Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday 3 August 2026 – Wednesday 5 August 2026

Virtual Hearing

10 George Street, Edinburgh, EH2 2PF

Name of Registrant:	**Karen Louise Grimley**
NMC PIN:	11F1544E
Part(s) of the register:	Nurses part of the register Sub part 1 RNMH: Mental health nurse, level 1 (13 October 2011)
Relevant Location:	Yorkshire
Type of case:	Misconduct
Panel members:	Graham Thomas Gardner (Chair, Lay member) Alison Thomson (Registrant member) Colin Mark Allison (Lay member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Emma Norbury-Perrott
Nursing and Midwifery Council:	Represented by Lindsey McFarlane, Case Presenter
Ms Grimley:	Not present and unrepresented
Facts proved:	Charges 1 & 2
Facts not proved:	N/A
Fitness to practise:	**Impaired**
Sanction:	**Striking-off order**

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Grimley was not in attendance and that the Notice of Hearing letter had been sent to Ms Grimley's registered email address by secure email on 22 June 2026.

Ms McFarlane, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing, including instructions on how to join virtually if required. It also included information about Ms Grimley's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Grimley has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

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

At the outset of the hearing, Ms McFarlane made a request that this case be held partly in private on the basis that proper exploration of Ms Grimley's case involves reference to her health and [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 determined to go into private session in connection with Ms Grimley's health and [PRIVATE] as and when such issues are raised in order to preserve Ms Grimley's right to privacy.

Decision and reasons on proceeding in the absence of Ms Grimley

The panel next considered whether it should proceed in the absence of Ms Grimley. It had regard to Rule 21 and heard the submissions of Ms McFarlane who invited the panel to continue in the absence of Ms Grimley. She submitted that notice had been served in accordance with the Rules and Ms Grimley had made no request for an adjournment.

Ms McFarlane directed the panel to the Proceeding in Absence bundle. She outlined the contact and communication attempts between the NMC and Ms Grimley since March 2026, to which there has been no response from Ms Grimley. Ms McFarlane submitted that it was clear from the communication between the NMC and Ms Grimley that she has been aware of the dates for this hearing since 20 April 2026.

Ms McFarlane submitted that two witness have made arrangements to attend this hearing to give evidence and postponing the hearing would significantly inconvenience them and their employers. She also explained that due to current scheduling capacity, it would be unlikely that the NMC would be in a position to relist the hearing before February 2027. Ms McFarlane submitted that there was a public interest in the expeditious disposal of the case.

Ms McFarlane told the panel that Ms Grimley's substantive hearing was originally scheduled for August 2025. She explained that Ms Grimley requested a postponement due to [PRIVATE]. A postponement was granted on day one of the substantive hearing in August 2025 to allow Ms Grimley time to reengage and participate in the hearing.

However, there has been no detailed and meaningful engagement from Ms Grimley with the NMC since March 2025, and the last contact from Ms Grimley with the NMC was a short email requesting the postponement on 3 August 2025. Ms McFarlane submitted that there is no reason to suppose that adjourning would secure Ms Grimley's attendance on a future date.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Ms Grimley. In reaching this decision, the panel has considered the submissions of Ms McFarlane, the communication between Ms Grimley and the NMC, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Grimley;
- Ms Grimley has not engaged with the NMC since 3 August 2025 and has not responded to any of the emails sent to her about this hearing since;
- The original substantive hearing, scheduled for 4 August 2025, was adjourned at the request of Ms Grimley;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses are attending to give live evidence;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;

- The charges relate to events that occurred in 2020 and any further delay is not in the public interest;
- Further delays may have an adverse effect on the ability of witnesses to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Grimley in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms Grimley's decision to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to the registrant and in the public interest to proceed in the absence of Ms Grimley. The panel will draw no adverse inference from Ms Grimley's absence in its findings of fact.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms McFarlane under Rule 31 to allow emails and interview minutes from Karen Robinson, Information Governance Officer for Humber Teaching NHS Foundation Trust, into evidence.

Ms McFarlane directed the panel to the case of *Thorneycroft v. Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) and NMC Guidance DMA-6 *'Evidence'*, last updated on 9 June 2025. She submitted that although Ms Robinson will not be attending to give

oral evidence, the two witnesses who are attending can be questioned on the evidence. Further, she submitted that the evidence is highly relevant and is not sole and decisive.

In the preparation of this hearing, the NMC had indicated to Ms Grimley that it was the NMC's intention for the emails and local interview minutes of Ms Robinson to be provided to the panel. Despite knowledge of this, Ms Grimley made the decision not to attend this hearing and has made no objection to the evidence. On this basis Ms McFarlane advanced the argument that there was no lack of fairness to Ms Grimley in allowing the hearsay evidence of Ms Robinson into evidence.

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 gave the application in regard to the emails and local interview minutes of Ms Robinson serious consideration. It had regard to the principles outlined in the case of *Thorneycroft* when making its decision on whether to admit the hearsay into evidence.

The panel considered the local interview minutes of Ms Robinson. It noted that the interview minutes relate to an interview conducted by Anthony Douglas who will be attending the hearing to give live witness evidence. Therefore, the panel did not consider the local interview minutes to equate to hearsay evidence, and the application was unnecessary.

The panel considered the emails to and from Ms Robinson. It was of the view that the evidence was supplementary and both of the witnesses attending the hearing could be questioned on it in order for the evidence to be tested. The panel determined that the emails to and from Ms Robinson are not sole and decisive and provide wider context to the incident. Therefore, the panel determined it was fair and relevant to accept the emails of Ms Robinson into evidence.

Details of charge

That you, a registered nurse:

1. Between 14 February 2020 and 16 May 2020 accessed the clinical records of 19 patients registered with Hull University Teaching Hospitals NHS Trust, any or all, without clinical justification.

2. Between 2 April 2020 and 21 April 2020 accessed the clinical records of 3 patients registered with Humber Teaching NHS Foundation Trust, any or all, without clinical justification.

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

Background

Ms Grimley was referred to the NMC by Humber Teaching NHS Foundation Trust ('Humber Trust') where she had been employed as a Registered Mental Health Nurse.

It is alleged that between 14 February and 16 May 2020, Ms Grimley accessed private health records of 22 individuals within Humber Trust and a neighbouring trust, Hull University Teaching Hospitals NHS Trust ('Hull Trust'), when there was no clinical justification to do so.

Following a local investigation, Ms Grimley was dismissed from her employment at Humber Trust.

Decision and reasons on facts

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 Ms McFarlane on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Ms Grimley.

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 live evidence from the following witnesses called on behalf of the NMC:

- Anthony Douglas: Investigation Manager at Humber Trust;

- Kerrie Harrison: Service Manager for the Mental Health Liaison Service at Humber Trust.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered all of the witness and documentary evidence adduced in this case.

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

Charge 1

> *'1. Between 14 February 2020 and 16 May 2020 accessed the clinical records of 19 patients registered with Hull University Teaching Hospitals NHS Trust, any or all, without clinical justification.'*

This charge is found proved.

In reaching this decision, the panel took into account all of the documentary and oral evidence adduced in this case.

The panel had regard to Ms Grimley's admissions at local level and in her registrant response bundle where she admitted to accessing the clinical records of a number of patients between 14 February 2020 and 16 May 2020.

The panel then considered Ms Grimley's explanations for accessing the patient records.

Kerrie Harrison stated that when she first asked Ms Grimley during the local investigation why she had accessed a patient record, Ms Grimley initially could not remember accessing the record, then did recall but could not offer an explanation.

Ms Grimley subsequently went on to say that she was conducting a 'sweep' of patient records, as instructed by management at the time, to assist the Emergency Department (ED) in assessing which patients could be moved on from ED and may require a referral to the Mental Health Liaison Service (MHLS). Ms Harrison told the panel that pro-active 'sweeps' of IT systems had never been instructed and that referrals would only ever be taken after contact from ED staff. Additionally the panel noted that not all of the patient records accessed by Ms Grimley had been for patients attending ED at the time of access.

The panel also considered Ms Grimley's explanation that an email from management stated that all staff had been instructed to 'chase' potential MHLS referrals and cited a

Standard Operating Procedure (SOP) which had directed similar proactive measures. However, the panel saw no supporting evidence in respect of this email from management or the SOP cited by Ms Grimley. Ms Harrison stated that no such instructions had ever been issued. Ms Harrison also confirmed in her oral evidence that no other staff had conducted ‘sweeps’ at that time.

The panel considered Ms Grimley’s explanation for accessing her father’s clinical record. She stated that she accessed it only to find out which ward within the hospital her father had been admitted to and in order to support her mother. The panel noted however that Ms Grimley then accessed her father’s clinical record on further occasions even after confirming the ward he had been admitted to. In oral evidence, Ms Harrison told the panel that during the audit, Ms Grimley had accessed 58 fields within her father’s clinical records which she stated was excessive. The panel found Ms Grimley’s explanation that she only accessed her father’s clinical record to establish which ward he was admitted to, to be implausible.

In respect of accessing a three year old child’s clinical records, Ms Grimley stated that this was in relation to assessing whether patients needed to be referred to the MHLS. Ms Harrison told the panel that it was highly unlikely that a three year old child would ever be referred to the MHLS. The panel found Ms Grimley’s explanation in this regard similarly implausible.

The panel considered Ms Grimley’s explanation that she had accessed some of the clinical records ‘accidentally’. The panel heard evidence from Ms Harrison and Mr Douglas that the patient record system, Lorenzo, was complex. To access a record, a user would be required to sign in using their own unique user name and password. The user would then require to know the date of birth, the NHS identifier, or a ‘wildcard’ search on surname, prior to accessing a patient’s record. The user would be required to tick a box to confirm that they were accessing the record with appropriate clinical justification. Ms Grimley had ticked this box on all occasions subject of the charges. Ms Harrison also told the panel that if a user accessed a patient’s record for a reason which may not be obvious

to others, there was a requirement to add reasons for accessing the record in a comment section, which Ms Grimley did not do. The panel found Ms Grimley's explanation that she had accessed some of the records accidentally, implausible.

The panel also noted the evidence from Ms Harrison that a high number of the patient records which were accessed had home addresses in the Hornsea and Hedon area, the same geography as Ms Grimley's address. Not all of these patients were inpatients at the hospital at the time of the searches. The panel was unable to come to a conclusive view on what part this played in Ms Grimley's motivation.

The panel considered that Ms Grimley was an experienced nurse who had completed her training in respect of information access. The panel had sight of the Trust's Policy on information access and it was confirmed by Ms Harrison that all staff received training on the Policy.

The panel considered that Ms Harrison and Mr Douglas were both very clear and credible in their evidence and appeared to have a good recall of events. Both witnesses provided contemporaneous documentary evidence and expressed that this was a situation they had not encountered before, or since, in their professional careers.

In the registrant response bundle and throughout the local investigation, Ms Grimley has admitted accessing the patient records and has also confirmed that she had no clinical justification.

Taking all of this into account, the panel considered Ms Grimley's explanations to be implausible and that she did access patient clinical records without clinical justification.

Accordingly, on the balance of probabilities, the panel find this charge proved.

Charge 2

> *'2. Between 2 April 2020 and 21 April 2020 accessed the clinical records of 3 patients registered with Humber Teaching NHS Foundation Trust, any or all, without clinical justification.'*

This charge is found proved.

In reaching this decision, the panel took into account all of the documentary and oral evidence adduced in this case. It also had regard to its findings at Charge 1.

The panel had regard to broad admissions made in Ms Grimley's reflective piece, dated 21 March 2025, and to the contemporaneous business records showing information from the audit on access to clinical records of three patients between 2 April 2020 and 21 April 2020. The panel considered Ms Grimley's response in that she did not deny accessing the records, but could not offer a reasonable explanation as to why she accessed the records.

The panel noted an email from Ms Harrison, dated 2 October 2020, detailing the access to three Humber Trust patient's clinical records. However, the panel noted this was not included in her witness statement.

The panel found that the records of the Humber patients were all accessed during periods where Ms Grimley was on shift and at the same times that she accessed a number of Hull patient's records. Additionally, the access times occurred during the same night shift pattern as when Ms Grimley accessed the Hull patient's records. The panel found that Ms Grimley had accessed patient records subject to Charge 2.

The panel noted that these three patients had been known to MHLS previously, but they were not referred at the material time. The panel also noted that Ms Grimley had not documented what her clinical justification was for accessing the records in the patient's

notes, as required by the Policy. In the local investigation, Ms Grimley was unable to offer any explanation as to why she accessed these three patient's records.

The panel considered its findings at Charge 1 and determined that on the balance of probabilities it is more likely than not that Ms Grimley accessed the clinical records of Humber Trust patients without clinical justification.

Accordingly, on the balance of probabilities, the panel find this charge 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 Ms Grimley's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise 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, Ms Grimley's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel 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.'*

Ms McFarlane invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Ms McFarlane identified the specific, relevant standards where Ms Grimley's actions amounted to misconduct, namely; 1.1, 1.5, 5.1, 5.2, 10.5, 10.6, 19.1, 20.1, 20.4,

Ms McFarlane submitted that Ms Grimley's actions amounted to serious misconduct and fell seriously short of the standards expected of a registered nurse, as set out in the Code. She submitted that there was a direct link between Ms Grimley's conduct and her clinical practice, and her actions had the potential to cause mental and psychological harm to patients whose records were accessed without clinical justification.

Ms McFarlane submitted that Ms Grimley's actions negatively impacted public trust and confidence in the nursing profession and her actions had brought the profession into disrepute. Further, she submitted that nurses are expected to uphold the standards of the nursing profession at all times and are obliged by the Code to respect a patients' right to privacy. Ms McFarlane submitted that Ms Grimley's actions breached the Trust Policy in respect of accessing patient records without clinical justification, while additionally breaching GDPR and data protection laws. Ms McFarlane explained that the clinical records accessed by Ms Grimley contained exceptionally sensitive data and this conduct had the potential to negatively impact the public's confidence in accessing health care with the knowledge of a nurse accessing patient records without clinical justification.

Ms McFarlane submitted that Ms Grimley's actions clearly amount to serious professional misconduct.

Submissions on impairment

Ms McFarlane 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.

Ms McFarlane submitted that Ms Grimley's practice is impaired by reason of her misconduct and she is not fit to practice without restriction. She directed the panel to the NMC Guidance DMA-1 'Impairment', last updated on 28 January 2026, and the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin). She submitted that limbs a), b) and c) were engaged in this case.

Ms McFarlane submitted that there was no evidence to suggest that Ms Grimley intended to cause harm to patients by accessing their clinical records. However, her actions had the potential to cause harm to patients and could have resulted in patients not accessing healthcare due to the negative impact on the public's trust and confidence in the nursing profession's commitment to the confidentiality of health records. She submitted that Ms Grimley's actions demonstrated an unwarranted risk of harm, she abused her position of trust, and her actions brought the nursing profession into disrepute. Ms McFarlane submitted that Ms Grimley's actions breached the fundamental tenets of the nursing profession and were a serious departure from the standards expected of a registered nurse.

Ms McFarlane referred the panel to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin). She submitted that Ms Grimley's actions may be indicative of attitudinal issues which are difficult to address through retraining and remediation. She

explained that Ms Grimley was fully trained in respect of the Trust Policy on accessing patient records and her disregard for data protection laws and the Policy, whilst providing implausible explanations for her actions, is indicative of attitudinal issues.

Ms McFarlane submitted that the concerns in this case have not been remediated. She referred the panel to Ms Grimley's reflections and highlighted that Ms Grimley noted the potential harm which her actions could have caused to patients and that she accepts there was no legitimate reason for accessing the patient records. However, her reflections demonstrate limited insight and were provided during the local investigation in 2021. Additionally, Ms Grimley does not address what she would do differently in the future to prevent such incidents occurring. Ms McFarlane submitted that Ms Grimley has provided no evidence of training or updated reflections in recent years and there is no evidence before the panel of sustained safe practice. Further, it is unknown whether Ms Grimley is currently in employment.

Ms McFarlane submitted that the explanations provided by Ms Grimley for her actions were found to be implausible by the panel. She submitted that Ms Grimley has not provided any testimonials and has not demonstrated any strengthening of practice, remediation, or developing insight, and there has been no significant engagement from her since March 2025, with the most recent limited contact being August 2025. Ms McFarlane submitted that there was no evidence to indicate that there was a low risk of repetition in respect of Ms Grimley's actions and there is a real risk of harm to patients; therefore, a finding of impairment on public protection grounds was necessary in this case.

Ms McFarlane submitted that a finding of impairment is otherwise in the public interest. She submitted that public confidence would be damaged if a finding of impairment were not made considering the seriousness of Ms Grimley's actions in accessing 22 patient's clinical records without clinical justification. Ms McFarlane submitted that the public expects nurses to act in accordance with the Code and Ms Grimley abused her position of trust as a registered nurse. In conclusion, she submitted that Ms Grimley's actions were a

serious departure from the Code and therefore a finding of impairment is otherwise in the public interest.

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

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 Ms Grimley's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Grimley's actions amounted to a breach of the Code. Specifically:

> ***'1 Treat people as individuals and uphold their dignity***
> ***To achieve this, you must:***
>
> *1.1 treat people with kindness, respect and compassion*
>
> *1.5 respect and uphold people's human rights*
>
> ***5 Respect people's right to privacy and confidentiality***
> ***As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care.***
> ***This includes making sure that they are informed about their care and that information about them is shared appropriately.***
> ***To achieve this, you must****:*
>
> *5.1 respect a person's right to privacy in all aspects of their care*
>
> ***10 Keep clear and accurate records relevant to your practice***

***This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records. To achieve this, you must**:*

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

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

20.4 keep to the laws of the country in which you are practising

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel considered the charges found proved and whether Ms Grimley's actions amounted to misconduct.

In respect of Charges 1 and 2, the panel determined that Ms Grimley's conduct fell so far below the standards expected of a registered nurse that it amounted to misconduct. The panel considered that Ms Grimley made admissions to accessing the records, however, she has not provided any plausible explanations as to why she accessed the patient records without clinical justification. Much as Ms Grimley's true motivations remain unknown, the panel found her explanations unbelievable, intended to minimise the potential impact of her actions and to frustrate the subsequent investigation. Ms Harrison described Ms Grimley as a competent and experienced nurse who was fully trained on the

Trust Policy in respect of data information access and GDPR requirements. By disregarding this knowledge, her actions resulted in breaching patient confidentiality and data protection laws. The panel also considered that this was a sustained course of action by Ms Grimley over a period of time on multiple occasions across two NHS Trusts and involving vulnerable patients. The panel did not consider it to be a 'one off' aberration conducted in a difficult pandemic environment, or as a consequence of other unknown factors.

The panel determined that in accessing patient records without clinical justification, Ms Grimley demonstrated a clear disregard for professional boundaries, data protection laws and the Trust Policy, and in turn, a clear disregard for patient confidentiality and trust. The panel determined that Ms Grimley's conduct had undermined the standards expected of nurses as set out by the NMC.

The panel found that Ms Grimley's actions at Charges 1 and 2 did fall seriously short of the conduct and standards expected of a 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, Ms Grimley's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance DMA-1 *'Impairment',* last updated on 28 January 2026:

> *'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 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 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, 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 determined that limbs a), b) and c) of *Grant* were engaged in this case.

The panel found that patients were put at risk and were potentially caused emotional and psychological harm as a result of Ms Grimley's misconduct, which was directly linked to her clinical practice as a registered nurse. Ms Grimley's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to accessing highly sensitive clinical records without clinical justification, in breach of data protection laws, extremely serious. The panel determined that Ms Grimley brought the profession into disrepute by breaching professional boundaries, abusing her position of trust, and engaging in a sustained course of action over a period of time where she accessed highly sensitive clinical records of patients and colleagues without clinical justification.

The panel determined that Ms Grimley had demonstrated a disregard for professional boundaries and a clear disregard for patient confidentiality, privacy and data protection laws. The panel considered this in the context that Ms Grimley was a competent nurse who was fully trained on the Trust Policy in respect of data access and GDPR requirements. The panel determined that by disregarding this knowledge, and not providing any plausible explanations for her actions, Ms Grimley's misconduct was indicative of deep-seated attitudinal issues. The panel acknowledged that attitudinal issues are very difficult to remediate.

The panel carefully considered the evidence before it in determining whether or not Ms Grimley had taken steps to address her misconduct. The panel considered Ms Grimley's reflections which relate to the time period of the local investigation, 2021. It noted that Ms Grimley had broadly accepted some wrongdoing during the local investigation in that she did not deny accessing the records and expressed some remorse. However, the panel

determined that Ms Grimley had sought to excuse and minimise her actions, and her insight was limited. Furthermore, the panel had no evidence before it demonstrating any updated reflections or insight into the potential impact of Ms Grimley's actions upon patients, colleagues and the wider public confidence in the nursing profession. Ms Grimley has also not addressed how she would handle such a situation differently in the future. Additionally, the panel saw no evidence before it demonstrating that Ms Grimley had taken any steps to strengthen her practice in the form of evidence of relevant training or current testimonials.

Ms Grimley has not engaged with the NMC since March 2025 in regard to the specific matters under consideration.

The panel determined that there is a real risk of repetition based on Ms Grimley's lack of engagement, limited insight into her misconduct, the absence of any steps taken in respect of remediation and strengthening her practice, and the difficulty in remediating such serious misconduct which involves deep seated attitudinal issues. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

In addition, the panel determined that public confidence would be seriously undermined if Ms Grimley were allowed to practice without restriction. There remains a high level of public scrutiny and interest in matters such as this and the panel considered the public would rightly expect regulators to treat them with the utmost seriousness. The panel determined that a finding of impairment is otherwise in the public interest to maintain professional standards and uphold public confidence in the nursing profession, and in the NMC as its regulator.

Having regard to all of the above, the panel was satisfied that Ms Grimley's 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 Ms Grimley off the register. The effect of this order is that the NMC register will show that Ms Grimley has 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 regard to the NMC Guidance SAN-2 *'The sanctions available',* last updated on 28 January 2026.

Submissions on sanction

Ms McFarlane submitted that the appropriate sanction in this case is that of a striking-off order. She referred the panel to the NMC Guidance SAN-1 'The purpose of and approach to sanctions', last updated on 28 January 2026. She submitted that the aggravating factors in this case are; abuse of a position of trust, a pattern of conduct over a sustained period of time, reckless conduct which put patients at risk of harm, and limited insight. Ms McFarlane submitted that in respect of mitigating factors; Ms Grimley had expressed some remorse.

Ms McFarlane submitted that to take no action would not be appropriate in this case due to the serious nature of the misconduct. She further submitted that a caution order was not appropriate as the misconduct was not at the lower end of the spectrum.

In respect of a conditions of practice order, Ms McFarlane submitted that the concerns cannot be addressed by such an order, particularly due to the deep-seated attitudinal issues identified by the panel, which it determined were difficult to remediate. She submitted that Ms Grimley had demonstrated limited reflection and insight. Further, she had disengaged from the process in August 2025 though in real terms any meaningful engagement ceased in March 2025. Ms McFarlane therefore submitted that conditions cannot be formulated to appropriately address the risks identified.

Ms McFarlane submitted that a suspension order would be inappropriate due to the lack of meaningful substantive responses from Ms Grimley to the NMC since March 2025. Further, she told the panel that there was no evidence of current or significant remediation, and it is highly unlikely that Ms Grimley will address matters in the near future. She submitted that deep seated attitudinal issues are more difficult to remediate and temporary removal from the register would not be sufficient to protect the public or meet the public interest in this case.

Ms McFarlane submitted that the appropriate and proportionate sanction was that of a striking-off order. She submitted that Ms Grimley demonstrated a disregard for professional boundaries, patients' right to privacy, and data protection laws. Ms Grimley was fully trained in the use of patient IT systems, relevant law and her explanations were not plausible as to why she accessed patient records without having clinical justification for doing so. Ms McFarlane submitted that the concerns are directly linked to Ms Grimley's practice and there is a high level of public interest and scrutiny in respect of anyone accessing patient records without an appropriate justification. She told the panel that Ms Grimley's actions were not accidental and she abused her position of trust over a period of time which put patients at risk of harm.

Ms McFarlane submitted that in light of Ms Grimley's conduct, lack of engagement, limited insight, and the identified attitudinal issues, the appropriate and proportionate order is that of a striking-off order.

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

Decision and reasons on sanction

Having found Ms Grimley's 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
- A pattern of misconduct over a period of time
- Limited insight
- Conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- Vulnerable victims
- Potential criminal acts
- Chose to ignore training
- Accessing colleagues' clinical records

The panel also took into account the following mitigating features:

- Some remorse
- Some early partial admissions
- [PRIVATE]

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.

The panel next considered a caution order and had regard to the NMC Guidance *'Caution order'*, last updated on 1 January 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 Ms Grimley's actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Ms Grimley's practise would not protect the public. The panel determined that it would be neither proportionate, would not protect patients nor would it be in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Ms Grimley's registration. In considering whether conditions of practice were appropriate, the panel had regard to the factors set out in the NMC Guidance SAN-2c *'Conditions of practice order',* last updated 28 January 2026. The panel was of the view that there are no practicable or workable conditions that could be formulated, given the deep-seated attitudinal issues it had found in this case and the fact that attitudinal issues can be very difficult to remedy. In addition, the panel also noted that Ms Grimley has disengaged with proceedings. The panel therefore determined that given the serious nature of the misconduct, the attitudinal concerns, and Ms Grimley's limited insight into the seriousness and impact of her actions, there were no relevant, proportionate, workable and measurable conditions that could be formulated. Accordingly, a conditions of practice order would not address the risk of repetition, which poses a risk of harm to patient safety and the reputation of the profession. Consequently, the panel decided that a conditions of practice order would not protect the public, given Ms Grimley's very limited insight and reflection, nor would it uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance SAN-2d *'Suspension order'* last update on 28 January 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 following key considerations set out in the NMC Guidance in respect of imposing a suspension order:

- *'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*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *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.'*

Whilst the panel acknowledged that the risks to public protection identified could be managed for a time by Ms Grimley being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Ms Grimley's lack of engagement and limited insight, together with no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely. The panel determined that the public and nursing professionals would be

extremely concerned regarding Ms Grimley's actions and as such, a suspension order would not serve to declare and uphold the proper professional 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.

In considering a striking-off order, the panel had regard to the NMC Guidance SAN-4 *'Sanctions for the highest risk cases',* last updated on 28 January 2026. Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the NMC Guidance SAN-2e, *'Striking-off order',* last updated on 28 January 2026:

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Ms Grimley's actions had raised fundamental questions about her professionalism. The panel determined that the misconduct in this case goes to the fundamental trust placed in registered nurses to protect and uphold patients' right to privacy, which Ms Grimley failed to do. The panel identified serious attitudinal concerns, in addition to Ms Grimley demonstrating limited insight and remorse into her conduct. The

panel also noted that Ms Grimley has not engaged with the NMC since August 2025 and although she admitted to accessing the records, her explanations were implausible and changed several times over the course of the investigation process which appear to be attempts to excuse and cover up her true motivations. The panel determined that public confidence in the profession cannot be maintained if Ms Grimley is not removed from the register.

The panel considered that in theory, with substantial meaningful engagement, Ms Grimley could have taken steps to demonstrate that she had reflected on her actions and developed her insight which may have reassured the panel that public protection and public interest could be upheld without Ms Grimley being removed from the register. However, the panel noted that there has been no meaningful engagement from Ms Grimley in 18 months and there is nothing before it to demonstrate that any meaningful progress has been made by Ms Grimley in terms of remediation or strengthening her practice. The panel determined that this indicates a very limited prospect of Ms Grimley returning to practice safely and without restriction in the near future. It also determined that it is highly unlikely that Ms Grimley will not pose a risk to public safety, or that confidence in the profession could be maintained, as well as upholding the standards of the profession, if Ms Grimley were permitted to remain on the register.

Ms Grimley's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Grimley's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Grimley's actions in bringing the profession into disrepute by adversely affecting the

public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

Interim order

As the striking-off 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 Ms Grimley's own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms McFarlane. She submitted that given the panel's decision on sanction, a suspension order for a period of 18 months is necessary in order to protect the public and is otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective.

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

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. Not to impose an interim suspension order would be inconsistent with the panel's earlier findings and determination.

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

That concludes this determination.