Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday 6 May – Tuesday 14 May 2025

Virtual Hearing

Name of Registrant:	Zoe Jane Bradford
NMC PIN	16D0724E
Part(s) of the register:	Nurses part of the register Sub part 1NC: Children's nurse, level 1 (28 September 2020)
Relevant Location:	Northamptonshire
Type of case:	Misconduct
Panel members:	Pamela Johal (Chair, Lay member) Anne Rice (Lay member) Linda Holloway (Registrant member)
Legal Assessor:	Nigel Mitchell
Hearings Coordinator:	Rodney Dennis
Nursing and Midwifery Council:	Represented by Alex Radley, Case Presenter
(Zoe Jane Bradford):	Present and unrepresented
Facts proved by admission:	Charges 1a, 1b
Facts proved:	Charges 1c, 2
Fitness to Practise:	Impaired
Sanction:	**Striking-off order**
Interim order	**Interim suspension (18 months)**

Details of charge

That you a Registered Nurse:

1. Accessed Patient A's clinical records without clinical justification on:

    a. 7 January 2021 ***(proved by admission)***
    b. 19 January 2021 ***(proved by admission)***
    c. 29 January 2021

2. Shared confidential patient information with your partner, without clinical justification and/or consent.

And in light of the above your fitness to practice is impaired by misconduct

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Radley, on behalf of the Nursing and Midwifery Council (NMC) to amend the wording of charge number 1c to read 29 December rather than 29 January 2021.

Mr Radley submitted that this amendment would fix the typographical/administrative error and correctly reflect the evidence.

That you a Registered Nurse:

1. Accessed Patient A's clinical records without clinical justification on:

    a. 7 January 2021
    b. 19 January 2021
    ~~c. 29 January 2021~~ **29 December 2020**

2. Shared confidential patient information with your partner, without clinical justification and/or consent.

And in light of the above your fitness to practice is impaired by misconduct

You did not object to the proposed amendment.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate and fair to allow the amendment as applied for, to ensure accuracy.

Decision and reasons on application for hearing to be held in private

Having heard that there will be references to your [PRIVATE], the panel determined to hold those parts of the hearing in private in order to preserve the confidential nature of those matters.

The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Radley indicated that he supported the application to the extent that any reference to your [PRIVATE] should be heard in private.

The legal assessor reminded the panel that 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 panel therefore decided that any references to your [PRIVATE] matters would be held in private.

Decision and reasons on application to admit an email and screenshots from a mobile device as hearsay evidence

The panel heard an application made by Mr Radley under Rule 31 to allow the email dated 10 February 2021 from PC Ahmad to Chris Waller (Information Governance Lead) at Kettering General Hospital, along with screenshots from a mobile device as hearsay evidence.

Mr Radley made reference to an email from PC Ahmad to Chris Waller and subsequent screenshots that were found on the mobile device of Mr B (your ex-partner).

Mr Radley submitted that the NMC made extensive efforts to contact PC Ahmad through emails and telephone messages in order to obtain a written statement confirming that details of Patient A's clinical records were found on Mr B's mobile device in the form of screenshots.

Mr Radley submitted that the officer had now left the police service and could not be found to provide a written statement. Subsequent attempts to contact the supervisor of PC Ahmad to demonstrate continuity in obtaining information for a written statement had not been achieved as this individual had also left the police force.

You submitted that you had no objection to this application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel noted that this evidence is not sole or decisive. The panel noted the email dated 10 February 2021 from PC Ahmad, where in he states that there is no evidence to indicate that the images found on Mr B's mobile device were sent from the registrant's phone. The email reads:

“At this time, I believe that these photos have been taken on a mobile device of another mobile device or screenshot if you will. It was unclear at the time of the examination, who these photos were sent from and on which platform”

The panel considered whether you would be disadvantaged by admitting this evidence. The panel determined that the evidence was clearly relevant and that it would be fair to admit it.

Background

The charges arose while you were employed as a registered paediatric nurse by Kettering General Hospital.

You were a Band 5 Nurse and had been employed by the Trust since 5 October 2020. You were subject to a 6-month probationary period at the time of the incident.

Northamptonshire police contacted the Trust by telephone on the 9 February 2021 to inform them of a potential breach involving a member of staff at the hospital. They had arrested Mr B for an alleged crime. Upon investigation, images of medical records and diagnostic results belonging to Patient A who was the victim of the alleged crime were found on Mr B’s mobile phone.

An internal investigation was commissioned by the Trust, regarding these allegations and revealed that you had accessed Patient A’s clinical records on three separate dates 29 December 2020 and the 7 January and on two occasions on the 19 January 2021.

You were interviewed as part of the Trust investigation where you admitted to accessing Patient A’s clinical records on three separate occasions on the 7 and 19 January 2021 but denied accessing Patient A’s clinical records on 29 December 2020. You stated that you had accessed Patient A’s records as Mr B had asked you to but denied sharing the information with him or taking photographs of the records. You also denied sharing screenshots of Patient A’s records with Mr B and had no explanation on how or why he had the photographs on his phone. When asked if

your partner could have accessed your phone you said you did not believe so. You strongly denied any form of coercion to look at Patient A's records.

You also stated that you were aware of a connection between your partner [PRIVATE]

A disciplinary Hearing was held in accordance with the Trust's Disciplinary policy on the 8 June 2021. The purpose of the hearing was to consider allegations of gross misconduct.

Decision and reasons on facts

That you a Registered Nurse:

1. Accessed Patient A's clinical records without clinical justification on:

    a. 7 January 2021
    b. 19 January 2021
    c. 29 December 2020

2. Shared confidential patient information with your partner, without clinical justification and/or consent.

And in light of the above your fitness to practice is impaired by misconduct

At the outset of the hearing, the panel heard from you, that you have made full admissions to charges 1a and 1b.

The panel therefore finds charges 1a, 1b, proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Radley on behalf of the NMC and by you.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This

means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard oral evidence from the following witness called on behalf of the NMC:

- Witness 1: Chief Nursing Information Officer (Investigating Officer)

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and yourself.

The panel then considered each of the disputed charges and made the following findings.

Charge 1c

"That you, a registered nurse, Accessed Patient A's clinical records without clinical justification on:

c. 29 December 2020

This charge is found proved.

In reaching this decision, the panel considered the totality of the evidence including oral evidence from Witness 1, your own oral evidence, Trust computer audit logs from the Medway and Connect Systems, relevant documentary evidence provided by the police, your internal investigation interview and the screenshot of the 29 December 2020 taken from Mr B's telephone.

You told the panel that you did not believe that you had accessed the records on the 29 December 2020, but you “could have, (you) can’t be certain”. You acknowledged that your then partner had told you that Patient A had been a lodger in his parents’ house and had assaulted his father and held a knife to his mother’s throat.

You accepted that your then partner had asked you to look at Patient A’s records. An image of Patient A’s clinical records was sent/saved on 29 December 2020 at 08:32 on your ex-partner’s mobile phone.

Witness 1 told the panel that the only person who had accessed Patient A’s clinical records without clinical justification during the relevant period was you. Witness 1 told the panel that as a result of a thorough internal investigation she was 80% certain that you had accessed the clinical records on the 29 December 2020.

Therefore the panel determined that on the balance of probabilities, this charge is found proved.

Charge 2)

That you a registered nurse

> Shared confidential patient information with your partner, without clinical justification and/or consent.

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence from Witness 1 and your own oral evidence.

The panel took into account your admission to charges 1a and 1b that you accessed patient records without clinical justification on 7 and 19 January 2021. And the Panel’s finding that charge 1c is also proved.

The panel bore in mind that you were aware of a connection between your ex-partner and Patient A and you admitted that your ex-partner had asked you to look to see if Patient A was “on the system”.

You stated that you could not explain how these images of Patient A’s clinical records were found on your ex-partner’s mobile phone. You told the panel that you did not screenshot the clinical records nor take photos of them, or send them to your ex-partner. You maintained this at the internal investigation and in your oral evidence to the panel.

However, the panel in considering the evidence provided by the police, the panel noted that the three dates, 29 December 2020, 7 January 2021, 19 January 2021 on which images of Patient A’s clinical records were received on your ex-partner’s mobile phone matched the dates in which you accessed them. Further, the time of 19:10 on the 19 January 2021 when the images were received on your ex-partner’s mobile phone exactly matched the time you accessed them, as confirmed by the IT audit.
The Panel noted that the police evidence was that the images found on the mobile device were sent and received within a one mile radius of you and your then ex-partner’s address.

You also told the panel that your ex-partner was in your house at the time you accessed the clinical records. The panel noted that you were not on duty at the time which was confirmed by Witness 1.

The panel noted that you worked in paediatrics and Patient A was an adult with no clinical link to your area of practice. Witness 1 confirmed by way of the internal investigation that you accessed Patient A’s MRI results and the patient’s personal details without clinical justification.

You told the panel that you did not take any photographs of Patient A’s clinical records. Your only explanation as to how the images came to be on your ex-partner’s phone was that unbeknown to you, he may have taken your telephone and accessed Patient A’s clinical records himself. In all the circumstances, the panel

rejected this as a plausible explanation for the images being found on your ex-partner's phone.

Therefore the panel determined on the balance of probabilities that you did share confidential patient information with your then partner without clinical justification or consent.

Submissions on misconduct

Mr Radley provided the panel with written submissions and invited the panel to take the view that the facts admitted and the facts found proved amount to misconduct.

Mr Radley referred the panel 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'*

Mr Radley submitted that you deliberately chose to take an unreasonable risk with the safety of a patient.

Mr Radley submitted that an informed member of the public would be concerned to learn of such serious behaviour and that your conduct is so serious that it meets both the public protection and public interest tests.

Mr Radley referred to The Code: Professional standards of practice and behaviour for nurses and Midwives (2015) ("The Code") sets out the professional standards of practice and behaviour for Nurses, Midwives and Nursing Associates.

Mr Radley identified the specific, relevant standards where your actions amounted to misconduct. He submitted that your conduct fell significantly short of the standards expected of a registered nurse.

Mr Radley submitted that accessing and sharing a patient's clinical records is a serious act which falls short of the standards required by a nurse in the circumstances and amounts to serious misconduct.

Submissions on impairment

Mr Radley moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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.

Mr Radley submitted that 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?"

Mr Radley submitted that the panel should consider the factors set out by Dame Janet Smith in her Fifth Report from Shipman. Mr Radley submitted that a finding of impairment is required and that three of the four limbs of Dame Janet Smith observations are engaged in this case. He further submitted that a finding of impairment is also required to mark the unacceptability of the behaviour and to reaffirm proper standards or behaviour for the Nursing Profession.

Mr Radley submitted that you have provided no evidence of the steps you have taken to strengthen your practice since the incident took place. You have not provided evidence of or your involvement in relevant training but only provided three peer character references for consideration, one of whom was your line manager for two and half years commenting that they find you to be of good character, honest and hardworking and there are no concerns.

Mr Radley submitted that there remains concerns that your conduct could be repeated, as it demonstrates some attitudinal problems which may impact on your ability to practise kindly, safely, and professionally.

Mr Radley submitted that your fitness to practise is currently impaired by reason of public protection and also in the wider public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, The case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 and Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)*

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. It also had regard 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.'*

In the panel's judgment the facts proved in this case involve serious departures from the standards of conduct expected of a registered nurse and amounted breaches of The Code: Specifically, you failed to:

1.5 respect and uphold people's human rights

4.2 make sure that you get properly informed consent and document it before carrying out any action

5.1 respect a person's right to privacy in all aspects of their care

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

20. ***uphold the reputation of your profession at all times***

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with…. integrity at all times…

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

21. Uphold your position as a registered nurse, midwife or nursing associate

The panel determined that your conduct amounted to serious breaches of The Code. The panel appreciated that breaches of The Code do not automatically result in a finding of misconduct. However, the panel was of the view that your actions were a serious breach and an abuse of your position as a registered nurse.

Furthermore, the panel noted that there was a real risk of harm presented to Patient A. You accepted in evidence that you were aware of the connection between Patient A and your ex-partner. You had been told that Patient A had [PRIVATE] You were asked by your ex-partner to access the Trust's computer system in order to find Patient A's address.

In your oral evidence you stated "I naively believed I was helping my ex-partner as he was upset and angry about what happened to his mum…"

You stated under affirmation that you were under [PRIVATE] pressure at the time after suffering [PRIVATE]. Both in the internal investigation and to the panel in this hearing you denied that you were under any [PRIVATE]. However, you described that you constantly had your then partner's voice in the back of your head asking you to check on the system to see if Patient A was there. You stated that at this time you were [PRIVATE].

By your own admissions you accept that you committed a data breach by accessing Patient A's clinical records without justification and at the request of your ex-partner. In your oral evidence to the panel, you confirmed that you were fully aware of the Data Protection Act and GDPR requirements within your role as a registered children's nurse and had completed all of the relevant mandatory training.

The panel believe it is fundamental that patients and the wider public are able to have trust in the service and all members of staff. By your own admission, your accessing of Patient A's clinical records was not a one-off isolated incident. You accessed these records on three separate dates and made a conscious decision to do so. Accessing and disclosing patient medical records and personal information must be viewed as falling seriously short of what is expected of a registered nurse and the public should have a right to expect that their personal medical details are not disclosed to third parties.

The panel determined that your actions individually did fall significantly short of the standards expected of a registered nurse, and amounted to serious misconduct,

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the current NMC Fitness to Practise Library, 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 *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,….show that her fitness to practise is impaired in the sense that she:*
>
> 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 are engaged.

The panel also considered whether or not your conduct is easily remediable, has been remedied and is highly unlikely to be repeated.

The panel noted your oral evidence and note that you have accepted that your actions fell short of what is expected of a registered nurse and the panel acknowledge that you have shown some accountability for your behaviour. You have shown some insight into your actions, you stated after the incident that you split from you partner and have worked hard to make positive personal and professional changes. You stated that “the burden of him is off you” and you are in a much better place emotionally you also said “I am a different person now from how I was four years ago”. You have moved to a new area and throughout the period from the incident in question up to today, you have been practising without restriction.

You have been working in the school nursing immunisation service for three years. You have provided two character references from colleagues, one of whom is a registered nurse in a leadership role. She states “I have no concerns with Zoe as a professional registered nurse” and “she is a very genuine, honest, reliable and caring person”. You state that you are up to date with your mandatory training and are very careful to only access patient clinical records where appropriate and never outside working hours.

The panel determined that conduct of this nature is not easy to remediate.
You have not provided any written reflection about your learning from the events and how you have developed your insight since. In your oral evidence you advised us how you would handle requests on how to access patient information and have indicated that you have learnt from your mistakes. Training certificates and written reflections about your learning from past events and how you have learnt and developed as a nurse to prevent this from happening again would provide greater insight into the seriousness of the incident.

The panel is not satisfied that the conduct has been fully remedied and therefore the panel cannot say it is highly unlikely to be repeated.

The panel acknowledge that the risk of repetition has been reduced and you have shown remorse over your actions but further evidence is needed to reassure the panel that this behaviour would not happen again.

The panel determined that a finding of impairment on public protection grounds is required.

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 public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on both public interest and public protection grounds.

Having regard to all of the above, the panel was satisfied that your 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 you off the register. The effect of this order is that the NMC register will show that you have 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.

Submissions on sanction

Mr Radley informed the panel in his written submissions dated 13 May 2025 that the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired

Mr Radley submitted that it would incompatible for you to remain on the register due to the seriousness of the regulatory charges and the fact that a patient suffered harm as a consequence of your actions. Furthermore, the case is of such a serious nature that it undermines nursing objectives and standards.

Mr Radley submitted that the evidence of Witness 1 indicated that the clinical records of Patient A were accessed and looked at on the 29 December 2020, 7 and 19 January 2021.

Mr Radley submitted that the panel had evidence before it that there was not simply a risk of harm to Patient A but that Patient A had in fact been assaulted following you accessing his clinical records and address.

Mr Radley highlighted the aggravating features in this case:

- Your misconduct was carried out over a period of approximately one month
- Your lack of full insight into failings and your failure to provide a written reflective account
- The impact of your misconduct on the profession as a whole. A member of the public would consider this to be an extremely serious incident
- Your actions placed Patient A in unwarranted harm/distress due to the facts proved
- Your misconduct was a breach of the fundamental tenets of the medical profession

- Your lack of relevant up to date tangible training/ reflection or evidence demonstrating an understanding of your misconduct through documentary or management supported references

Mr Radley highlighted the following mitigating features in this case:

- That you have had no previous regulatory or disciplinary findings made against you
- Your age and experience at the time the misconduct took place
- That you have shown some acknowledgement of insight and accountability into your actions

In your submissions to the panel, you stated you have taken accountability for your actions and your understanding of the seriousness and repercussions of sharing Patient A's clinical records with your ex-partner.

You submitted that you were unaware of the assault that took place against Patient A until this Fitness to Practise hearing had commenced.

You submitted to the panel details about your [PRIVATE]

In your submissions to the panel, you have stated you have taken accountability for your actions and your understanding of the seriousness and repercussions of sharing Patient A's clinical records with your ex-partner.

You submitted that since the incident, you have had no registration restrictions and have continued to practice for three years as a registered nurse in a new job. You have a new partner and are now living in a different part of the country. You state [PRIVATE].

Since the incident you have reviewed and reflected on the events that took place and have made attempts to be more vigilant in both your personal and professional life and have made attempts to ensure that such behaviour should not take place again.

You submitted that during the last four years you have worked hard to develop and demonstrate your dedication in your role as an immunisation nurse. You say you are well thought of and colleagues approach you for advice and support. You are committed to your role. You ensure you complete mandatory GDPR and data protection training when required.

You submitted that during the last four years you have worked hard to improve yourself and demonstrate your dedication in your role as an immunisation nurse.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

Having found your 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 considered the following aggravating features in this case:

- You accessed Patient A's clinical records without clinical justification or consent on three separate dates in the presence of your ex-partner
- You shared Patient A's clinical records with your ex-partner
- Whilst the panel accept your evidence that you were unaware for what purpose your ex-partner would use the information that you shared, Patient A was assaulted following your actions
- Abuse of position of trust as a nurse
- The nature of the misconduct found proved could seriously undermine trust in the nursing profession

The panel considered the following to be mitigating factors:

- You admitted some of the charges
- Apologised for and demonstrated real remorse for your actions
- [PRIVATE]

Since the incident you have been working for three years in the role of an immunisation nurse and there have been no reports of any similar incidents taken place.

You have provided the panel with character references that support your good character, professionalism and dedication to your nursing career.

The panel acknowledge that you have made efforts to learn from your misconduct and you have shown developing insight and taken some accountability for your behaviour.

The panel have taken into account that your personal and professional circumstances are very different four years on since the incident took place.

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, public protection and public interest issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your 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 your 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 charges in this case. Furthermore, the panel concluded that conditions on your 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 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;*

This was not a single incident of misconduct and it took place over a period of three weeks. You accessed Patient A's clinical records on three separate dates demonstrating a pattern of behaviour repeated on four separate occasions.

Further, in its decision on impairment the panel did comment upon the risk of repetition and that your insight was developing.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse.

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

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?*

The panel determined that the findings of fact in this particular case demonstrate that your actions were so serious that to allow you to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as the regulator.

The panel determined that patients must be able to trust that their confidential information is secure and the public must be confident that all nurses uphold that to the highest professional standards.

You abused your position of trust by accessing personal patient information without clinical justification or consent in response to requests from your ex-partner.

You were asked by your ex-partner to access the Trust's computer system in order to find Patient A's address. Your accessing of Patient A's clinical records was not a one-off isolated incident; you accessed these records on three separate dates and on four occasions when your partner was present. You were aware that Patient A [PRIVATE]

The panel take the view that your behaviour is a serious breach of trust and undermines the integrity of the profession. The panel determined that your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register.

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.

The panel considered that this order was necessary to mark the importance of firstly protecting the public and secondly maintaining public confidence in the profession.

This will be confirmed to you in writing.

Submission on Interim order

Mr Radley invited the panel to consider imposing an Interim 'Suspension order to protect the public and the wider public interest and to cover Ms Bradford's 28 day statutory appeal period and/or the duration of any appeal that may be lodged.

You made no submissions

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

An Interim Order may only be made on one or more of three grounds, namely:

- It is necessary for the protection of the public and/or
- It is otherwise in the public interest and/or
- It is in your own interest

The panel is satisfied that an Interim Order is necessary for the protection of the public and is otherwise in the public interest. The panel has already identified the serious features of this case, including the risk of repetition if your misconduct was repeated, people in your care would be put at real risk of harm. Further, not to impose an Interim Order would be inconsistent with the panel's earlier findings that a striking-off order is necessary.

The panel determined that an Interim Conditions of Practice Order would be inconsistent with its earlier findings and is therefore satisfied that an Interim Suspension Order is necessary, appropriate and proportionate in the circumstances of this case.

The period of this Interim Suspension Order is 18 months.

In coming to its conclusion the panel had regard to the likely length of any appeal process. The panel had careful regard to the fact that the Interim Suspension Order will prevent you from working as a registered nurse, however your interests are outweighed by the need to protect the public and the wider public interest.

If there is no appeal, the Interim Suspension Order will lapse at the end of the appeal period when the panel's striking-off order takes effect.

This concludes this hearing.