can never happen again.*

*The 19 December 2023 will remain a painful lesson and will guide my emotional being. I should have stopped and gained composure so to manage the situation better. I apologise to everyone who has been effected by my conduct. I sincerely and truthfully admit that what happened should have been avoided. My actions were not intentional, I did not plan to act the way I did. I erred in my*

*professional judgement. I only wanted to ensure that the service user was returned to the Home quickly.*

*I was frightened by the thought that people in the residential property might come and accuse us of being burglars and attack us. However, I did not conduct myself in a professional manner.*

*As I reflect on this sad and unfortunate episode in my nursing career, I am taking steps to further update and improve my knowledge, skills and professional behaviour. I will endeavour to remain calm and resilient in challenging care situations. I will ensure that my future interventions are guided by prioritising patient safety. I will always ensure that I practise in a manner that will be safe and effective.*

*I have booked myself onto a training course to continue my professional development and enhance my knowledge and skills. I am looking at other courses I can complete but the one I have already booked is through TempCare Personnel, starts on 15 February 2024 and runs from 09:30am until 15:30pm. I have paid for the course myself and the subject matter is Prevention Management of Violence and Aggression.*

*Finally, I sincerely apologise to the service user for my actions.'*

The panel accepted the advice of the legal assessor on impairment which included reference to FTPC 2C, and FTPC 15A.

### **Decision and reasons on impairment**

The panel next went on to decide if as a result of the conviction, Mr Ndlovu'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: 03/03/2025) in which the following is stated:

*‘The question that will help decide whether a professional’s fitness to practise is impaired is:*

*“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”*

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest, kind, and open and act with integrity. 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/their fitness to practise is impaired in the sense that S/He/They:*

- a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) *...'*

The panel determined that limbs a, b, and c of the test of Grant are engaged.

Regarding insight, the panel considered Mr Ndlovu's reflective piece in which he stated:

*'Upon viewing the CCTV footage, I felt deeply saddened and regretted my actions. I realized that I had made a serious misjudgement in how I handled the situation. Acting under stress and panic, my response became inappropriate. Reflecting on my thoughts and feelings, I now recognize that I did not conduct myself in a safe and professional manner. I should have remained calm and carefully considered my approach to managing the situation more effectively.'*

However, the panel noted that Mr Ndlovu's reflection did not provide sufficient insight into how his actions may have impacted the patient involved, any family members, or colleagues. The panel were therefore of the view that Mr Ndlovu's insight within his reflection is limited and therefore there is a high risk of repetition.

In its consideration of whether Mr Ndlovu has taken steps to strengthen his practice, the panel noted that Mr Ndlovu has booked himself onto a training course for the sake of his professional development, knowledge and skills. The panel noted that Mr Ndlovu has provided multiple certificates of training. Furthermore, Mr Ndlovu has booked and paid for a course independently, in which the subject matter is *'Prevention Management of*

*Violence and Aggression.*’ The panel also considered the several positive testimonials written in relation to Mr Ndlovu’s practice.

However, under Grant limb a, the panel determined that a very vulnerable patient was caused physical and emotional harm as a result of Mr Ndlovu’s actions on 18 December 2023. The panel were of the view that Mr Ndlovu’s conviction was an offence of assault against a patient which occurred within his professional practice, at a time in which he was on duty to protect and ensure the safety of his patients and to provide leadership to his colleagues. Mr Ndlovu’s actions, as seen by the panel in a video of the incident, were violent, abusive, aggressive, and ultimately, his behaviour was deplorable. The panel was of the view that Mr Ndlovu within his reflections had seemingly minimised his actions and had throughout his responses, presented a projection of blame onto the management of the Home and demonstrated a deep-seated attitudinal concern.

Under Grant limb c, Mr Ndlovu’s behaviour that led to his conviction has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Under Grant limb b, the panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not determine that the charge in this case is extremely serious. Therefore, the panel is of the view that there is a real risk of repetition and a real unwarranted risk of harm, based on its findings. 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 also required. A member of the public with full knowledge of Mr Ndlovu’s conviction would not expect him to be allowed to continue practicing as a registered nurse without a finding of impairment. The panel determined that both the public and the profession as a



whole would be appalled if Mr Ndlovu were able to practice unimpaired after having convicted of such violent actions.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Ndlovu off the register. The effect of this order is that the NMC register will show that Mr Ndlovu has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

## **Decision and reasons on sanction**

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

The panel took into account the following aggravating features:

- Mr Ndlovu was a person in authority, and therefore abused his position of trust;
- The patient involved in this case was a vulnerable patient and was caused direct harm as a result of Mr Ndlovu's conduct;
- Mr Ndlovu has presented underdeveloped insight.

The panel also took into account the following mitigating features:

- Mr Ndlovu admitted his conduct which ultimately led to his conviction;
- Mr Ndlovu was apologetic within his statement for the 29 January 2025 interim order panel;
- The incident which led to Mr Ndlovu's conviction was an isolated incident;
- There are multiple supportive testimonials in relation to Mr Ndlovu's practice;

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Ndlovu's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Ndlovu's misconduct which led to his conviction was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Ndlovu's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the behaviour which led to the conviction, and the deep-seated attitudinal concerns identified. Furthermore, the panel concluded that the placing of conditions on Mr Ndlovu's registration would not adequately mark the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. Mr Ndlovu has not presented sufficient insight for the panel to be confident that he will not repeat the kind of behaviour he has been convicted of; Mr Ndlovu has also presented deep-seated attitudinal concerns. The panel noted that this was an isolated incident, however, it was of such a serious nature and a significant breach of the fundamental tenets of the profession, that it is fundamentally incompatible with Mr Ndlovu remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction and would not mark the public interest.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mr Ndlovu's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr

Ndlovu's actions were very serious and to allow him to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Ndlovu's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was 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.

This will be confirmed to Mr Ndlovu in writing.

### **Interim order**

As the striking-off 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 Ndlovu's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **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 behind the conviction 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 an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to cover any appeal period.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Mr Ndlovu is sent the decision of this hearing in writing.

That concludes this determination.