

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

**Substantive Hearing
Monday, 13 April 2026 – Friday, 17 April 2026**

Virtual Hearing

Name of Registrant:	Shelley Rossiter
NMC PIN:	14B0329E
Part(s) of the register:	Registered Nurse, Sub Part 1 RNA: Adult Nurse, Level 1 (22 September 2015)
Relevant Location:	West Northamptonshire
Type of case:	Misconduct
Panel members:	Paul O'Connor (Chair, Lay member) Melanie Lumbers (Registrant member) Matthew Clarkson (Lay member)
Legal Assessor:	Richard Tyson
Hearings Coordinator:	Clara Federizo
Nursing and Midwifery Council:	Represented by Helen Guest, Case Presenter
Mrs Rossiter:	Present and represented by Jack Ventress, instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1a and 1b
Facts not proved:	Charge 1c
Fitness to practise:	Impaired
Sanction:	Suspension order (6 months, with review)
Interim order:	No order

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

In light of the Nursing and Midwifery Council (NMC) guidance on anonymisation (Last Updated: 13 April 2026), Ms Guest, on behalf of the NMC, made a blanket application under Rule 19 for all the patients referred to within the hearing papers to remain anonymised in the determination and in the transcripts during the proceedings. However, she requested the panel to lift the anonymisation during the proceedings for ease of reference and the avoidance of confusion during submissions. Ms Guest invited the panel to permit referring to the actual patient names and their relationships to you, subject to when public observers join to observe the hearing, in which case the patients would be referred to as per the anonymisation key.

Mr Ventress, on your behalf, did not oppose the application.

The panel heard and accepted the advice of the legal assessor.

The panel had regard to NMC's guidance on anonymisation and to the cases of *Lu v SRA* [2022] EWHC 1729(Admin) and *Phillips v NMC* [2025] EWHC 2993. The panel considered that the patients meet the defined categories of individuals who should be granted anonymity. However, it decided that the anonymisation of names can be lifted when referred to during these proceedings, whilst no observers are present, given the extensive number of patients referred to in the Schedules to the charge. It also determined that the anonymisations are to be reinstated in the determination and in the transcription of the hearing. Additionally, the panel noted that it reserved the option to reconsider its position should public observers join the hearing.

Decision and reasons on application of abuse of process

The panel heard an application from Mr Ventress, on your behalf, to stay the proceedings as an abuse of process on the basis that the Trust's investigation into the allegations

against you, on which the NMC relies, was so flawed that a fair hearing is no longer possible. He referred the panel to case law which established the principle that proceedings must be halted where irreparable prejudice means the tribunal cannot fairly determine the case.

Mr Ventress submitted that the Trust failed to investigate obvious and necessary lines of inquiry. He highlighted that the concerns were first raised through a complaint via the Patient Advice and Liaison Service (PALS) system, it transpired these were by your family members. He further highlighted to the panel that the Trust did not speak to either of the complainants, even though this was a straightforward step that could have clarified central issues, such as how the complainants knew their records had been accessed and why one of them specifically identified you. He submitted that this omission is especially significant given the surrounding circumstances, including the familial relationship between you and the complainants, a known strained relationship, and the possibility of a malicious complaint. He also noted that Mr Homer, a witness called on behalf of the NMC, accepted in his evidence that speaking to at least one complainant would have been appropriate. Mr Ventress submitted that this created a clear obligation to investigate further, and that such omissions are serious and unjustified.

Mr Ventress emphasised that you consistently engaged with the investigation process and repeatedly raised concerns at the earliest stages, identifying potential alternative explanations and suggesting lines of inquiry. These included the possibility of a malicious third party, concerns about a family member, and questions about how the complaints arose and how you were identified. Mr Ventress told the panel that these issues were raised by you in interviews, written reflections and formal representations, yet were not properly investigated.

Mr Ventress further submitted that the NMC compounded these failures by relying almost entirely on the Trust's flawed investigation. He emphasised that the NMC did not obtain independent evidence or revisit the missed lines of inquiry, and therefore the case before the panel adopted the deficiencies of the Trust's investigation. Mr Ventress submitted that

the NMC was aware of this and had an obligation to remedy those defects but failed to do so.

For these reasons, Mr Ventress submitted that you and the panel are now deprived of the opportunity to test a plausible alternative explanation, such as whether the complaint was maliciously engineered or whether the complainant had insider assistance. He submitted that because the complainants were never questioned by the Trust, the panel cannot now explore their knowledge, motives or sources of information. Therefore, he submitted that this lost opportunity cannot be recreated at this stage. Mr Ventress submitted that because the relevant inquiries were never made, you are now unable to properly advance your defence, and the panel is unable to test a plausible alternative explanation. He submitted this has caused irredeemable prejudice and makes a fair determination impossible.

Mr Ventress clarified that this is not a submission of no case to answer nor a complaint about disclosure. Whilst he accepted that there is a prima facie case, Mr Ventress explained that the issue is not that evidence has been withheld, but that it was never obtained in the first place. He submitted that this resulted in an evidential gap that creates unfairness which cannot now be cured. Accordingly, Mr Ventress submitted that the only appropriate remedy is to stay the proceedings as an abuse of process.

Ms Guest, on behalf of the NMC, submitted that the application to stay proceedings as an abuse of process is without merit and invited the panel to refuse this. She emphasised that the burden lies on you to prove abuse on the balance of probabilities, and that a stay is a last resort, only appropriate where it is impossible to have a fair hearing, which in her submission was not the case here.

Ms Guest submitted that the hearing process itself contains sufficient safeguards to ensure fairness. She outlined that you have had the opportunity to cross-examine witnesses and challenge the evidence presented to the panel, and the panel has powers to identify evidential gaps and, if necessary, direct the NMC to obtain further material. Additionally, the panel can determine at the close of the NMC's case whether there is a

case to answer and ultimately has the power to find allegations not proved if the evidence is insufficient. Thus, she submitted that these mechanisms in place demonstrate that a fair hearing remains entirely achievable and not impossible as suggested by Mr Ventress.

Ms Guest also addressed the procedural history. She submitted that during the NMC process, there were missed opportunities for engagement on your side. She referred the panel to instances where you could have clarified your position, such as in responding to the case management form and engaging in pre-hearing case management discussions. She noted that these opportunities were not fully taken up, which undermines the suggestion that you have been unable to advance your case.

In response to criticisms of the Trust's investigation, Ms Guest accepted that investigators must act fairly and take reasonable steps, but she opposed the suggestion that the investigation was fundamentally flawed. She pointed out that multiple factors were considered in the investigation, including login data, timings, and the relationships between you and the individuals whose records were accessed. She also highlighted that Mr Homer denied any unfairness in his investigation.

On the specific issue of not speaking to the complainants, Ms Guest submitted that this does not render the proceedings unfair. She emphasised that the panel still has the power, even now, to direct that such evidence be obtained if the panel considers it necessary. Therefore, any alleged evidential gap is not irreparable. She also cautioned against speculation about why the complainants may have identified you, noting that the panel must decide the case based on the evidence before it, not hypothetical possibilities.

Ms Guest further opposed the suggestion that you have been denied the opportunity to present your defence. She submitted that there is no burden on you to prove the facts as the burden rests entirely on the NMC to prove its case. Accordingly, she submitted there could be no prejudice.

Finally, Ms Guest submitted that when the evidence is viewed as a whole, the investigation and the case against you are capable of being fairly assessed by the panel. She submitted that the issues raised by you can be explored within the normal course of the hearing, and there is no basis for concluding that a fair trial is impossible. For those reasons, Ms Guest maintained that the high threshold for a stay has not been met and invited the panel not to allow the application.

The panel heard and accepted the advice of the legal assessor, who advised, amongst other things, that you had to establish gross misconduct by the NMC in order to maintain an argument of abuse of process by the NMC as regulator. He also referred the panel to the NMC guidance on 'Abuse of process' (the Abuse guidance) (Reference: DMA-4, last updated 21/02/2019).

The panel refused the application to stay proceedings for abuse of process as it determined that the high threshold for such a finding had not been met.

The panel carefully considered all the information before it and had regard to the Abuse guidance. The panel found that the arguments for an abuse of process, as outlined in the guidance, were not engaged. It noted the categories are:

- Unreasonable delay,
- Incomplete or non-disclosure of information,
- Retracting a promise, and
- Bad faith or serious breach of professional duty (by the NMC).

The panel determined that the Trust's investigation was overall adequate and reasonable in bringing forward evidence for the panel to consider. It considered that the Trust had taken steps to test your alternative explanations by undertaking an analysis of the login data, cross-referencing staff access with shift rotas, and considering which staff members could have been involved. It further noted that overtime passwords changed on both the

Microsoft and CAMis system in the Trust. It also noted that no inappropriate access occurred during your maternity leave, which further supported the panel's view.

In relation to the steps taken by the NMC, the panel found no failure in its approach. It was satisfied that the NMC had presented sufficient and cogent evidence of concern, particularly the documentary evidence including electronic login data and patterns of access, to justify bringing the case. The panel also noted that Mr Ventress accepted in his submission that there is a prima facie case, which the panel considered to indicate that the proceedings were properly brought and capable of being fairly determined.

The panel was not persuaded by the suggestion that failing to interview the complainants created unfairness. It considered that this was a matter of investigative judgment for the Trust and did not undermine the reliability of the documentary and electronic evidence relied upon by the NMC. It also noted that complainants raising concerns through proper channels should not necessarily be subjected to intrusive questioning as to their motives for raising a complaint.

Additionally, the panel was satisfied that you had opportunities to raise issues and provide further information during the NMC process, including through case management forms and pre-hearing engagement. It concluded that your failure to fully utilise those opportunities undermined the suggestion that relevant lines of inquiry had been unfairly ignored.

The panel also emphasised that its role is to assess the evidence before it against the allegations, not to determine the quality of the Trust's investigation. It considered that even if there had been flaws in that investigation, this would not in itself justify a stay, as the panel can evaluate the evidence independently and reach its own conclusions.

The panel reminded itself that abuse of process had to be established against the NMC as regulator and not against the Trust. It noted Mr Ventress' skeleton argument stating that it was as a result of the Trust's failure to obtain evidence that you cannot now enjoy a fair

hearing, and also that by the time the matter progressed to the NMC, the opportunity to cure prejudice had been lost.

The panel determined that there was no evidence of a serious breach of duty by the NMC, nor is it guilty of gross misconduct. As such, the proceedings remained capable of being conducted fairly. Accordingly, the application to stay the case as an abuse of process was refused.

Details of charge

That you, a registered nurse, whilst working at Northampton General Hospital NHS Trust:

- 1) Between August 2018 and December 2023, on one or more occasion as set out in Schedules A-C, without the necessary authority and/or clinical justification, accessed the clinical records of:
 - a) Family members; and/or
 - b) Family members of colleagues; and/or
 - c) Colleagues.

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

Schedule A – family members

On CaMIS

Patient A – on approximately 23 occasions

Patient B – on approximately 16 occasions

Patient E – on approximately 39 occasions

Patient F – on approximately 145 occasions

Patient G – on approximately 4 occasions

Patient H – on approximately 13 occasions

Patient J – on approximately 7 occasions

Patient L – on approximately 3 occasions

Patient M – on approximately 3 occasions

Patient N – approximately on 1 occasion

Patient P – approximately on 3 occasions

On ICE

Patient A – on approximately 32 occasions

Patient B – on approximately 10 occasions

Patient E – on approximately 11 occasions

Patient F – on approximately 3 occasions

Patient G – on approximately 15 occasions

Patient H – on approximately 11 occasions

Patient J – on approximately 3 occasions

Schedule B – family members of colleagues

On ICE

Patient C – on approximately 9 occasions

Schedule C – colleagues

On ICE

Patient I – on approximately 6 occasions

directorate manager for trauma and orthopaedics. Responsibilities include operational management of the trauma and orthopaedic directorate.

- Ms Elaine Dolden: Currently employed by Northampton General Hospital NHS Trust as an interim director of Clinical Governance and Quality. Responsibilities include leading the clinical governance and patient safety team.

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 you and the NMC.

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

Charges 1a and 1b

“That you, a registered nurse, whilst working at Northampton General Hospital NHS Trust:

- 2) Between August 2018 and December 2023, on one or more occasion as set out in Schedules A-C, without the necessary authority and/or clinical justification, accessed the clinical records of:*

d) Family members; and/or

e) Family members of colleagues; and/or”

These charges are found proved.

The panel considered Charges 1a and 1b together. In reaching its decision, the panel took into account the evidence of Mr Homer and Ms Dolden, as well as your own evidence and admissions.

The panel considered your evidence, and in particular, that you made partial admissions in accepting that you accessed clinical records relating to certain family members on specific occasions, and you expressed regret for this conduct.

The panel also found the evidence of the witnesses called on behalf of the NMC to be credible, consistent and reliable. The panel also considered that the Trust investigation carried out by the witnesses was conducted in a fair and balanced manner. It noted that the possibility of third-party access to your login credentials was explored on more than one occasion, including during the Trust’s investigation and the disciplinary process. It was satisfied that your concerns were not dismissed without consideration, however, as no evidence was identified by Mr Homer to support your assertion, it was understandable why this was not pursued further.

The panel was satisfied that you were working on the relevant dates and that your login credentials were used to access the records in question. It had regard to the audit trail evidence, including the internal report, which demonstrated that your login was used during your shifts. The panel also noted that access to the systems required authorised credentials and that such systems were restricted to Trust employees. It also took into account your oral evidence that you did not share your password.

The panel carefully considered your suggestion that a third party may have accessed the records using your login details. However, it found this explanation to be implausible. The panel noted that accessing the records would require specific personal information about

the individuals being searched, as well as knowledge of the systems and the shifts you worked. It also took into account that there were no accesses during periods when you were not working, including during your maternity leave. The panel found that the frequency and pattern of access, occurring on multiple occasions across a significant period of time, could not reasonably be attributed to coincidence.

The panel preferred the evidence of Mr Homer and Ms Dolden. It also relied on your admissions in respect of specific occasions, the audit trail, the absence of evidence of third-party involvement, and the repeated nature of the conduct.

The panel did not identify a clear malicious motive, and it considered that the accesses may have been motivated by idle curiosity. However, the panel was satisfied that there was no clinical justification or authority for your actions.

The panel was satisfied that, on the balance of probabilities, it was more likely than not that you accessed the clinical records without authority or clinical justification. Whilst the panel could not determine the precise number of accesses, it was satisfied that this occurred on more than one occasion.

Accordingly, the panel finds Charges 1a and 1b proved.

Charge 1c

“That you, a registered nurse, whilst working at Northampton General Hospital NHS Trust:

- 1) *Between August 2018 and December 2023, on one or more occasion as set out in Schedules A-C, without the necessary authority and/or clinical justification, accessed the clinical records of:*

c) Colleagues.”

This charge is found NOT proved.

In reaching this decision, the panel had regard to the limited number of accesses relied upon in respect of this charge, namely the entries relating to Patient I. The panel noted that these accesses occurred within a very short timeframe and appeared to relate to a single occasion.

The panel carefully considered your oral evidence and accepted your explanation that the access occurred in the presence of a doctor and at the request of Patient I, in the context of a clinical discussion relating to renal concerns. It noted that you had provided this explanation at an early stage, during the Trust investigation, and remained consistent. The panel considered that your account was plausible and consistent with the clinical setting in which you were working at the time. It also noted that the nature of the information accessed aligned with the explanation you provided.

Whilst the panel noted that the doctor in question could not be identified by you, it acknowledged that, in a busy clinical environment, it would not be unusual for staff to be unable to recall the identity of a specific doctor. The panel also noted that this line of inquiry was not fully explored during the Trust investigation, for example by seeking evidence from Patient I, however, it did not consider that this undermined the plausibility of your explanation.

Taking all of the evidence into account, the panel found that your explanation provided a reasonable and plausible account which was not displaced by the other evidence before it. The panel was not satisfied that the NMC had discharged the burden of proof for this charge, specifically in relation to a lack of clinical justification or authority.

Accordingly, the panel finds Charge 1c not proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether your 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 safely and effectively without restriction.

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

Submissions on misconduct

Ms Guest invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code).

Ms Guest identified the specific relevant standards that your actions had breached, including duties to respect privacy and confidentiality, uphold human rights, maintain professional integrity and uphold the reputation of the nursing profession.

While she accepted that a breach of the Code does not automatically amount to misconduct, Ms Guest submitted that the nature, extent, and seriousness of the breaches clearly cross that threshold. She submitted that your conduct undermined the public's trust

in the healthcare system and risked deterring patients from seeking treatment, thereby bringing the profession into disrepute. She submitted that your actions, namely your repeated unauthorised access to confidential patient records, fell seriously below what is expected of a nurse and amounted to misconduct.

In light of the panel's findings of fact, Mr Ventress accepted on your behalf that the panel may make a finding that your actions as found proved amounted to misconduct. He submitted that this matter was ultimately for the panel to decide and did not make further submissions on this stage. However, he emphasised that the panel must exercise its own independent judgement on these issues and not rely on any of the opinions put before it in your testimonials.

Submissions on impairment

Ms Guest 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Guest submitted that, although the panel did not find direct harm caused to patients, there was a real risk of emotional or psychological harm to patients arising from your breaches of confidentiality in accessing their personal records. She submitted that public confidence in the nursing profession would be undermined such conduct were not marked as unacceptable.

Ms Guest highlighted the seriousness of the misconduct, its repetition over a prolonged period of five years, and the significant number of patients affected. Additionally, though she acknowledged that you have undertaken some training and provided a written

reflection, Ms Guest submitted that there is insufficient evidence of full insight or remediation within these, and therefore, there remains a significant risk of repetition.

Ms Guest submitted that you have, in the past, breached fundamental tenets of the profession and brought it into disrepute, and you remain liable to do so in the future. Accordingly, she submitted that a finding of current impairment is necessary to protect the public and uphold professional standards and conduct of the nursing profession.

Mr Ventress invited the panel to take a forward-looking approach in relation to impairment and find that your fitness to practise is not currently impaired. He referred the panel to your reflections, where you accept breaching the relevant provisions of the Code but reflect on your understanding of the legal and professional risks of accessing confidential records. He submitted that your reflections, on multiple documents, demonstrate that you have sustained insight, you have continued to engage and cooperate, and you are unlikely to repeat the misconduct in the future.

Mr Ventress referred the panel to the steps you have taken to remediate your practice, including completing training in information governance and cybersecurity. He submitted that this shows a genuine commitment from you to address the concerns and uphold the professional standards. Although you have not had the opportunity to demonstrate remediation in the practical sense, as you have not been able to secure employment in healthcare during the investigation, he highlighted that your efforts are evidence of your intention to apply and maintain improved practice.

Mr Ventress submitted that while breaches of confidentiality are serious, there is no evidence of actual harm in this case. He referred the panel to documentation from the Trust indicating a “no harm” assessment and invited the panel to take a balanced view of the risk.

To conclude, Mr Ventress submitted that given your insight, efforts towards remediation and the low risk of repetition, the panel can be confident that the likelihood of future misconduct is “vanishingly small” and it should therefore find no current impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *Bar Standards Board v Howd* [2017] EWHC 210 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and *Grant*.

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 was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

'1 *Treat people as individuals and uphold their dignity*

To achieve this, you must:

1.5 *respect and uphold people's human rights*

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*

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

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

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 confidentiality is a fundamental principle of nursing and one of the most basic standards expected from the outset of a registered nurse's training. The panel determined that by accessing patient records without the necessary authority and without clinical justification, including those of numerous family members and a colleague's child, you breached a fundamental duty of confidentiality as a senior nurse and your actions fell short of the conduct and standards expected of a nurse.

In assessing seriousness, the panel considered the repeated nature of your conduct, the number of patients involved and the extended period of time over which it occurred (five years), all of which significantly aggravated the seriousness of your actions. The panel also considered your seniority as a Band 6, and then a Band 7, nurse during this time period to be a further factor increasing the seriousness of your actions, as you were expected to demonstrate leadership and act as a role model to junior staff, upholding the standards of professional conduct.

Accordingly, the panel found that your actions, which led to multiple breaches of the Code including those relating to respect for privacy (1.5, 5.1, 5.3) and upholding professional standards and leadership responsibilities (20.1, 20.3, 20.8), was conduct which represented a serious departure from expected professional standards of a registered nurse, undermining public trust in the profession, and therefore amounted to serious misconduct, in respect of both Charges 1a and 1b.

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 NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 28/01/2026) in which the following is stated:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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 make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- 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 first considered limb (a) as set out above. It determined that there was no evidence of actual harm to patients, and insufficient evidence of a real risk of harm arising from how the information was used. It noted that the Trust’s investigation assessed the incidents as causing “*no harm*”, and that the Trust decision was based on the specifics of the PALS complaint. The Trust found no evidence that you had shared or misused the information. The panel also found insufficient evidence to conclude that you are liable in the future to put patients at unwarranted risk of harm. Accordingly, the panel was not satisfied that limb (a) was engaged, and it did not find current impairment on public protection grounds.

In relation to limbs (b) and (c), the panel found that your misconduct did bring the nursing profession into disrepute and breached a fundamental tenet of the profession, namely confidentiality. It considered that accessing patient records without necessary authority and clinical justification undermines public trust in nurses and the wider healthcare system.

Regarding insight, the panel acknowledged that you have made partial admissions and demonstrated an understanding that your actions were wrong and contrary to the Code. It recognised that you have expressed a level of remorse and provided reflective pieces accepting the seriousness of breaching confidentiality. However, the panel noted that your misconduct continued over a prolonged period after you were aware that your actions were wrong (namely your partial admissions to incidents in April 2022), which undermined the weight that could be placed on your remorse. The panel therefore found that your insight, while developing, is not yet fully established.

The panel was satisfied that the misconduct in this case is capable of being addressed. It took into account the training you have undertaken, including courses in information governance and cybersecurity, and your reflective statements. However, the panel noted a lack of independent up-to-date evidence, such as a testimonial from your current employer to demonstrate that you have consistently applied improved practice in that employment, specifically around the handling of confidential information and data.

The panel was therefore not satisfied that the risk of repetition is highly unlikely. It considered that the absence of sufficient evidence of sustained remediation, together with the continuation of your misconduct despite your awareness that it was wrong, meant that concerns remain. Accordingly, the panel found there was insufficient evidence to be assured that the misconduct would not be repeated.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients, and to uphold and protect the wider public interest.

The panel determined that a finding of impairment on public interest grounds is required because your conduct involved serious and sustained breaches of confidentiality, which would give rise to significant concern among members of the public. Whilst it acknowledged that the threshold for finding current impairment solely on public interest is

high, the panel concluded that public confidence in the profession would be significantly undermined if a finding of impairment were not made in this case, particularly given your seniority and leadership roles. The panel considered it necessary to mark the seriousness of the misconduct and to uphold proper professional standards and maintain public confidence in the nursing profession. Accordingly, the panel found your fitness to practise impaired on the ground of public interest.

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 suspension order for a period of six months with review. The effect of this order is that the NMC register will show that your 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2, Last Updated: 28/01/2026).

Submissions on sanction

Ms Guest, on behalf of the NMC, submitted that the appropriate sanction in this case is a striking off order. She emphasised that the purpose of sanction is not to punish you, but to protect the public and maintain public confidence in the profession and uphold proper standards of conduct.

Ms Guest identified a number of serious aggravating features, including the abuse of a position of trust and seniority as a ward sister, deliberate wrongdoing despite being fully trained and aware of the rules, and a clear pattern of misconduct over a prolonged period involving multiple individuals/patients. She submitted that your misconduct was particularly

intrusive given the personal context and relationships involved, and it was premeditated as it was a continuous reoccurrence rather than a single one-off incident.

Ms Guest submitted that you have limited insight at present. She noted that you made partial admissions during the Trust's investigation, however, she submitted the nature of your defence in attributing blame to others (third party) undermines your level of insight and is a further aggravating factor. Ms Guest submitted that your misconduct represented a serious and deliberate breach of the Code.

Ms Guest submitted that the mitigating factors in this case are minimal. While she noted that you undertook some training in efforts to remediate, she submitted that any further training cannot mitigate the concerns and she referred to the panel's earlier findings which identified that your misconduct continued, despite you already knowing that your actions were wrong.

Ms Guest referred the panel to the NMC guidance on '*Sanctions for charges related to upholding public confidence in the profession or upholding proper professional standards*' (Reference: SAN-1 Last Updated 28/01/2026).

Ms Guest submitted that taking no action or imposing a caution order would be insufficient to reflect the seriousness of this case. Further, she submitted that conditions of practice are also inappropriate because there are no concerns about your clinical competence. She submitted that the concern is attitudinal and thus, conditions would not address the need to uphold public confidence or professional standards as identified by the panel. She submitted that the panel ought to consider a suspension order and whether this would be sufficient to satisfy the public interest. She submitted that the seriousness of the conduct may place this case beyond the scope of suspension, which is only a temporary removal.

Ms Guest submitted that a striking off order is the appropriate and proportionate sanction as the misconduct raises fundamental concerns about your professionalism. She submitted that your conduct is fundamentally incompatible with remaining on the Register

given the deliberate, repeated and intrusive breaches of confidentiality, of multiple patients, over a significant period, and the abuse of trust involved.

Mr Ventress submitted that the appropriate sanction is at the lower end of the scale, with his primary position being a caution order, or alternatively a conditions of practice order. He emphasised that sanctions must be proportionate and not punitive, meaning the panel should adopt the least restrictive sanction necessary, working up the scale only if required.

Mr Ventress referred to the panel's earlier findings that this is a public interest case, rather than one involving patient safety or clinical competence. He submitted that therefore the focus is on maintaining public confidence and standards, rather than preventing harm.

In relation to aggravating factors, Mr Ventress accepted that the misconduct occurred over a period of time. He also accepted that there was misuse of position in the past but submitted that this was not at the most serious end of that spectrum.

Mr Ventress highlighted your previous good character, lack of any prior regulatory history, and early partial admissions. He submitted that you demonstrated that you have reflected and developed your insight, with clear further progress made over the past two years. He also directed the panel to the steps you have taken towards remediation, including undertaking training relevant to the concerns.

Mr Ventress also referred the panel to the positive testimonials you provided, including statements from colleagues, senior doctors and your former manager, all of whom describe you as a valued, respected and competent nurse and leader. He emphasised that these individuals were aware of the allegations in writing these references for you, which evidences the weight of their support and your genuine dedication to patient care and the trust placed in you by your colleagues.

Mr Ventress outlined that there is no evidence that any patient suffered actual harm or that the information you accessed was misused or disclosed to anyone. He invited the panel to take this into account when assessing seriousness and proportionality.

Mr Ventress submitted that a caution order would be sufficient to mark the seriousness of the misconduct and uphold public confidence, given that the panel found that you posed no risk to patient safety. He submitted that such an order would be sufficient to send an appropriate message without unnecessarily restricting your practice.

In the alternative, if the panel were to consider a caution order to be insufficient, Mr Ventress submitted that a condition of practice order is then appropriate and workable. He submitted that the misconduct is specific and remediable and proposed practical conditions, such as further reflective work and a supervised audit of record access sometime after you return to employment. He concluded by requesting that the panel give you the opportunity to demonstrate insight, remediation, and return to safe and effective practice.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 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, arising from your senior roles and access to confidential systems.

- Deliberate breaches of the Code, particularly the fundamental duty of confidentiality.
- A pattern of misconduct over a prolonged period of five years.
- Lack of full insight, with only partial admissions made.
- Premeditated behaviour, in that you knowingly accessed records without authorisation on multiple occasions.

The panel also took into account the following mitigating features:

- Early partial admissions of wrongdoing.
- Evidence of some genuine reflection/reflective material provided in relation to your conduct.
- Efforts to undertake relevant training in information governance and confidentiality.
- Positive testimonials from senior colleagues (including the colleague whose son's record you had inappropriately accessed) and your manager. All of whom had knowledge of the regulatory concerns, demonstrating that you are a competent and valued nurse.

The panel first considered whether to take no action but concluded that this would be inappropriate as your insight was not yet fully developed at this time, and the seriousness of the misconduct required a restrictive sanction to uphold public confidence in the profession. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on '*Caution order*' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be

restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'

The panel considered that your actions were not at the lower end of the spectrum, given the repeated and deliberate nature of the misconduct over a significant period of time. The panel determined that a caution order would not sufficiently mark the seriousness of the misconduct nor uphold public confidence in the profession. The panel therefore determined 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 appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *...*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel also noted that the NMC guidance on *‘Sanctions for charges related to upholding public confidence in the profession or upholding proper professional standards’* (Reference: SAN-1 Last Updated 28/01/2026) states that:

“Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction.”

The panel concluded that the concerns in this case are attitudinal in nature rather than related to clinical competence. It was also of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated that would adequately mitigate the risk of unauthorised access to confidential records, as such access forms an inherent part of nursing practice and it would be difficult to monitor or audit in a meaningful, practical and reliable way.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not maintain public confidence in the profession.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *‘Suspension order’* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *‘the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.’*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- ...
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.’*

The panel was satisfied that the misconduct, whilst serious, is not fundamentally incompatible with you remaining on the register. It took into account that there has been no evidence of actual harm caused to patients, that you have demonstrated some developing insight, and that there is a realistic prospect that you will be able to strengthen your practice through further reflection and remediation. The panel also considered that a period of suspension would be sufficient to mark the seriousness of the misconduct and to maintain public confidence in the profession.

The panel did go on to consider whether a striking-off order would be proportionate. It concluded that, although the misconduct raises serious concerns about professionalism, it is capable of remediation. The panel determined that a striking-off order would be disproportionate, as it would remove the opportunity for you to demonstrate further insight and return to safe practice.

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

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered 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.

In making this decision, the panel carefully considered the submissions of the NMC, which sought a striking-off order. However, the panel determined that the misconduct, while serious, is not fundamentally incompatible with continued registration and is capable of remediation. It therefore concluded that a striking-off order would be disproportionate in all the circumstances.

The panel determined that a suspension order for a period of six 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:

- A further detailed reflective piece demonstrating developed insight into the seriousness of the misconduct.
- Evidence of continued further training and learning, as recommended by the RCN, in confidentiality, information governance and professional boundaries and including application of that learning in practice.

- Evidence of engagement and steps taken to strengthen understanding of confidentiality obligations.
- A testimonial or reference from a current or recent employer addressing your handling of confidential information and professional conduct.

Interim order

As the substantive 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 your own interests until the substantive suspension sanction takes effect.

The panel accepted the advice of the legal assessor.

Submissions on interim order

Ms Guest noted that the panel has found impairment in on public interest grounds only. She noted that imposing an interim order would require meeting a high threshold and also highlighted that no interim order has been imposed up to this point. Ms Guest outlined that you are not presently working as a nurse, having declined offered shifts because they were too far away.

Ms Guest submitted that this was a consideration ultimately for the panel to decide whether your past conduct, in deliberately breaching the code and accessing the clinical records of multiple patients over a five-year period while holding a senior managerial position, meets the high bar necessary to justify an interim order on public interest grounds alone.

Mr Ventress, on your behalf, adopted the information stated by Ms Guest.

The panel heard and accepted the advice of the legal assessor, who outlined that it must consider whether to impose an interim order in any event. He also referred the panel to the case of *R (Sheikh) v General Dental Council* [2007] EWHC 2972 (Admin).

Decision and reasons on interim order

The panel was satisfied that an interim order is not necessary in this case.

The panel, in line with its earlier findings, found that the risk of harm and the risk of repetition in this case are low. The panel noted that the threshold to impose an interim order solely on the interests of the public is a high bar and, in the specific circumstances of this case, it was not satisfied that this threshold had been met.

Accordingly, the panel decided not to impose an interim order.

This will be confirmed to you in writing.

That concludes this determination.