

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

**Substantive Meeting
Thursday 17 July 2025**

Virtual Meeting

Name of Registrant:	Amie-Anne Yard
NMC PIN:	16B1154E
Part(s) of the register:	Registered Nurse - Children 3 August 2017
Relevant Location:	Bristol
Type of case:	Misconduct
Panel members:	Stacey Patel (Chair, Lay member) Sam Wade (Lay member) Vanessa Bailey (Registrant member)
Legal Assessor:	Michael Levy
Hearings Coordinator:	Salima Begum
Consensual Panel Determination:	Accepted
Facts proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	Striking-off order
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 Yard's registered email address by secure email address on 12 June 2025.

Further, the panel noted that the Notice of Meeting was also sent to Mrs Yard's representative at the Royal College of Nursing (RCN) on 12 June 2025.

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 of the information available, the panel was satisfied that Mrs Yard 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 September 2021 and June 2023, on one or more occasions,
breached patient confidentiality by accessing one or more patient's clinical records
without authority or clinical justification;

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mrs Yard.

The agreement, which was put before the panel, sets out Mrs Yard's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be striking off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council ("the NMC") and Amie-Anne Yard ("the Registrant"), PIN 16B1154E (collectively "the Parties") agree as follows:

- 1. The Registrant is content for her case to be dealt with by way of a CPD meeting.*
- 2. The Registrant is aware of the CPD meeting.*

Preliminary issues

3. The Parties request that parts of this determination, as marked below, be kept in private under Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended ("the Rules"). Such an application is sought to protect the identities of the Registrant's relatives.

4. While Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The charge

5. The Registrant admits the following charges:

That you, a registered nurse:

1) Between September 2021 and June 2023, on one or more occasions, breached patient confidentiality by accessing one or more patient's clinical records without authority or clinical justification.

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

The background and facts

6. The Registrant's name appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse – Children and has been on the NMC register since 03 August 2017.

7. The NMC received a referral on 29 June 2023 [PRIVATE], concerning the Registrant's fitness to practise. At the time of the concerns raised in the referral, the Registrant was employed as a school nurse by [PRIVATE] having commenced the role in September 2021.

8. The referral and subsequent NMC investigation relate to the Registrant accessing the clinical records of a number of individuals, without permission or clinical justification, on multiple occasions (over 1500 times) between November 2021 and May 2023. The Registrant had accessed records of her relatives [PRIVATE] as well as the clinical records of individuals not known to the Registrant, including children. Some of the records accessed by the Registrant related to patients who were particularly vulnerable children subject to safeguarding concerns. In addition, the Registrant had accessed the records of children and adults who had passed away in suspicious

circumstances. The only explanation the Registrant is able to offer for her behaviour is that it was due to ill-judged curiosity.

9. Prior to the incidents, the Registrant had received up to date training regarding information governance and patient confidentiality.

10. The Registrant fully accepted accessing patient's clinical records without permission or justification during the investigation by Sirona in August 2023.

11. All facts as detailed in the above charge are admitted by the Registrant.

Misconduct

12. The Parties agree that the facts amount to misconduct.

13. In the case of Roylance v General Medical Council (No.2) [2000] 1 AC 311, Lord Clyde stated that:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by the medical practitioner in the particular circumstances.

14. The Registrant admits that her conduct fell seriously short of the standards of behaviour expected of Registered Nurses. Moreover, the Registrant accepts that her actions breached the following paragraphs of the 2015 NMC Code of Conduct:

5 Respect people's right to privacy and confidentiality.

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 - Respect a person's right to privacy in all aspects of their care;

5.2 - Make sure that people are informed about how and why information is used and shared by those who will be providing care;

5.3 - Respect that a person's right to privacy and confidentiality continues after they have died;

5.4 - Share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality;

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.

15. The actions of the Registrant had the potential to put patients at significant risk of harm, including [PRIVATE] information had been accessed without any authorisation or clinical justification. It is accepted that there is no evidence of actual harm having occurred. The Registrant's failings involve a serious departure from expected standards particularly in relation to patient's rights to privacy and confidentiality.

16. The Parties agree that the Registrant breached fundamental tenets of the nursing profession in that she accessed patient records without the appropriate authority or clinical justification.

17. The Parties agree that the Registrant's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Impairment

18. The Registrant's fitness to practise is currently impaired by reason of her misconduct.

19. The NMC's guidance (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest. The guidance 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."

20. The Parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J, which include the following factors;

a) Has [the Registrant] 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 [the Registrant] in the past brought and/or is liable in the future to bring the professions into disrepute; and/or

c) Has [the Registrant] in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions;

21. The Parties agree that the above limbs a, b and c are all engaged in this case. Patients were put at risk of harm by the Registrant, in that she accessed personal and confidential information (including highly sensitive personal information such as safeguarding records) without justification.

22. Patients expect that registered nurses will protect their information and comply with all data protection laws. The high sensitivity of the information accessed by the Registrant could have caused significant emotional harm to patients and others knowing this information had been viewed by someone not involved in their care.

23. Further, patient trust and confidence in the nursing profession could be eroded if patients feel that their confidential sensitive personal information is capable of being accessed without clinical justification.

24. Such misconduct therefore breaches fundamental tenets of the nursing profession and has also brought its reputation into disrepute.

25. In considering the question of whether the Registrant's fitness to practise is currently impaired, the panel are directed to the case of Cohen v GMC [2007] EWHC 581 (Admin), in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:

- 1. Whether the conduct that led to the charge(s) is easily remediable*
- 2. Whether it has been remedied*
- 3. Whether it is highly unlikely to be repeated*

26. The Parties agree that the failings in this case, which were repeated over a sustained period of time, involve a lack of integrity and an abuse of position of trust on

the part of the Registrant. Accordingly, the Parties agree that such conduct could not be described as easily remediable.

Remorse, reflection, insight, training and strengthening practice.

27. Prior to the incidents which led to the charge in this case, the Registrant had completed all relevant employee training relating to patient confidentiality and was also up to date with information governance and confidentiality training. The Registrant was aware that she was not permitted to access the clinical records of patients which were outside of her remit and where there was no clinical justification for doing so. Nevertheless, the Registrant continued to breach patient confidentiality by accessing their records unnecessarily. This raises concerns about the Registrant's attitude and her ability to remediate such concerns.

28. The Registrant accepts her actions amounted to misconduct and that her fitness to practice is currently impaired. The Registrant's position is that events in her life at the time of the incidents [PRIVATE]. The Registrant recognises now that she should have sought help but did not do so out of a fear of what others would think of her. The Registrant regrets her behaviour and expresses remorse to those involved. The Registrant has not practised in a clinical setting since the incidents took place and has since decided to move away from the nursing profession. To this extent, the Registrant has demonstrated some insight into her actions. However, the level of this insight is not such that a panel could be satisfied that the behaviour will not be repeated, particularly given the attitudinal nature of these concerns.

Public protection impairment

29. The Parties agree that the misconduct has not been fully remedied and will not be remedied in the future as a result of the Registrant's decision to leave the profession. Accordingly, a risk of repetition remains.

30. *A finding of impairment is therefore necessary on public protection grounds.*

Public interest impairment

31. *The Parties agree that a finding of impairment is also necessary on public interest grounds.*

32. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

“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.”

33. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/or to maintain public confidence in the profession.*

34. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

35. *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to*

uphold proper professional standards and conduct or to maintain public confidence in the profession.

36. The Parties agree that a finding of impairment on public interest grounds is required in this case as a well-informed member of the public would be concerned to learn that a nurse responsible for such repeated behaviour were allowed to practise unrestricted.

37. In addition, the Parties agree that public confidence in the profession would be undermined if a finding of impairment were not made in this case given the serious nature of the concerns which relate to the access of vulnerable patients' details and records.

38. The Parties agree that the Registrant's fitness to practice is impaired on public protection and public interest grounds.

Sanction

39. The appropriate sanction in this case is a striking-off order.

40. The aggravating features of this case are agreed as follows:

- Multiple breaches of patient confidentiality*
- Abuse of position of trust*
- That the failings were repeated over a prolonged period of time, suggesting serious attitudinal concerns*
- The accessed records contained highly sensitive patient information including safeguarding records*
- The potential for serious harm to patients and their relatives*

41. The Parties agree that the only significant mitigating factors in this case are the Registrant's early acceptance of her failings and remorse for her actions which the Registrant wishes to convey as part of this determination.

42. The Registrant accepts that she accessed the clinical records of multiple patients, without clinical justification or authority. This was not an isolated incident. The Registrant accessed these records over 1500 occasions between November 2021 and May 2023. The records the Registrant accessed belonged to multiple vulnerable individuals, including children where safeguarding referrals had been made.

43. In considering sanction, the Parties agree that taking no further action would not be appropriate in this case. The Parties agree that this would leave the public exposed to an unwarranted risk of harm, given the identified risk of repetition of the misconduct.

The Parties also agree that such a sanction would not be sufficient to maintain public confidence given the serious nature of the misconduct.

44. The Parties also agree that a caution order would not be appropriate. A caution order would not restrict the Registrant's practice and would therefore be insufficient to protect the public given the risk of repetition. The NMC sanction guidance 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."

45. The Parties agree that the Registrant's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate or insufficient to maintain public confidence.

46. The Parties do not propose the imposition of a conditions of practice order. There are serious failings in this case which do not relate to the Registrant's clinical ability. Despite the Registrant having been up to date with relevant training regarding data

protection and patient confidentiality, she repeatedly decided to access patient records without justification or authorisation. This repeated behaviour suggests potential ongoing attitudinal concerns.

47. The Parties are in agreement that workable conditions of practice that provide sufficient protection to the public cannot be formulated given the nature of the concerns in this case. In addition, the Parties agree that the wider public interest would not be satisfied by the imposition of a conditions of practice order due to the serious nature of the concerns.

48. The failings in this case do not relate to a single instance of misconduct and the nature of the misconduct falls into the category of being difficult to put right. Despite being up to date with relevant training at the time, the Registrant, with no good reason, repeatedly accessed highly confidential and sensitive patient records, some [PRIVATE] under suspicious circumstances. This behaviour suggests attitudinal concerns. Accordingly, the Parties agree that a suspension order is neither sufficient nor appropriate in this case.

49. It is recognised that the Registrant made early admissions to her failings and accepts that her fitness to practise is impaired as a result of her actions. However, this does not detract from what was a blatant disregard for patient confidentiality and the repeated decisions to access clinical records without authorisation or justification. It is also agreed that the Registrant has not demonstrated full insight into this misconduct which was likely the result of attitudinal concerns on her part.

50. In relation to a striking-off order, the Parties agree that this case involves fundamental concerns about the Registrant's behaviour as a registered professional and that the Registrant's conduct is fundamentally incompatible with continued registration.

51. It is therefore agreed that a striking-off order is the necessary and appropriate sanction in this case.'

Here ends the provisional CPD agreement between the NMC and Mrs Yard. The provisional CPD agreement was signed by Mrs Yard on 30 April 2025 and the NMC on 1 May 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mrs Yard. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mrs Yard admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Mrs Yard's admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mrs Yard's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mrs Yard, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel considered all the information before it and noted that the facts of the case are agreed by the NMC and accepted by Mrs Yard. Mrs Yard admitted that her conduct fell seriously short of the standards expected of a registered nurse and accepts that her actions breached the 2015 NMC Code of Conduct. The panel determined that over a two-year period from 2021 to 2023, Mrs Yard accessed patient records on several occasions without appropriate authority, clinical justification, or valid reason.

The panel accepted that although there is no evidence of actual harm caused, Mrs Yard's actions had the potential to place patients at significant risk of harm, particularly emotional distress arising from the unauthorised access to their confidential health information. The panel further noted that the conduct represented a serious departure from the professional standards expected of a nurse, particularly regarding the fundamental tenets of privacy and confidentiality. Mrs Yard's repeated actions breached the trust placed in her and undermined public confidence in the profession.

In light of the above, the panel was satisfied that Mrs Yard's behaviour amounted to misconduct.

In this respect, the panel endorsed paragraphs 12 to 17 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Mrs Yard's fitness to practise is currently impaired by reason of misconduct. In coming to 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.'

The panel determined that Mrs Yard's fitness to practise is currently impaired. The panel considered her conduct and concluded that there is a lack of evidence demonstrating insight, remediation, or safe and effective practice. The panel noted that while Mrs Yard has expressed acceptance of the findings, there is no assurance or compelling reason to believe that her behaviour would change in future practice. In the absence of evidence of improvement or strengthened professional conduct, the panel determined that Mrs Yard remains impaired and is not currently fit to practise safely or effectively.

In this respect the panel endorsed paragraphs 27 and 28 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mrs Yard'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 SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Multiple breaches of patient confidentiality
- Abuse of position of trust
- That the failings were repeated over a prolonged period of time, suggesting serious attitudinal concerns
- The accessed records contained highly sensitive patient information including safeguarding records
- The potential for serious harm to patients and their relatives

The panel noted that the only significant mitigating factors in this case Mrs Yard's early acceptance of her failings and the remorse she has expressed. These were acknowledged and accepted as Mrs Yard wished to convey her remorse as part of this determination.

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 Mrs Yard'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 Mrs Yard's misconduct 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 Mrs Yard'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 serious nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mrs Yard's registration would not adequately address 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 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 health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *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 panel concluded that a suspension order would be neither sufficient nor appropriate given the seriousness and repeated nature of the misconduct. Mrs Yard accessed highly sensitive patient records without justification, including [PRIVATE] under suspicious circumstances - actions that raise significant attitudinal concerns. Despite being up to date with training and making early admissions, she demonstrated a blatant disregard for patient confidentiality. Mrs Yard's lack of full insight further supported the panel's view that the misconduct has not been adequately addressed.

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mrs Yard's actions is fundamentally incompatible with Mrs Yard remaining on the register.

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?*

Mrs Yard's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Yard's actions were serious and to allow her to continue practising 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 agreed with the CPD 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 Mrs Yard's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, 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.

Decision and reasons on interim order

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 Yard's own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interests. 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 agreed with the CPD 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 given the seriousness of the findings which led to Mrs Yard's removal from the register. It determined that it would be inappropriate to allow her to practise during the 28 day appeal window. The panel noted that if Mrs Yard does not appeal, the interim order will fall away once the substantive striking off order takes effect after 28 days. If she does appeal, the interim order will remain in place to ensure ongoing public protection.

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

That concludes this determination.