

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

**Substantive Meeting
Tuesday, 5 August 2025**

Virtual Meeting

Name of Registrant:	Kaye Maria Green
NMC PIN:	81D0776E
Part(s) of the register:	Nursing, Sub part 1 RN1, Registered Nurse - Adult 24 July 1984
Relevant Location:	York
Type of case:	Misconduct
Panel members:	Simon Banton (Chair, Lay member) Catherine McCarthy (Registrant member) Sophia Clarke (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Eleanor Wills
Facts proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months)
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Green's registered email address by secure email on 25 June 2025.

Further, the panel took into account that the Notice of Meeting was also sent to Mrs Green's representative at UNISON on 25 June 2025.

The panel had regard to the submissions provided on behalf of Mrs Green dated 21 July 2025.

"The Registrant is unable to attend a hearing in person [PRIVATE] Due to UNISON's conditions of representation, I am unable to attend a hearing in her absence, which is why we requested that the concern be considered at a meeting. However, I provide this statement of case, along with the Registrant's hearing bundle, for the Panel to consider."

The panel accepted the advice of the legal assessor.

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

In the light of all the information available, the panel was satisfied that Mrs Green 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. Between 24 January 2022 and 16 July 2022, on one or more occasions accessed patient records without clinical justification.

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

Background

Mrs Green was referred to the NMC on 8 September 2022 by St Leonard's Hospice ("the Hospice"), where she worked as a Staff Nurse. She commenced employment at the Hospice on 24 January 2022, and it is alleged that between that date and 16 July 2022, Mrs Green accessed medical records that she had no legitimate reason to access. Mrs Green not only accessed patient records, but also those of family members and colleagues. None of the patients whose records were accessed were patients of the Hospice or in Mrs Green's care at the time, and the allegations include accessing the same records of patients on multiple occasions and records of patients who were deceased.

During the internal investigation, Mrs Green stated, *"the only reason why she did any of this was to try and help people, including [PRIVATE] and others' whose medical records she accessed."*

Decision and reasons on facts

At the outset of the meeting, the panel took into account the written submissions provided on behalf of Mrs Green, dated 21 July 2025.

"The Registrant accepts charge one. The Registrant acknowledges that she accessed patient records without clinical justification on one or more occasions between 24 January 2022 and 16 July 2022."

The panel had regard to the findings of the internal investigation report and the corresponding appendices, provided by the Hospice, dated 23 August 2022. The panel took into account the notice of the disciplinary meeting dated 24 August 2022, the notes of the disciplinary meeting dated 2 September 2022, and the disciplinary outcome letter dated 7 September 2022. The panel took into consideration Mrs Green's admissions to the allegation during the internal investigation and the internal disciplinary process.

The panel also had regard to the Information Commissioner record of caution order signed and dated by Mrs Green on 20 February 2024.

“Details of offence(s): Between 24 January 2022 and 2 September 2022, Kaye Green knowingly or recklessly, without the consent of the data controller, namely St Leonard’s Hospice, York, obtained personal data, namely information relating to patients, contrary to Section 170(1) of the Data Protection Act 2018.”

Having had regard to all the information before it, the panel found charge 1 proved.

Fitness to practise

Having reached its determination on the facts, the panel next considered, whether the facts found proved amount to misconduct and, if so, whether Mrs Green’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 kindly, safely and professionally.

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. Second, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Green’s fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC referred 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.” The NMC also referred to

the cases of *Calheam v General Medical Council* [2007] EWHC 2606 (Admin) and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

The NMC submitted that the facts found proved amount to misconduct. The NMC identified the specific, relevant standards of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") where Mrs Green's actions amounted to misconduct.

The NMC submitted that it is alleged that Mrs Green accessed 241 patient records without medical justification over a prolonged period of time. Mrs Green's misconduct is serious in that she was in a position of trust and failed to protect patients' privacy which is a fundamental tenet of the nursing profession. Mrs Green conduct raises serious questions about her professionalism and integrity. Therefore, the NMC submitted that Mrs Green's actions amounted to serious misconduct.

The panel took into account the written submissions provided on behalf of Mrs Green, dated 21 July 2025.

"The Registrant accepts that her misconduct was serious and breached the following provisions of the NMC Code of Conduct:

5.1...

5.3...

20.1...

20.6...

20.8...

20.10."

The NMC submitted that the panel must bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

The NMC referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin). The NMC submitted that the first three limbs can be answered in the affirmative.

The NMC submitted that Mrs Green has acted in a manner which put numerous patients at unwarranted risk. She accessed patient clinical records on multiple occasions without clinical justification which is an invasion of privacy and may have resulted in psychological harm to patients. Further if people feel their sensitive personal data will be improperly accessed by healthcare professionals, they may be less likely to seek medical help.

The NMC submitted that Mrs Green's misconduct is serious in nature and called into question her professionalism. It has brought the nursing profession into disrepute. Her actions breached fundamental tenets of the nursing profession in that she accessed patient information without clinical justification over a prolonged period of time.

The NMC referred to the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC said that Mrs Green has admitted to the charge and has provided a detailed reflection. She accepted that she accessed patient records without their consent or the authority to do so. Mrs Green stated that she was "*genuinely concerned*" for the welfare of patients that she had cared for and wanted to see how they were progressing. However, the NMC submit that she accessed records of colleagues, family members and patients who were deceased. Mrs Green maintains she never shared any information she accessed. She apologised for her conduct and described her actions as an "*error of judgement due to a misguided sense of caring*". Mrs Green stated that she recognises that her inappropriate access could have had a significant impact due to data sensitivity and patient confidentiality.

The NMC submitted that Mrs Green's insight was limited. She has not sufficiently addressed the concerns raised nor demonstrated a sufficient understanding of the impact of her actions. There was insufficient evidence of strengthening of practice in the areas of concern. The NMC said that Mrs Green has not worked in a nursing capacity since the

allegations. The NMC therefore submitted that there remains a risk of repetition. Accordingly, a finding of impairment on public protection grounds is required.

The NMC considers that there is a public interest in a finding of impairment being made to declare and uphold proper standards of conduct and behaviour. Mrs Green's conduct engages the public interest because there is no evidence that the concerns identified have been remediated. The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a safe manner.

The panel took into account the written submissions provided on behalf of Mrs Green, dated 21 July 2025.

"Is the concern remediable?"

6. It is my submission that the conduct relating to the regulatory concern is remedial; ...

7. It is my submission that regulatory concerns that did not result in harm to a patient and that took place a significant period of time in the past are considered easily remediable. The last incident date was 16 July 2022. There has been no repetition of the regulatory concern since then...

8. The regulatory concern is not a concern that is so serious that it is difficult to put right, such as dishonesty, discrimination, sexual assault, criminal offending, exploiting patient for gain, or deliberately exploiting patients to harm or neglect.

Has the concern been remedied?"

9. It is my submission that the conduct has been remedied. ...the Registrant recognises what went wrong, accepts her role and responsibilities at the time, and appreciates what could and should have been done differently...

10. *Although the Registrant has not been practising as a registered nurse since her dismissal from the Hospice, the Registrant was employed as a Care Worker for a private client between December 2022 and November 2024.... [PRIVATE].*

11...

12. *On 3 July 2025, the Registrant completed an information governance training course with Social Care TV achieving eighty-nine percent...*

Is it highly unlikely the conduct will be repeated?

13. *It is my submission that it is highly unlikely that the conduct will be repeated. The allegation occurred three years ago and there has been no repetition of the conduct since...*

14. *I ask the Panel to consider that the regulatory concerns are very much out of character for the Registrant and are therefore not attitudinal in nature...*

15. *In the investigation report dated 23 August 2022..., it states that the Registrant 'has a clean record and has never had any disciplinary sanctions whilst an employee at St Leonard's Hospice during her employment of 5 months and 25 days leading up to their suspension from duties'.*

16. *Testimonials provided by..., who both worked with the Registrant at York and Scarborough Teaching Hospital NHS Foundation Trust, demonstrate that the regulatory concern of accessing patient records without clinical justification is very much out of character for her.*

17. *On 20 February 2024, the Registrant accepted a caution from the Information Commissioners Office (ICO) for knowingly or recklessly, without the consent of the data controller (St Leonard's Hospice), obtained personal data (information relating to patients) contrary to section 170(1) of the Data*

Protection Act 2018. I ask the Panel to consider that the record of caution ... that 'if there should be any repetition of the admitted behaviour, resolution by way of a caution is unlikely and a prosecution will be brought'. It is my submission that the risk of repetition is low because the Registrant will be deterred from doing the same again as this would result in her being prosecuted.

18. Other factors I ask the Panel to consider are that the Registrant has engaged with the NMC's and ICO's processes, she has had no concerns previously raised regarding her fitness to practise, and that she has an otherwise positive professional record since qualifying as a Registered Nurse in 1984. The Registrant has demonstrated sufficient insight and has taken appropriate steps to remedy the regulatory concerns alleged.

Does the Fitness to Practise Panel need to take action to promote public confidence or professional standards for nurses?

19. It is my submission that a finding of impaired fitness to practise before the Fitness to Practise Committee is not required in the public interest. There is no evidence to suggest that the regulatory concerns have deterred members of the public from using the services of nurses in general, or that the professional standards of nurses generally are likely to be undermined.

20. Furthermore, the regulatory concerns are not so serious that they are likely to affect the public's trust in nurses. They are not, for example, regulatory concerns relating to dishonesty, discrimination, sexual assault, criminal offending, exploiting patient for gain, or deliberately exploiting patients to harm or neglect, which are likely to require a finding of impaired fitness to practise to promote and maintain standards and the public's trust and confidence in nurses.

21. It is my submission that a fully informed member of the public is unlikely to be seriously concerned to learn that a finding of impairment was not made in relation to the Registrant's breach of confidentiality if they were aware of

the insight, remorse, and remediation the Registrant has demonstrated since, and the caution she has already accepted from the ICO.

22. Finally, it is my submission that it would be in the public interest to allow the Registrant to return to safe practice so that she can continue to provide the public with the benefit of her nursing skills which have not been called into question.”

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 determined that Mrs Green’s actions did fall significantly short of the standards expected of a Registered Nurse and amounted to a breach of the Code. Specifically:

“5 Respect people’s right to privacy and confidentiality

To achieve this, you must:

5.1 *respect a person’s right to privacy in all aspects of their care.*

5.3 *respect that a person’s right to privacy and confidentiality continues after they have died.*

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.*

20.6 *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers.*

20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.*

20.10 *use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times”*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

However, the panel took into account that Mrs Green accessed 241 patient records without clinical justification over an extended period of time, approximately 6 months. She abused her position of trust in accessing patient records without clinical justification. The panel concluded that although there was no evidence of actual harm there was a risk of psychological harm in having breached patients' trust and their right to confidentiality. The panel determined that Mrs Green's conduct breached a fundamental tenet of the nursing profession in that she failed to promote professionalism and trust.

The panel found that Mrs Green's actions did fall seriously short of the conduct and standards expected of a Registered Nurse and amounted to misconduct.

Decision and reasons on impairment

The panel then considered whether, as a result of the misconduct, Mrs Green's fitness to practise is currently impaired.

In reaching its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

"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 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 *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) 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 although there was no evidence of actual harm, patients were put at risk of psychological harm as a result of Mrs Green's misconduct in that she breached their trust and right to confidentiality. Further the panel concluded that as a result

of Mrs Green's actions people may have been deterred from engaging with healthcare services. The panel decided that Mrs Green's misconduct had breached the fundamental tenets of the nursing profession, in that she failed to promote professionalism and trust and therefore brought its reputation into disrepute.

Mrs Green provided an explanation as to her actions in that she stated that she was "*genuinely concerned*" for the welfare of patients that she had cared for and wanted to see how they were progressing. She stated that she did not disseminate the information to others. However, the panel took into account that Mrs Green not only accessed patient records, but also those of family members and colleagues, without clinical justification. The panel determined that Mrs Green's explanation as to her actions was not plausible.

The panel had regard to case of *R (on the application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin) which outlined the following considerations:

"Whether the conduct is easily remediable, whether it has been remedied, and whether it is highly unlikely to be repeated"

The panel determined that the misconduct is capable of being addressed. However, it is alleged that Mrs Green accessed a significant number of patient records, without clinical justification over an extended period of time. Having had regard to the nature of the allegation and the explanation Mrs Green provided, the panel determined that her misconduct could be indicative of attitudinal concerns, which are inherently difficult to remediate.

The panel had regard to Mrs Green's reflective piece dated 21 July 2025. The panel took into account that she made early admissions to the allegation. She has demonstrated remorse for her actions. However, the panel was not satisfied that Mrs Green has demonstrated a sufficient understanding of the seriousness of her misconduct and how it impacted negatively on the reputation of the nursing profession. Mrs Green has not demonstrated a sufficient understanding of how her actions put patients, their families and colleagues at risk of psychological harm. Furthermore, she has not sufficiently demonstrated how she would handle a similar situation differently in the future. The panel therefore determined that Mrs Green's insight is limited, at this time.

The panel considered the evidence before it in determining whether or not Mrs Green has taken steps to strengthen her practice.

The panel took into account the testimonial from her private clients dated 21 June 2025, by whom she was employed as a Care Worker between December 2022 and November 2024. Also, there were two testimonials from colleagues dated 27 May 2025 and 8 June 2025. Having had regard to the testimonials, the panel determined that it was unclear as to whether the authors of said testimonials had knowledge of the full extent of the allegation, in that it involved accessing over 200 patient records without clinical justification over a period of approximately 6 months and not just *“records of people she had provided care to”*.

The panel also had regard to the training certificate Mrs Green provided in Information Governance dated 3 July 2025. However, the panel took into account that Mrs Green has been a Registered Nurse for approximately 40 years and would have previously undertaken training in patient confidentiality, prior to the misconduct, as this is a fundamental principle of the nursing profession.

The panel therefore determined that the conduct has not been remedied. The panel concluded that, given the nature of the allegation, and in the absence of sufficient insight and reflection, there is a risk of repetition and consequentially a real risk of harm. Accordingly, the panel concluded 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; 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 grounds is required. The panel concluded that the public's trust and confidence would be undermined if a finding of impairment were not made, in the light of the nature of the allegation and in the absence of sufficient insight and remediation. Furthermore, the panel determined that a

finding of impairment is required in order to declare and uphold the proper standards of conduct expected of a Registered Nurse.

Having regard to all the above, the panel was satisfied that Mrs Green's fitness to practise is currently impaired.

Sanction

The panel has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Mrs Green's registration has been suspended.

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.

Representations on sanction

The NMC considered the following aggravating features to be present:

- "a. Abuse of a position of trust*
- b. Lack of insight into failings*
- c. A pattern of misconduct over a period of time"*

The NMC considered the following mitigating feature to be present:

- "a. Early admission of the facts"*

The NMC submitted that taking no further action or a caution order would not sufficiently protect the public nor adequately address the public interest concerns previously identified. The NMC submitted that taking no further action or a caution order would not be appropriate or proportionate given the seriousness of the misconduct.

The NMC submitted that the misconduct demonstrates attitudinal concerns and is not something that can easily be addressed through retraining. Mrs Green has indicated that she no longer wishes to practice. Therefore, Mrs Green may not be willing or able to comply with conditions. The NMC therefore submitted that there are no workable, measurable or proportionate conditions which would be appropriate and proportionate in the circumstances. As such, a conditions of practice order would not be sufficient to protect patients.

The NMC submitted that this was not an isolated incident, but rather a prolonged period of accessing a significant number of patient records and demonstrative of attitudinal problems. A suspension order would not reflect the seriousness of the misconduct. Therefore, public confidence in the profession and professional standards would not be maintained. The NMC submitted that temporary removal from the register would not be sufficient to protect the public, and to maintain public confidence in the profession.

The NMC submitted that a striking off is the only sanction that would be sufficient to protect patients and members of the public. Mrs Green's prolonged period of accessing medical records and her repeated access to many different forms of notes elevates the severity of the misconduct so that it is fundamentally incompatible for her to remain on the register. Accessing medical records without clinical justification is corrosive to public confidence and a striking off order is the only appropriate and proportionate sanction to protect public confidence in the profession.

The panel also took into account the written submission provided on behalf of Mrs Green dated 21 July 2025.

"The Registrant admitted early to the charge and has apologised for her misconduct. She has demonstrated insight in her reflection. She has previous good character and no previous regulatory concerns. She has positive testimonials from colleagues and employers. She has undertaken steps to strengthen her practice by, for example, completing information governance training."

“It is my submission that there is no current need to restrict the Registrant’s practise because she accepts the charge, has shown insight and remorse, undertaken training, and put any problems in her practice right.”

“If the Panel conclude that the seriousness of the allegation means that it is necessary to find the Registrant’s fitness to practise currently impaired on both patient safety and public interest grounds, I ask the Panel to consider whether a short suspension order without review would be sufficient in this case to mark the seriousness of the concern and maintain confidence in the profession. There is no evidence of repetition of the behaviour since the incident. The Registrant has demonstrated insight and remorse. The conduct was very much out of character for the Registrant.”

“...it is my submission that a striking-off order would be a disproportionate means of finding a fair balance between the Registrant’s rights and the NMC’s overarching objective of public protection. I ask the Panel to consider that the charge does not relate to conduct listed as a particularly serious case ... such as dishonesty, sexual misconduct, abuse or neglect of children or vulnerable people, and discrimination. While I concede that the Registrant has been cautioned by the ICO ..., it is my submission that this is not the same as a criminal conviction or caution.”

Decision and reasons on sanction

The panel next considered 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 regard to the SG. However, the decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust;
- Limited insight into failings, despite Mrs Green being a Registered Nurse of approximately 40 years of experience;

- A pattern of misconduct, of accessing over 200 patient records without clinical justification, over a period of approximately 6 months;
- Conduct which put patients at risk of suffering harm.

The panel also took into account the following mitigating features:

- Early admissions of the fact.

The panel first considered whether to take no action but concluded that this would be neither proportionate nor appropriate in view of the seriousness of the case. The panel decided that to take no action would not protect the public nor address the public interest concerns previously identified.

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 Mrs Green'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 determined that Mrs Green's misconduct was not at the lower end of the spectrum, given that she accessed over 200 patient records, without clinical justification over a period of approximately 6 months. The panel decided that a caution order would be neither proportionate nor appropriate in view of the issues identified. The panel determined that a caution order would not protect the public nor address the public interest concerns previously identified.

The panel next considered whether placing conditions of practice on Mrs Green'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 took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*

- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel had regard to the nature of the allegation which involved accessing numerous patient records without clinical justification. The panel determined that the misconduct could be indicative of attitudinal concerns given the number of breaches of patient confidentiality without clinical justification over an extended period of time. The panel took into account that there is no evidence of general incompetence. The panel took into consideration that Mrs Green stated in her reflective piece that *"Since this time, I have not worked as a registered nurse and have no intentions of doing so again..."*. The panel therefore determined that there are no practical or workable conditions that could be formulated.

Furthermore, the panel concluded that the placing of conditions on Mrs Green's registration would not sufficiently protect the public nor adequately address the public interest concerns previously identified.

The panel next considered whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel took into account that this is not a single instance of misconduct, there are multiple breaches of patients' confidentiality. The panel determined that the misconduct could be indicative of attitudinal concerns. The panel took into account that there was no

evidence before it of any repetition of the behaviour since the allegation. However, the panel had regard to the fact that Mrs Green has not been practicing as a Registered Nurse since the allegation. The panel took into account its previous findings, in that Mrs Green currently has limited insight and there is a risk of repetition of the behaviour, at this time.

However, the panel was satisfied that the misconduct was not fundamentally incompatible with remaining on the register. The panel determined that the misconduct does raise fundamental questions about Mrs Green's professionalism. However, it determined that the misconduct is capable of remediation. The panel took into account that a suspension order will prevent Mrs Green from practising as a Registered Nurse and will therefore protect the public. The panel was satisfied the public's trust and confidence in the profession can be maintained by a suspension order. The panel concluded that a suspension order would provide Mrs Green with the opportunity to demonstrate sufficient insight into her misconduct.

The panel therefore determined that a striking-off order would be disproportionate, at this time. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive to impose a striking-off order.

Balancing all these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel had regard to the hardship such an order will inevitably cause Mrs Green. However, this is outweighed by the public interest in this case.

The panel determined 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 12 months was appropriate in this case to mark the seriousness of the misconduct.

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:

- Mrs Green's continued engagement with NMC proceedings
- Any evidence of further reflection and insight into:
 - The misconduct;
 - The impact of the misconduct on patients, their families, colleagues, and the wider nursing profession;
 - How Mrs Green would handle a similar situation differently in the future.
- An update from Mrs Green about her future intentions regarding her nursing career
- Any evidence of continuing professional development specifically in information security and data management.
- Any up-to-date testimonials from current employer and/or colleagues

This will be confirmed to Mrs Green in writing.

Interim order

As the suspension 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 Mrs Green's own interests until the suspension sanction takes effect. The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC.

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 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 protect the public and address the public interest concerns previously identified to cover the period of any appeal.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Mrs Green is sent the decision of this hearing in writing.

That concludes this determination.