Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Thursday, 23 April 2026

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

Name of Registrant:	**Nothando Shereni**
NMC PIN:	89A1287E
Part(s) of the register:	Registered Nurse – RN – March 1992 Registered Midwife – RM – March 1999
Relevant Location:	Hackney
Type of case:	Lack of competence
Panel members:	Janine Ellul (Chair, Registrant member) Dora Waitt (Lay member) Hazel Walsh (Registrant member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Andrew Ormsby
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (six months) to come into effect on 18 June 2026 in accordance with Article 30(1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Miss Shereni's registered email address by secure email on 19 March 2026.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 20 April 2026 and inviting Miss Shereni to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Shereni 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).

Decision and reasons on review of the current order

The panel decided to suspend Miss Shereni's registration for a period of six months.

This order will come into effect at the end of 18 June 2026. in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 17 May 2024. The order was first reviewed at a hearing on 30 April 2025 and the panel extended the suspension order for a period of 12 months.

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

The panel decided to extend the current suspension order.

The current order is due to expire on 17 June 2026.

The order to extend the current suspension will come into effect on 18 June 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

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

> *'That you, a Registered midwife failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 6 midwife in that you:*
>
> *1) Failed to undertake medicines administration and/or management effectively […]*
> *a. Between 8 and 10 December 2019, while subject to an informal management plan in relation to Patient C.*
> *i. Used unnecessary force to remove a cannula from Patient C.*
> *ii. …*
> *iii. Did not remove a catheter from Patient C until they had requested it be removed on multiple occasions.*
> *iv. In the presence of Patient C, failed promptly and/or at all to remove cannulas from one or more other Patients.*
>
> *b. On an unknown date in March 2020, discharged Patient H with medication intended for another Patient and without their own required medication for blood pressure.*
>
> *c. On or about 14 September 2020, did not administer and/or record administering Labetalol to Patient I on two occasions throughout a 12 hour shift.*
>
> *2) Failed to undertake observation effectively […]*
>
> *a. In relation to home visits to Patient J in or around December 2017 did not check a third degree tear.*

b. On 16 December 2018, while subject to an informal management plan, in relation to Baby D:

i. Did not carry out blood sugar level checks adequately or at all for a period of 12 hours.

ii. Did not carry out meconium observations adequately or at all for a period of 12 hours.

3) Failed to undertake escalation of clinical concerns effectively […]

a. On 29 December 2018, while subject to an informal management plan failed to escalate abnormal vital signs and/or NEWTT observations of Baby E.

b. Having been set a performance management plan objective on 9 October 2020 in relation to documentation and escalation, did not complete that objective.

4) Failed to undertake record keeping effectively […]

a. Between 8 and 10 December 2019, while subject to an informal management plan in relation to Patient C.

i. Made only one entry in Patient C's notes and or checked their notes only once during a 12 hour shift.

ii. …

b. As set out at Schedule 3 b) above, having been set a performance management plan objective on 9 October 2020 in relation to documentation and escalation, did not complete that objective.

c. On 3 April 2020, signed Patient K's drug chart to record providing them with paracetamol and ibuprofen when you had not.

d. As set out at Schedule 1 c) above, On or about 14 September 2020, did not administer and/or record administering Labetalol to Patient I on two occasions throughout a 12 hour shift.

5) Failed to communicate effectively and/or treat people with adequate respect and/or compassion […]

a. In relation to home visits to Patient J in or around December 2017:

i. Advised Patient J to supplement breast milk with formula contrary to their expressed wish.

ii. Did not introduce a student attending the visit with you.

iii. Did not effectively communicate your arrival time.

b. Between 8 and 10 December 2019, while subject to an informal management plan in relation to Patient C.

i. …

ii. …

iii. While Patient C was changing Baby C's nappy and dressing Baby C, took Baby C from Patient C and/or moved their sleeve over their cannula, in a rough manner.

iv. When Patient C explained to you that she had been advised not to take warfarin pending test results, became angry…

v. Used unnecessary force to remove a cannula from Patient C.

vi. …

vii. Did not remove a catheter from Patient C until they had requested it be removed on multiple occasions.

viii. In the presence of Patient C, failed promptly and/or at all to remove cannulas from one or more other Patients.

ix. Displayed an unfriendly attitude to Person C.

c. In relation to Patient A, between 1 and 4 June 2020:

i. On Patient A arriving on Ward and requesting food, informed Patient A that there was no food for them on the ward and/or did not

provide further information or indicate you would obtain food for them.

ii. On Patient A asking for painkillers stronger than paracetamol and ibuprofen, you responded that they could not without further explanation.

iii. Did not inform Patient A that there was a water tap and fruit available for patients and/or otherwise provide orientation to Patient A.

iv. When asked by Patient A and/or other Patients to turn off the light on the ward, responded by saying words to the effect that you were doing paperwork and would turn off the lights when you were ready.

v. On one or more occasions when Baby A was crying, woke Patient A by tapping them on the shoulder and/or pointed to Baby A, and/or went away without offering further assistance.

d. On or about 4 August 2020, commented on the breast anatomy of Patient L and/or did so loudly and/or in a bay where other people were present.

e. On an unknown date in September 2020 fed Baby M without first obtaining permission from Patient M.

f. Having been set performance management plan objectives on 9 October 2020 in relation to time management, prioritising skills and patient centred care, and communication, did not complete those objectives.'

The original panel determined the following with regard to impairment:

'The panel considered whether Miss Shereni has taken steps to address her lack of competence and strengthen her practice. The panel had no evidence of strengthened practice and it noted that Miss Shereni has indicated that she has retired in October 2021.

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.

In accordance with the NMC Guidance in determining fitness to practise, the panel considered whether Miss Shereni is capable of practising kindly, safely and effectively. The panel determined that, having found that Miss Shereni's actions amounted to a lack of competence and that there is a risk of repetition, she is not currently capable of kind, safe and effective practise.

Given Miss Shereni's lack of insight into her lack of competence, and that there is no evidence of strengthened practice, the panel determined that there is a risk of repetition and a consequent risk of harm to patients. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel was of the view that a fully informed member of the public would be concerned to hear that a registered midwife, through lack of competence over a significant period of time, caused harm to multiple patients and placed multiple patients at a risk of harm despite receiving additional support. The panel therefore determined that a finding of impairment on public interest grounds is also required.

Having regard to all of the above, the panel determined that Miss Shereni's fitness to practise is currently impaired on both public protection and public interest grounds.'

The last reviewing panel determined the following with regard to sanction:

‘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 Miss Shereni’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 Miss Shereni’s 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 next considered whether a conditions of practice order on Miss Shereni’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Miss Shereni’s lack of competence.

The panel has received information that Miss Shereni has been retired since 2021. Despite the lack of supporting evidence the panel further noted Miss Shereni has not engaged with NMC proceedings. In view of this the panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Shereni further time to fully reflect on her previous failings. It considered Miss Shereni’s need to gain a full understanding of how the failings of one midwife can impact upon the midwifery profession as a whole and not just the organisation that the individual midwife is working for. The panel concluded

that a further 12 month suspension order with review would be the appropriate and proportionate response and would afford Miss Shereni adequate time to further develop her insight and take steps to strengthen their practice.

The panel carefully considered whether to allow Miss Shereni's suspension order to lapse on expiry with a finding of impairment. However, it decided that it would not be appropriate in this case given the seriousness of the charges found proved and the lack of evidence as far as Miss Shereni's insight or current practice is concerned.

In light of this, the panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined that to extend the suspension order for a period of 12 months was the proportionate response and would provide any future panel the opportunity to consider all the available options, including a striking off order, should no further information or evidence be provided by Miss Shereni.

The order will also provide Miss Shereni with an opportunity to engage with the NMC and provide evidence to demonstrate remorse, insight and strengthening of practice as highlighted by the original panel.

[…]

Any future panel reviewing this case would be assisted by:

- *Miss Shereni's engagement with the NMC;*
- *A statement from Miss Shereni which outlines her intentions for the future;*
- *Evidence of reflection to demonstrate Miss Shereni's insight and re-training.*

Decision and reasons on current impairment

The panel has considered carefully whether Miss Shereni's 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 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 panel 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 Miss Shereni's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that there had been no material change in circumstances or evidence to demonstrate insight, remorse or strengthening of her practice and that, in light of this, there was no evidence that Miss Shereni has sufficient insight into her actions and therefore is likely to repeat matters of the kind found proved.

The panel also took into account that the last reviewing panel received no new information to demonstrate remediation of Miss Shereni's lack of competence and that, in light of this, it determined that there remained a risk of harm to patients and the public, should Miss Shereni be allowed to practise unrestricted, and therefore the panel determined that a finding of impairment on public protection grounds is required.

The panel determined that it had received no new evidence to demonstrate that Miss Shereni had demonstrated any remediation regarding her lack of competence and as

such, it concluded that there remained a risk of harm to patients and the public, should Miss Shereni be allowed to practise unrestricted.

The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection and the public interest.

For these reasons, the panel finds that Miss Shereni's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Miss Shereni's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel had regard to its previous findings on impairment in coming to this decision. It bore in mind that its primary purpose was to protect the public and maintain public confidence in the nursing profession and the NMC as its regulator.

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 Miss Shereni'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 Miss Shereni's 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 next considered whether a conditions of practice order on Miss Shereni's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest.

The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Miss Shereni's lack of competence.

The panel further noted Miss Shereni's lack of engagement with the regulatory process and considered that conditions, as such, would not be workable.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Shereni further time to fully reflect on her previous failings. The panel concluded that a further six-month suspension order with a review, would be the appropriate and proportionate response and would afford Miss Shereni adequate time to further develop her insight, and take steps to strengthen her practice.

In light of this, the panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined that to extend the suspension order for a period of six months was the proportionate response and would provide any future panel the opportunity to consider all the available options, including a striking off order, should no further information or evidence be provided by Miss Shereni.

The order will also provide Miss Shereni with an opportunity to engage with the NMC and provide evidence to demonstrate remorse, insight and strengthening of practice as highlighted by the original panel.

The panel wished to make it clear that the next reviewing panel will have the option of imposing a striking off order and would likely be influenced by a continued non-engagement and a continued failure to provide any evidence on Miss Shereni's part.

The extension of the suspension order will take effect upon the expiry of the current suspension order. Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Miss Shereni's engagement with the NMC;
- A statement from Miss Shereni which outlines her intentions for the future;
- Evidence of reflection to demonstrate Miss Shereni's insight and re-training.

The panel determined to impose a further order of suspension for a period of six months.

This order will come into effect on 18 June 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This will be confirmed to Miss Shereni in writing.

That concludes this determination.