Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 27 July 2026 – Thursday, 30 July 2026
Monday, 3 August 2026 – Wednesday, 5 August 2026

Virtual Hearing

Name of Registrant:	**Nicola Paris Haran**
NMC PIN:	10I0890S
Part(s) of the register:	Registered Nurse – Adult Sub part 1 RNA: adult nurse, level 1 (2 September 2013)
Relevant Location:	Livingston
Type of case:	Misconduct
Panel members:	Penelope Titterington (Chair, Lay member) Janet Fitzpatrick (Registrant member) Dora Waitt (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Anya Sharma (27 July 2026) Khatra Ibrahim (28 July 2026 – 30 July 2026, 3 August 2026 – 5 August 2026)
Nursing and Midwifery Council:	Represented by Selena Jones, Case Presenter
Ms Haran:	Present and represented by Karl Shadenbury, (UNISON)
Facts proved:	Charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 10c, 10g, 11, 12, 13 (in relation to charges 10a, 10b, 10c, 10g) and 14 (in relation to 10a, 10b and 10g) (by way of admission); 10e, 10f, 13 (in relation to 10e and 10f), 14 (in relation to 10e and 10f)
Facts not proved:	Charges 10d, 10h, 13 (in relation to 11 and 12), 14 (in relation to 10c, 11 and 12)
Fitness to practise:	**Impaired**

Sanction:	**2 month suspension order (without review)**
Interim order:	**No order**

Details of charge

That you, a registered nurse:

1) On 26 January 2021, accessed Child D's records without clinical justification.

2) On 04 June 2021, accessed Patient L's records without clinical justification.

3) On 09 July 2021, accessed Patient K's records without clinical justification.

4) On 17 August 2021, accessed Patient E's records without clinical justification.

5) On 19 August 2021, accessed Patient F's records without clinical justification.

6) On 28 September 2021, accessed Child B's records without clinical justification.

7) On 28 September 2021, accessed Child C's records without clinical justification.

8) On 29 September 2021, accessed Colleague A records without clinical justification.

9) You accessed Patient J records without clinical justification on:

   a) 03 November 2021
   b) 14 May 2021

10) On 10 November 2021, you initially denied knowing:
   a) Child B
   b) Child C
   c) Child D
   d) Patient E
   e) Patient F
   f) Patient K
   g) Patient L

h) Colleague A

11) Between 10 November 2021 and 10 October 2023, stated that Colleague B asked you to access Patient E's clinical record.

12) Between 10 November 2021 and 10 October 2023, stated that Colleague A asked you to access their clinical record.

13) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest in that you knew you had accessed clinical records without clinical justification.

14) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest, in that you sought to conceal that you had accessed clinical records without justification.

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

Mr Shadenbury on your behalf indicated that you made admissions to charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 10c, 10g, 11, 12, 13 in relation to charges 10a, 10b, 10c, 10g and 14 in relation to 10a, 10b and 10g.

NMC Opening

From January 2014 to September 2019, you were employed as a Band 5 nurse at St John's Hospital, NHS Lothian. Thereafter, from 2019 to September 2021, you worked as a Band 5 Community Nurse. From September 2021 onwards, you were employed as a Band 6 Community Nurse Practitioner within the Hospital in the Home Team.

On 10 November 2021, the Information Governance department at NHS Lothian contacted one of the NMC witnesses, Ms Linda Yule, to advise that a report had been generated which allegedly showed that you had accessed a number of patient records

inappropriately. At the time, you were working in your role as a Band 6 Community Nurse Practitioner.

On the same day, Ms Linda Yule met with you to establish why you had accessed the patient records in question, and to determine whether these accesses had been appropriate. During that meeting, you initially stated that you did not know the patients concerned, with the exception of [PRIVATE].

NHS Lothian subsequently commenced a formal investigation. An investigatory interview was arranged for 12 January 2022. However, that interview did not proceed because your UNISON representative requested that it be postponed and rearranged. Before the interview could be rescheduled, you left your employment at NHS Lothian, and as a result, the investigatory interview never took place.

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

Whilst making her hearsay application, Ms Jones made a request that this case be held partly in private on the basis that she would be referring to [PRIVATE] Colleague A during the hearsay application. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Shadenbury indicated that he did not oppose the application.

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 Colleague A's [PRIVATE] as and when such issues are raised.

Decision and reasons on application to admit hearsay evidence of Colleague A

The panel heard an application made by Ms Jones under Rule 31 to admit Colleague A's written statement as hearsay evidence. Ms Jones submitted that Colleague A was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, they were unable to attend today due to their [PRIVATE].

Ms Jones reminded the panel of the relevant legal principles in her submissions. She invited the panel to consider the justification for admitting the hearsay evidence, the importance of the witness statement within the context of this case and the reliability of the evidence.

Ms Jones submitted that Colleague A's witness statement was reliable evidence as it had been provided during Colleague A's employment. She further submitted that the NMC had made extensive efforts over a lengthy period of time to secure Colleague A's attendance at the hearing, with correspondence documented within the NMC hearsay bundle.

Ms Jones referred the panel to a number of emails and call file notes contained within the NMC hearsay bundle which cover the time period between 13 November 2024 and 14 July 2026. Ms Jones submitted that these emails and call file notes demonstrate that Colleague A had consistently indicated that they were suffering with [PRIVATE], including [PRIVATE]. Ms Jones submitted that these communications show that Colleague A had repeatedly explained they did not feel able to give evidence because of the impact the proceedings were [PRIVATE]

Ms Jones submitted that these references are not isolated incidents but formed a consistent pattern over a prolonged period. She submitted that, despite the NMC's continued engagement and offers of support, Colleague A had maintained that they are unable to participate in the hearing due to [PRIVATE].

Ms Jones submitted that Colleague A's statement is not the sole or decisive evidence in this case. She reminded the panel that it has already heard live evidence from Ms Linda Yule concerning matters relating to Colleague A and further submitted that there had

been an admission by you regarding accessing Colleague A's records without clinical justification.

Ms Jones submitted that any issue concerning whether your actions amounted to dishonesty would ultimately be a matter for the panel to determine after considering all of the evidence.

She submitted that Colleague A's witness statement has probative value in relation to matters in issue in this case and, when considered alongside the remaining evidence, provides sufficient justification for the admission of Colleague A's witness statement into evidence.

Ms Jones also submitted that Colleague A's witness statement is reliable. She referred the panel to the concluding paragraphs of the witness statement, which contains the usual statement of truth and is signed and dated by Colleague A:

> *'I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement or truth without an honest belief in its truth.*
>
> *I understand that the NMC may disclose this statement to third parties as is deemed necessary. I confirm that I am willing to attend and give evidence before a Committee of the Nursing and Midwifery Council (NMC) if required to do so.'*

Ms Jones invited the panel to admit the witness statement as hearsay evidence.

Mr Shadenbury indicated that the application is opposed. He invited the panel to apply the principles set out in *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin) (Thorneycroft),* which govern the admission of hearsay evidence in fitness to practise proceedings, when considering the application in respect of Colleague A.

Mr Shadenbury submitted that whilst it is accepted that the NMC had provided Colleague A with significant notice that their attendance at the hearing would be required, the NMC hearsay bundle indicates that as early as 30 November 2024, Colleague A had informed the NMC that they were unwilling to attend the hearing.

Mr Shadenbury further submitted that Colleague A had maintained that it had never been their intention to attend the hearing, and that the reference within their witness statement indicating otherwise had been inserted by the solicitor who drafted the statement in error.

Mr Shadenbury submitted that whilst it is acknowledged that Colleague A had raised concerns regarding their [PRIVATE] throughout their communications with the NMC, no independent medical evidence has been provided despite requests for such evidence. He submitted that, in the absence of any supporting medical evidence, the panel cannot conclude that Colleague A is unable to attend the hearing for a good reason.

Mr Shadenbury further submitted that Colleague A remains a registered nurse and that the NMC does have the power to compel Colleague A's attendance by issuing a witness summons. He submitted that whilst the NMC had been aware for a considerable period that Colleague A was reluctant to attend, it had decided not to exercise that power.

Mr Shadenbury submitted that you have disputed Colleague A's account since at least 2023, and that fairness requires Colleague A to attend so that their evidence can be tested through cross-examination.

Mr Shadenbury submitted that the inability to cross-examine Colleague A deprives you of the opportunity to put your case directly to the witness, including your assertion that Colleague A had requested that you access their records without clinical justification. Mr Shadenbry submitted that Colleague A has a potential motive to deny this account because, as a registered nurse themself, it would reflect poorly upon them professionally if they accepted that they had asked another nurse to access their records improperly.

Mr Shadenbury invited the panel to take into account the seriousness of the allegations and the potentially significant impact any adverse findings could have upon your nursing career. He submitted that admitting Colleague A's statement, without affording you with the opportunity to challenge their evidence, would be unfair.

Mr Shadenbury submitted that aside from correcting what they described as an error regarding their willingness to attend the hearing, Colleague A had not confirmed that the

contents of their witness statement remained accurate at the present time. In those circumstances, Mr Shadenbury submitted that it would be unfair for the witness statement to be admitted by way of hearsay.

The panel 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.

It also had regard to the principles set out in *Thorneycroft* in considering whether it would be fair to admit Colleague A's witness statement into evidence.

The panel first considered the relevance and importance of Colleague A's evidence. It determined that the evidence is relevant to the matters in issue, particularly whether Colleague A had consented to, or requested, that you access their clinical records.

The panel noted that you have admitted to accessing Colleague A's records without clinical justification, but that you maintain that you had done so at Colleague A's request. Colleague A's account was that they had not given their consent or asked you to access their records.

The panel also considered that Colleague A's evidence is important to its assessment of the circumstances and the seriousness of the alleged conduct in this case. It is also directly relevant to the allegation that you had dishonestly stated that Colleague A had asked you to access the records.

The panel then considered the reasons given for Colleague A's non-attendance at this hearing. It noted that Colleague A had repeatedly referred to suffering from [PRIVATE]. The correspondence between the NMC and Colleague A indicates that Colleague A had previously been absent from work because of [PRIVATE] and had subsequently returned on reduced hours.

The panel accepted that participating in regulatory proceedings can be stressful and that [PRIVATE] s could provide a proper reason for a witness being unable to attend.

However, it noted that Colleague A is presently working and that no independent medical evidence has been provided to demonstrate that Colleague A is [PRIVATE] to give evidence.

The panel considered that there is a distinction between a person having a [PRIVATE] rendering them unable to participate in a hearing. It took into account that it has not been provided with a letter from [PRIVATE].

The panel noted that the correspondence Colleague A had with the NMC indicated that, from an early stage, Colleague A had maintained that they did not wish to attend and believed that they would not be required to do so. However, the panel also noted that Colleague A had been aware for a considerable period of time that their attendance at the hearing was required. [PRIVATE] had been repeatedly requested over a lengthy period of time, but no such evidence has been provided.

The panel took into account that Colleague A is a registered nurse, and that registered professionals are ordinarily expected to cooperate with formal investigations and regulatory proceedings concerning the practice of another registrant.

The panel acknowledged that the NMC has made numerous attempts over an extended period of time to engage with Colleague A and secure their attendance at the hearing. It noted that the NMC had offered support to Colleague A and had sought further information concerning their reasons for being unable to participate.

The panel considered that whilst the NMC had made significant efforts to encourage Colleague A to attend, no witness summons had been sought. Further, the NMC had not obtained independent medical evidence, had not offered to approach Colleague A's GP with their consent, or obtained an updated statement confirming that Colleague A continued to stand by the contents of their original statement. The panel was of the view that this is of particular relevance because Colleague A had subsequently stated that part of their signed witness statement was incorrect. Colleague A's statement recorded that they were willing to attend the hearing, whereas Colleague A later maintained that

they had never intended to attend the hearing and that this wording had been included by the person who had drafted the statement.

The panel was of the view that this raised a legitimate issue concerning the reliability of Colleague A's witness statement as a whole. It considered that without Colleague A's attendance, the circumstances in which the witness statement had been prepared and signed could not be explored.

The panel further noted that there was a direct conflict between your account and Colleague A's. The panel considered that if Colleague A had attended the hearing, they would have been asked detailed questions in cross examination about why their account differed from your account. Your case is that Colleague A had asked you to access the records. The panel considered that if that account was accepted, it could reflect adversely upon Colleague A, as it would suggest that they had encouraged another registered nurse to act contrary to information governance policies. Conversely, if the panel were to accept Colleague A's account, it would reflect badly on you, because it would mean that you were intruding on medical information which Colleague A was entitled to keep private, rather than helping them to have access to their own medical information. The panel did not make any finding that Colleague A had fabricated their account or that their refusal to attend was motivated by a desire to avoid professional consequences. The panel was however of the view that Colleague A's account required careful testing through cross-examination.

The panel determined that this dispute could not fairly be resolved by admitting Colleague A's witness statement and attaching reduced weight to it. Colleague A's evidence is important to the circumstances of the alleged conduct and, in respect of the disputed question of consent, is direct evidence contradicting your account.

The panel was of the view that to admit Colleague A's witness statement into evidence would deprive you of the opportunity to challenge Colleague A's account, explore the inconsistency concerning their willingness to attend and put your own case directly to the witness.

Balancing all of the relevant factors, the panel determined that the prejudice caused to you could not adequately be addressed by a direction as to weight. It therefore concluded that it would be unfair to admit Colleague A's witness statement as hearsay evidence and refused the NMC's application.

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 Jones, on behalf of the NMC, and Mr Shadenbury, on your behalf.

The panel accepted the advice of the legal assessor.

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 incidents occurred as alleged.

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

- Ms Linda Yule: Chief Nurse for Community Nursing and Mental Health at the Trust at the time of the allegations
- Colleague B: District Nurse at the time of the allegations
- Mr Jamie Perring: Information Governance Project Manager

You also gave evidence under affirmation.

The panel then went on to consider each of the disputed charges and made the following findings.

Charges 10d and 10h

10) On 10 November 2021, you initially denied knowing:

d) Patient E
h) Colleague A

These charges are found not proved.

In reaching its decision, the panel considered charges 10d and 10h individually and collectively.

Ms Yule's oral evidence was that, in the meeting on 10 November 2021 between yourself and Ms Yule, you initially denied knowing all of the patients and that it was only when you went through them individually that you admitted knowing individual patients. However, the panel also considered Ms Yule's original notes from that meeting which stated:

> *'*[You] *confirmed* [you] *had accessed* [PRIVATE] *notes and apologised but did not think* [you] *had accessed any other notes inappropriately, we started to go through the list of names sent by IT the first couple of names* [you] *said* [you] *did not know who they were* [you] *wondered if it was related to* [you] *viewing A&E with students as a learning experience for the student, I informed that we could confirm that by checking the person accessed had been in A&E at the time at which point* [you] *admitted* [you] *knew Patient F, moving onto Child B and Child C…'*

The panel considered that the notes made by Ms Yule close to the time were more reliable than her oral evidence as her memory of the events was likely to have been better at that time. In her oral evidence, Ms Yule could not remember how she had

initially put the patient records to you on 10 November 2021. The panel therefore relied on the contemporaneous notes. The panel finds that these notes indicate that, although you initially denied accessing patient notes inappropriately, they do not state that you initially denied knowing all of the patients listed.

The panel went on to consider the notes in relation to Colleague A and Patient E:

> '[Colleague A] *I knew to be a colleague and* [you] *reported* [you] *had been asked to check by said colleague* [you] *also then admitted that Patient E was the sister of a colleague and the colleague had asked* [you] *to check results, i noted with* [you] *that if colleague wasnt checking herself then it was clearly understood this was inappropriate* [you] *agreed* [you] *knew* [you] *should not have accessed.'* [sic]

You stated in oral evidence that you did not deny knowing who Colleague A was, as Ms Yule would have been in full knowledge as to who this person was. The panel considered that this is consistent with the notes Ms Yule made at the time, which do not say that you denied knowing Colleague A or Patient E.

The panel therefore found charges 10d and 10h not proved on the balance of probabilities.

Charges 10e and 10f

10) On 10 November 2021, you initially denied knowing:

e) Patient F
f) Patient K

These charges are found proved.

In reaching its decision, the panel considered the evidence before it. During your oral evidence, you admitted you initially denied knowing Patients F and K, when in fact you

did know them. The panel considered the minutes from the meeting on 10 November 2021, which were consistent with these admissions.

The panel therefore found charges 10e and 10f proved.

Charge 13 (in relation to Charges 10e and 10f)

13) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest in that you knew you had accessed clinical records without clinical justification.

This charge is found proved.

In reaching its decision on charge 13 in relation to charges 10e and 10f, the panel considered the evidence before it.

The panel heard from you that you initially denied knowing Patients F and K. It reminded itself of your admissions at the start of these proceedings and your oral evidence. You admitted that when you denied knowing other patients in the interview on 10 November 2021, you were being dishonest, because you knew them and you had accessed their clinical records without clinical justification. The panel did not hear evidence to distinguish the circumstances of your denials in relation to Patients F and K from your denials in relation to the other patients.

The panel therefore found charge 13 in relation to charges 10e and 10f proved.

Charge 13 (in relation to Charge 11)

13) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest in that you knew you had accessed clinical records without clinical justification.

This charge is found not proved.

In reaching its decision on charge 13 in relation to charge 11, the panel considered the evidence before it.

The panel noted that at the meeting on 10 November 2021, you stated that Colleague B had requested you to access her sister Patient E's notes on 17 August 2021. This is also noted in the notes of the meeting from Ms Yule. The panel noted that you have consistently maintained this position since then and have given credible details about the circumstances of Colleague B's request.

The panel heard evidence from Colleague B that she had not requested you to access Patient E's records. The panel noted that Colleague B was not spoken to in relation to this incident until June of 2023, which was a long time after the incident in August of 2021. The panel also noted that Colleague B accepted your assertion that, despite it being against NHS Lothian's policy, there was a workplace culture at the time when it was seen as acceptable to access records of relatives because an example of doing so had been set by a senior member of staff. The panel found that as accessing records was acceptable in the workplace, then the passage of time was likely to have weakened any recollection of a request to access records.

The panel was not presented with any reason why you would access Patient E's notes unless it had been requested by Colleague B, but you have given credible reasons for accessing the other patients' clinical notes.

Having heard both yours and Colleague B's oral evidence, the panel determined that your recollection of events was credible and consistent and was recorded closer to the time of the events than that of Colleague B.

The panel determined that as the NMC has not established that your statement in charge 11 was untrue, it was consequently not dishonest. The panel therefore found charge 13 in relation to charge 11 not proved on the balance of probabilities.

Charge 13 (in relation to Charge 12)

13) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest in that you knew you had accessed clinical records without clinical justification.

This charge is found not proved.

In reaching its decision on this charge, the panel considered its findings above in relation to charge 13 in relation to charge 11. The panel considered your account of Colleague A asking you to access her records credible and consistent and took into consideration Colleague B's evidence that the workplace culture was that this was acceptable practice.

The panel determined that as the NMC has not established that your statement in charge 12 was untrue, it was consequently not dishonest. The panel therefore found charge 13 in relation to charge 12 not proved on the balance of probabilities.

Charge 14 (in relation to Charge 10c)

14) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest, in that you sought to conceal that you had accessed clinical records without justification.

This charge is found not proved.

In reaching its decision on charge 14 in relation to charge 10c, the panel considered all of the evidence before it.

The panel heard in oral evidence from you that when asked about Child D in the meeting on 10 November 2021 by Ms Yule, at first you did not remember who Child D was because you did not recognise the name, it was only when Ms Yule said that it was a child who had died that you remembered who it was and admitted to accessing the records.

The panel noted an excerpt of the minutes of the meeting on 10 November 2021 between yourself and Ms Yule:

> '*I asked about Child D and initially Nicola denied knowing who this was, I shared the knowledge this record to a child who had died Nicola then admitted she did know the case when asked why she had accessed the record she had reported it was "curiosity"*'

The panel determined that your account is a reasonable explanation for an initial denial of knowing who Child D was. The panel considered that the NMC has failed to prove on the balance of probabilities that your conduct was dishonest in that you sought to conceal that you had accessed clinical records without justification. The panel therefore found Charge 14 in relation to Charge 10c not proved on the balance of probabilities.

Charge 14 (in relation to Charge 10e and 10f)

14) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest, in that you sought to conceal that you had accessed clinical records without justification.

This charge is found proved.

In reaching its decision on charge 14 in relation to charges 10e and 10f, the panel considered the evidence before it.

The panel heard from you that you initially denied knowing Patients F and K. It reminded itself of your admissions at the start of these proceedings and your oral evidence. You admitted that when you denied knowing other patients in the interview on 10 November 2021, you were being dishonest in that you sought to conceal that you had accessed clinical records without justification. The panel did not hear evidence to distinguish the circumstances of your denials in relation to Patients F and K from your

denials in relation to the other patients. The panel therefore found charge 14 proved in relation to charges 10e and 10f.

Charge 14 (in relation to Charges 11 and 12)

15) Your conduct set out in Charges 10 (a)-(h), and/or Charge 11 and/or Charge 12 was dishonest, in that you sought to conceal that you had accessed clinical records without justification.

This charge is found not proved.

In reaching its decision, the panel concluded that, for the same reasons as those set out in its findings in charge 13 in relation to charges 11 and 12, charge 14 in relation to charges 11 and 12 is 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 Jones invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2004)' (the Code) in making its decision.

Ms Jones referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, which defines misconduct as a:

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

Ms Jones also referred the panel to the cases of *Nandi v GMC* [2004] EWHC 2317 and *Calhaem v GMC [2007] EWHC 2606 (Admin)*, where in the latter case, Mr Justice Jackson commented on the definition of misconduct as:

> '*It connotes a serious breach which indicates that the doctor's fitness to practise is impaired.'*

Ms Jones submitted that in regard to the facts found proved, they both, individually and cumulatively, amount to misconduct. She referred the panel to the terms of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*' (the Code). She identified the specific and relevant standards and submitted that your actions amounted to misconduct. In particular, she stated that you have breached the following sections of the Code: 20, 20.1 and 20.8. She invited the panel to find your actions amount to misconduct.

Mr Shadenbury referred the panel to the cases of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, *Calhaem v. General Medical Council* [2007] *EWHC* 2606

(Admin) and *Meadow v. General Medical Council* [2007] 1 All ER 1. He submitted that it is accepted that your actions found proved, namely by accessing patient records without clinical justification, and being dishonest amount to misconduct. He referred the panel to the judgement of Auld LJ in *Meadow*, who stated:

> *"As Lord Clyde noted in Roylance v. General Medical Council (No 2) [2000] 1 AC 311 at 330-332, "serious professional misconduct" is not statutorily defined and is not capable of precise description or delimitation. It may include not only misconduct by a doctor in his clinical practice, but misconduct in the exercise, or professed exercise, of his medical calling in other contexts, such as that here in the giving of expert medical evidence before a court. As Lord Clyde might have encapsulated his discussion of the matter in Roylance v. General Medical Council, it must be linked to the practice of medicine or conduct that otherwise brings the profession into disrepute, and it must be serious. As to seriousness, Collins J. in Nandi v. General Medical Council [2004] EWHC 2317 (Admin), rightly emphasized at [31] the need to give it proper weight, observing that in other contexts it has been referred to as "conduct which would be regarded as deplorable by fellow practitioners"."*

Mr Shadenbury submitted that it is further accepted that the facts found proved are serious in nature, and amount to misconduct.

Submissions on impairment

Ms Jones submitted that as a result of your misconduct, your fitness to practise is currently impaired. She submitted that you are currently liable to repeat the conduct as found proved in the future. She also submitted that you have been unable to provide any meaningful reasons as to why you acted the way you did.

Ms Jones submitted that you told the panel in evidence that since the incidents, you have not been met with a similar situation, and so there is no evidence today to suggest your mindset has changed. She submitted that dishonesty has been found proved in this case, and occurred on at least two occasions. She submitted that dishonesty is

difficult to remediate, and that while it is acknowledged that you have undertaken some training, it is not relevant to the facts of this case. She referred the panel to your registrant's bundle, specifically a training course named '*Information governance*', which you completed on 22 September 2023, which was some 2 years and 10 months ago.

Ms Jones submitted that you have also not worked in a nursing capacity, and that you are currently employed in a managerial position in a Home. She submitted that there is no evidence before the panel today to indicate your fitness to practise is not impaired, and further, in your evidence, you have not referred to any matters that could be applied to your role as a registered nurse.

Ms Jones submitted that nurses occupy a position of privilege and trust in society and are expected at all times to be professional whilst discharging their duties in an effective, efficient and safe manner. She submitted that patients and their families must be able to trust nurses with their lives, and that of their loved ones. She submitted that the panel should bear 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 the wider public interest.

Ms Jones submitted that a member of the public would be concerned if a finding of impairment were not made in a case where dishonesty has been found proved. She invited the panel to find your fitness to practise currently impaired.

Mr Shadenbury submitted that it is for the panel to determine whether your fitness to practise is impaired as of now, and referred the panel to the NMC's definition of impairment:

'*As a registrant's suitability to remain on the register without restriction.'*

Mr Shadenbury referred the panel to the questions as outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of *Council for Healthcare Regulatory*

Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) (*Grant*) are instructive.

Mr Shadenbury submitted that all 4 limbs are engaged in this case, but that you are not likely to repeat the misconduct. He submitted that it is accepted that you accessed records without clinical justification, and that this action would have put the patient at an unwarranted risk of harm. He submitted that the patients would have, understandably, felt violated, and if they were to be made aware of your conduct, would have lost faith in the nursing profession. He submitted that however, it should be acknowledged that for most of the accessed records, another person(s) requested you access them. He submitted that since the incidents, you have practised unrestricted for approximately five years, and that as a result, members of the public would not be discouraged from seeking medical treatment/advice.

Mr Shadenbury submitted that it is accepted that you brought the nursing profession into disrepute. He submitted that you accept that your conduct was wrong, and that you have abused your position of trust. He also submitted that you have acknowledged that your actions have negatively impacted the reputation of the nursing profession, and that you breached the Code. He further stated that since the incidents, you recognized that your behaviour at the time was unacceptable, and you have not repeated the conduct.

Mr Shadenbury submitted that you also accept that you have breached one of the fundamental tenets of the profession and demonstrated a lack of integrity. He submitted that you should have been aware of the expectations around accessing records, and further, you should have been open and honest when initially questioned. He submitted that you have since reflected on your conduct, and in hindsight, recognised that you failed to adequately consider the impact of your actions.

Mr Shadenbury submitted that you accept your conduct was dishonest, and that this has also been found proved by the panel. He submitted that honesty is of central importance to a nurse’s practice, and as such, dishonesty will always be serious. He further submitted that the dishonesty in this case should be considered on the lower end of the spectrum, on the basis that your initial denial was due to panic and that you were

terrified. He submitted that you were surprised to be in a situation where you were being questioned about accessing records, and but you had been presented with the evidence, you admitted you had accessed patients' records.

Mr Shadenbury referred the panel to the evidence heard thus far, and invited the panel to consider that the ethos amongst staff at the time was that it was commonplace to access records without clinical justification, and that you were feeding into the culture. He submitted that he is not seeking to minimise your contribution to this culture, but simply to explain why this conduct was deemed to be normal at the time. He reiterated to the panel that once you were presented with the evidence, you accepted your actions in accessing records without clinical justification.

Mr Shadenbury submitted that, since the incidents, you have demonstrated a good level of insight. He referred the panel to Exhibit 1 and submitted that, in your reflection, you accepted that your conduct arose from panic but acknowledged that you should not have acted as you did. He submitted that you feel deeply ashamed, and that you now recognise the importance of maintaining confidentiality in respect of a patient's clinical record. He further submitted that you stated in oral evidence that you understand how your actions could have affected the public's view of the nursing profession, and that you have let it down.

Mr Shadenbury referred the panel to your training certificates, and submitted that you have completed training in respect of the concerns raised, including confidentiality, GDPR and Information Governance.

Mr Shadenbury informed the panel that you are currently employed in a non-nursing managerial role since 2024, and referred the panel to the positive testimonials in your registrant's bundle. He submitted that they stated:

> '*She has demonstrated but the highest level of professionalism and integrity over the past 4 years*'

And

'*In relation to honesty and integrity, I can say that Nicola Haran has never been anything but honest and have never questioned her integrity'*

Mr Shadenbury submitted that you have taken steps to strengthen your practice since the incidents, and this is further evidenced by the positive testimonials. He submitted that there have been no further concerns raised since 3 November 2021, and that you have made an effort to put the mistakes made behind you. He also submitted that you have been making attempts to demonstrate integrity in your current role, and most importantly, evidence the importance you place in maintaining patient confidentiality and demonstrating good character and honesty.

Mr Shadenbury submitted that in light of the aforementioned factors, the risk of repetition is highly unlikely. He submitted that there is sufficient evidence before the panel to determine that you have strengthened your practice. He submitted that therefore, there is no evidence to indicate that you will repeat the conduct found proved in the future.

Mr Shadenbury submitted that having taken into account the charges found proved, there is no ongoing risk to the public at this time. He submitted that you have accepted that your actions had a detrimental impact on the profession and you have taken full responsibility for your conduct, carefully considered your behaviour, and described your behaviour at the time as '*disgusting and appalling*'. He invited the panel not to find your fitness to practise impaired on public protection.

Mr Shadenbury went on to make submissions in relation to public interest. He submitted that it is accepted your fitness to practise is currently impaired on the grounds of public interest. He submitted that your actions, as found proved, could cause harm, and damage the reputation of the profession and that of the NMC, as your regulator. He submitted that a well-informed member of the public would expect a nurse facing such charges, particularly ones relating to dishonesty, to have their practice found impaired. He reminded the panel of the NMC's overarching objectives, and for these reasons, accepted your fitness to practise is currently impaired on the grounds of public interest.

The panel 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 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:

4 Act in the best interests of people at all times
4.2 make sure that you get properly informed consent and document it before carrying out any action

5 Respect people's right to privacy and confidentiality
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
10.6 collect, treat and store all data and research findings appropriately

20 Uphold the reputation of your profession at all times
20.1 keep to and uphold the standards and values set out in the Code
20.2 act with honesty and integrity at all times, treating people fairly…
20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers
20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times

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

The panel had regard to the NMC Guidance FTP-2a namely '*Misconduct*' last updated 20 May 2026.

The panel noted that there were a number of incidents of accessing confidential patient records for a variety of reasons over a period of 11 months. It took into account that there were serious breaches of confidentiality, including accessing a dead child's records for your own purposes. Your actions were directly in conflict with NHS Lothian's policies and you knew that this was the case. You then compounded the seriousness of your behaviour by being dishonest when asked about it.

The panel determined that your actions did fall seriously short of the conduct and standards expected of a nurse and was so serious as to amount to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard, the panel considered the judgment of Mrs Justice Cox in the case of *Grant* in reaching its decision. At 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.'*

At 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 she:*
>
> a) *has in the past acted and/or is liable in the future to act as so 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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered that your conduct breached fundamental tenets of the profession and involved dishonesty and so raised attitudinal concerns.

The panel considered each of the above limbs.

The panel noted that there is no evidence before it of any patients or their families suffering any harm as a result of you accessing their clinical records without justification. Some of the individual circumstances were such that it was unlikely that any distress would be caused to the patient and there were limited details in relation to the other patients' personal circumstances. However, there would be some circumstances in which unauthorised access to a patient's records could cause that patient distress because their medical confidentiality was breached. The fundamental tenets of the nursing profession require that nurses maintain patient confidentiality, and respect the privileged access that they have to confidential information. These tenets have been breached in this case. The panel determined that limbs b, c and d are engaged in relation to your past actions.

The panel took into account that impairment is a forward-looking exercise, and it should consider whether your fitness to practise is currently impaired. The panel considered whether you are liable, in the future, to put patients at risk of harm, bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession and act dishonestly, pursuant to *Grant*. In reaching its decision, the panel also considered the principles derived from *Cohen,* namely:

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

The panel considered that, although your conduct involved breaches of fundamental tenets of the profession as well as dishonesty and so raised attitudinal concerns, the behaviour does not appear to be so deep rooted that it was not able to be remediated.

In relation to whether the concerns have, in fact, been remedied, the panel considered all the documents in the hearing including your reflective statements, a number of very positive testimonials and relevant training certificates. It also considered your attendance at this hearing, your admissions, and your oral evidence in relation to the charges and your behaviour since the incidents.

The panel noted that you have repeatedly expressed remorse throughout this hearing and in your written reflections. The panel found your apologies to be extensive and sincere. You said that you were *'ashamed and embarrassed'*. The panel considered that you showed a genuine concern for and understanding of the impact that your conduct has had on patients, public confidence and the wider nursing profession. You stated that others would be *'disgusted and appalled'*. The panel considered that you have reflected on how you would act differently in future. You said that you had reflected on every aspect of your behaviour, including the pressure you were under, what sort of person you had been to be drawn to behave in such a way and how you could change and behave differently in the future. You said that you had learnt from your mistakes.

The panel considered the training certificates that showed that you undertook three relevant training courses relating to confidentiality, information governance and GDPR in 2023. One training course was specifically relevant to your place of work and each of them outlined an extensive range of topics within this area that the panel consider would help you to address your previous behaviour.

Although the certificates are of some age, the panel considered that you have gone on to apply the principles and have improved your practice. Since February 2022 you have worked for Livingston Care Home and the Care Home Manager Mandy Kelly (Ms Kelly) detailed how you often need to deal with matters that require sensitivity and confidentiality. She said that you are "*always at pains to ensure that* [you] *never* [breach] *trust or confidentiality and will always err on the side of caution when* [you need] *to consider the disclosure of information."* She goes on to say how you have *"reflected repeatedly on how [you have] brought the profession's name into disrepute".*

The panel considered it to be important evidence that you have worked as a nurse and a Deputy Manager in a clinical environment since these matters in 2021, with privileged access to patients' confidential information without any further incident. Furthermore, you have worked with the same employer, from whom you have produced a number of extremely positive testimonials, where you have been promoted to management and there is talk of promoting you further. Your testimonials from key colleagues repeatedly indicate that you have been working at the highest level of professionalism and integrity. The panel had sight of a testimonial dated 22 July 2026 from Matthew Walker, who is the Operations Manager at the Home, which stated '[You] *remain a huge asset to the Home, its staff and its residents'.* The panel also considered the positive testimonial from Ms Kelly:

> '[Your] *clinical knowledge is exceptional, and staff will regularly seek guidance and support from* [you]. [You are] *also extremely well regarded by the families of our residents and the residents themselves;* [you are] *a very warm and kind person and the level of compassion that* [you] *demonstrate resonates throughout the Home as* [you] *set the standard expected of our team.'*

The panel consider that your actions since the incidents in 2021 have remediated your previous behaviour in relation to accessing patient records without justification to the extent that it is highly unlikely to be repeated.

In terms of your dishonest conduct, the panel considered that the conduct itself although serious was limited to your first response to the allegations and you then made admissions within the same meeting or the day after. The panel considered that since then you made full and frank disclosures about the investigations to your next employers at the first opportunity. You have remained engaged with the NMC proceedings and admitted your dishonesty. The panel acknowledged that this subsequent behaviour does not go beyond what is expected of all nurses and so does not reduce the seriousness of your behaviour, but it does give examples of you subsequently acting with the level of integrity required. The panel considered that the strongest demonstration of your ability to act with honesty and integrity is your four years of practice where colleagues have observed you acting in accordance with these

principles. The panel considered the positive testimonial from Mr Walker, who said that your misconduct was out of character, and that you are '*a trusted member of our team who has always demonstrated honesty and integrity at all times.* [You have] *been entrusted with a supervisory position due to* [your] *excellent performance.'*

The panel considered that although dishonesty is hard to remediate, the short duration of this dishonesty, in the context of four years of reflection, insight, remorse and demonstrated integrity means that it is highly unlikely to be repeated.

Based on the above, the panel determined that you are not liable, in the future, to put patients at risk of harm, to bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession or act dishonestly, pursuant to *Grant*. Accordingly, the panel finds that, although your fitness to practise would have been found impaired at the time of the incidents, but given all of the above, your fitness to practise is not currently impaired on public protection grounds.

The panel next considered whether a finding of impairment is necessary on public interest grounds. The panel bore in mind the overarching objectives of the NMC, namely to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel considered that incidents of nurses accessing records without justification have a significant impact on public confidence. Such behaviour would undermine the trust placed in nurses to protect confidentiality and could lead to patients being reluctant to seek care. Your misconduct involved multiple incidents of accessing patient's records without justification, including in a case where a child had died, you then compounded your wrongdoing by responding dishonestly when confronted with the evidence. The panel determined that a well-informed member of the public, aware of the information before this panel, would expect such misconduct, to result in a finding of impairment, and that public confidence in the nursing profession would be seriously undermined if no finding of impairment was made. The panel therefore determined that a finding of

impairment on public interest grounds is necessary, to maintain public confidence in the nursing profession and uphold the proper professional standards for members of those professions.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on public interest grounds only.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 2 months without a review. The effect of this order is that the NMC register will show that your registration has been suspended.

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose.

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 Jones informed the panel that in the Notice of Hearing, the NMC had advised you that it would seek the imposition of a 12 month suspension order if it found your fitness to practise currently impaired.

Ms Jones submitted that she adopted her previous submissions on impairment. She submitted that on the basis that the panel have found your fitness to practise impaired, it may wish to consider the principles of proportionality, whilst weighing the public interest against your interests.

Ms Jones submitted that the panel are entitled to give a greater weight to the public interest and the need to maintain public confidence, over any consequence to you of an

imposition of any sanction. She submitted that the most appropriate sanction in this case is that of a 12 month suspension order with a review.

Ms Jones submitted that the following aggravating features have been identified:

- Abuse of a position of trust; and
- Pattern of misconduct over a period of time.

Ms Jones submitted the following mitigating features have been identified:

- Positive testimonials;
- No further concerns raised since the referral; and
- No fitness to practise history.

Ms Jones submitted that a suspension order for a period of 12 months would be the most appropriate and proportionate sanction in this case.

The panel also bore in mind Mr Shadenbury's submissions.

Mr Shadenbury referred the panel to NMC guidance on factors to consider before deciding on sanctions, and submitted that the panel's decision should balance your rights and the overarching objectives of the NMC. He submitted that the following aggravating features have been identified:

- Abuse of position of trust;
- Breach of patient confidentiality; and
- Your conduct, which amounts to dishonesty.

Mr Shadenbury identified the following mitigating features:

- Highly unlikely to repeat the conduct;
- No previous regulatory or disciplinary findings;
- Early admissions to the charges;

- Demonstrated remorse;
- Undertaken training courses and research into GDPR;
- Positive character references; and
- A significant period of time – approximately five years – without incidents.

Mr Shadenbury submitted that in regard to the imposition of a conditions of practice order, there are no practicable or workable conditions that could be formulated. He submitted that the only sanction that is realistically open to the panel is that of either a suspension order or a striking off order.

Mr Shadenbury submitted that a suspension order may be appropriate, given that there is no evidence of harmful deep-seated attitudinal concerns, no evidence of repetition of the behaviour as proved since the incidents. He submitted that you have demonstrated sufficient insight, and there is no significant risk of repeating the misconduct. He referred the panel to NMC guidance on dishonesty, and submitted that your dishonesty conduct is less serious, as it was one-off, and there was no personal gain. He also submitted that it is accepted that any dishonesty is serious, but again reminded the panel of its previous decision on impairment, and stated that this was limited to your first response to the allegations, and that you made admissions soon after, and that you acted with the level of integrity required.

Mr Shadenbury submitted that a suspension order is an appropriate and proportionate sanction in this matter. He also submitted that there is no evidence before the panel to suggest that you have a deep seated personality or attitudinal issue, and if the panel were to find otherwise, this would go against its previous findings regarding your fitness to practise.

Mr Shadenbury submitted that a suspension order for a period of six months would adequately mark the seriousness of your misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards of the nursing profession. He submitted that as the panel determined that you are impaired on public interest grounds, there is no risk of repetition, and therefore there is no requirement for a review.

Mr Shadenbury submitted that there are no fundamental concerns around your professionalism, and that you are not liable to repeat the conduct as found proved. He submitted that as such, for the panel to consider a striking off order, would be disproportionate in all the circumstances. He further submitted that your misconduct is not so fundamentally incompatible with remaining on the register, and invited the panel to impose a suspension order for a period of six months.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

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 as a registered nurse;
- A pattern of misconduct over a period of 9 months;
- Breach of confidentiality, including accessing particularly sensitive records; and
- Dishonesty - Breach of the duty of candour.

The panel also took into account the following mitigating features:

- [PRIVATE];
- COVID pandemic was ongoing at the time and contributed to the stresses you were facing;
- Short lived incident of dishonesty;
- Developed insight and demonstrated remorse;
- Over four years of positive nursing practice since the misconduct;
- The culture in the workplace at the time of the incidents; and

- Relevant training courses.

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 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.'*

Although the panel considered that there was no risk to the public or to people using services, it did not consider that this was at the lower end of the spectrum of impaired fitness to practice. This is because of the significant impact on public confidence from incidents of accessing patient records and dishonesty, especially given the repeated nature of your actions and the sensitive nature of some of the records. The panel therefore determined that due to the seriousness of your behaviour, 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*
- *…*

- *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 is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The panel considered that abusing your position as a nurse to access records and dishonesty are not behaviours that can be addressed by relevant proportionate or workable conditions. You have been practising safely for over 4 years. There is nothing in your practice that requires addressing through retraining or conditions.

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 is a circumstance that may make a suspension order an appropriate sanction:

- *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*

The panel determined that nothing less than a suspension order would satisfy the public interest in this case. The public need to have faith that nurses will respect their confidentiality and not abuse the privileged access that they have to patient records. This is fundamental to the public trust in the profession. You repeatedly accessed records some of which were of an extremely sensitive nature as a child had died. You then further undermined public trust by being dishonest and failing to immediately be candid when confronted with evidence of your wrongdoing. The panel considered that public confidence and professional standards could not be maintained without some period of suspension from practice.

The panel did go on to consider whether a striking-off order would be proportionate but it concluded that it would be disproportionate. The accessing of records took place within a culture where this had been normalised by senior staff and the dishonesty was short lived. You have shown full remorse and insight and have practised safely, honestly and positively for over four years since the incidents. The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register. You have demonstrated that any attitudinal concerns raised by your misconduct were not deep-seated, and have been remediated. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

The panel considered the length of the suspension. The panel noted that you have already fully remediated your practice and so the suspension is not required for you to develop insight or undertake remediation. There are no public protection concerns. The panel considered that the suspension should only be as long as is required to satisfy the public interest identified and that in this case a long suspension was not required. The panel considered that your misconduct took place during a of personal stress resulting from medical issues within your family which was compounded by the COVID pandemic. This stress was relevant to the reasons why you accessed the records. Although you were dishonest when confronted, this dishonesty was an initial reaction of panic and you made admissions when subsequently asked about each individual record. All admissions were made either in the same meeting or the day after. The

panel considered that you have subsequently demonstrated positive and honest practice and you have learnt from your mistakes.

Balancing all of the relevant factors the panel has concluded that a suspension order for a period of two months 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.

You do not present a risk to the public, and there is no public interest in your being subject to any sanction additional to a two month suspension order. Consequently, in accordance with Article 29 (8A) of the Order, the panel has determined that a review of the substantive order is not necessary.

The panel determined that it made the 2 month suspension order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the 2 month suspension order will satisfy the public interest in this case and will maintain public confidence in the profession as well as the NMC as the regulator. Further, the 2 month suspension order will declare and uphold proper professional standards.

Interim order

Submissions on interim order

Ms Jones invited the panel to impose an interim suspension order for a period of 2 months. She submitted that an interim suspension order for a period of 2 months is necessary given the panel's findings in order to meet the wider public interest. She did

not submit that an interim order is necessary for protection of the public. Further, she submitted that this was required to cover the 28-day appeal period and, if you wish to appeal the decision, the period for which it may take for that appeal to be heard.

Mr Shadenbury reminded the panel of its decision on what grounds you are impaired, and referred the panel to the case of *NMC v Persand* [2023] EWHC 3356 (Admin). He submitted that this is not a case where the high bar for public interest has been met, and so the imposition of an interim order of any kind would not be appropriate. He opposed the application.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is not warranted on the grounds of public protection or otherwise in the public interest. The panel had regard to the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision not to impose the interim order, in particular that your fitness to practise is impaired only on public interest grounds and that you do not present a risk to the public.

As was emphasised in the case of *NMC v Persand* [2023] EWHC 3356 (Admin), there is a high bar to surmount before making an interim order solely on the basis of public interest. In the panel's judgement, there is no solid ground to make such an order. The panel concluded that the two months suspension directed as the substantive order fully satisfied the public interest, and any further period of suspension is not warranted.

If the panel had made an interim order of suspension, it has the potential to take away any incentive from appealing, which is your statutory right. It would be particularly unfair if your appeal ultimately succeeded, but you had been suspended in the meantime for a period significantly longer than the period the panel thought appropriate. Even if you did not appeal, it is unnecessary for you to be suspended until the substantive order comes into effect. In the panel's judgement, it is right that you should serve no more than two months suspension, and it is reasonable that in the course of the next 28 days or so,

you should be able to return to work in order to make arrangements for your period of suspension.

The panel therefore did not impose an interim order.

That concludes this determination.