

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

**Substantive Order Review Hearing
Wednesday, 14 October 2026**

Virtual Hearing

Name of Registrant:	Shelley Rossiter
NMC PIN:	14B0329E
Part(s) of the register:	Registered Nurse - Sub part 1 RNA: Adult nurse, L1 (22 September 2015)
Relevant Location:	West Northamptonshire
Type of case:	Misconduct
Panel members:	Allison Brindley (Chair, Registrant member) Tiago Da Silva (Registrant member) Kevin Connolly (Lay member)
Legal Assessor:	Robin Leach
Hearings Coordinator:	Isabella Payne
Nursing and Midwifery Council:	Represented by Lindsey McFarlane, Case Presenter
Ms Rossiter:	Present and represented at this hearing
Order being reviewed:	Suspension order (6 months, with review)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (12 months) to come into effect at the end of 18 November 2026 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order for 12 months,

This order will come into effect at the end of 18 November 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 17 April 2026.

The current order is due to expire at the end of 18 November 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows (1c was not proved):

'Details of charges

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

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

- a. Family members; and/or*
- b. Family members of colleagues; and/or*
- c. Colleagues*

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

Schedule A – family members

On CaMIS

Patient A – on approximately 23 occasions

Patient B – on approximately 16 occasions

Patient E – on approximately 39 occasions

Patient F – on approximately 145 occasions

Patient G – on approximately 4 occasions

Patient H – on approximately 13 occasions

Patient J – on approximately 7 occasions

Patient L – on approximately 3 occasions

Patient M – on approximately 3 occasions

Patient N – approximately on 1 occasion

Patient P – approximately on 3 occasions

On ICE

Patient A – on approximately 32 occasions

Patient B – on approximately 10 occasions

Patient E – on approximately 11 occasions

Patient F – on approximately 3 occasions

Patient G – on approximately 15 occasions

Patient H – on approximately 11 occasions

Patient J – on approximately 3 occasions

Schedule B – family members of colleagues

On ICE

Patient C – on approximately 9 occasions'

The original panel determined the following with regard to impairment:

The panel was satisfied that the misconduct in this case is capable of being addressed. It took into account the training you have undertaken, including courses in information governance and cybersecurity, and your reflective statements. However, the panel

noted a lack of independent up-to-date evidence, such as a testimonial from your current employer to demonstrate that you have consistently applied improved practice in that employment, specifically around the handling of confidential information and data.

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

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

The panel determined that a finding of impairment on public interest grounds is required because your conduct involved serious and sustained breaches of confidentiality, which would give rise to significant concern among members of the public. Whilst it acknowledged that the threshold for finding current impairment solely on public interest is 37 high, the panel concluded that public confidence in the profession would be significantly undermined if a finding of impairment were not made in this case, particularly given your seniority and leadership roles. The panel considered it necessary to mark the seriousness of the misconduct and to uphold proper professional standards and maintain public confidence in the nursing profession. Accordingly, the panel found your fitness to practise impaired on the ground of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

‘The panel determined that a suspension order for a period of six months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *A further detailed reflective piece demonstrating developed insight into the seriousness of the misconduct.*
- *Evidence of continued further training and learning, as recommended by the RCN, in confidentiality, information governance and professional boundaries and including application of that learning in practice.*
- *Evidence of engagement and steps taken to strengthen understanding of confidentiality obligations.*
- *A testimonial or reference from a current or recent employer addressing your handling of confidential information and professional conduct.’*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, responses from Ms Lake and your oral evidence. It has taken account of the submissions made by Ms McFarlane on behalf of the NMC.

Ms McFarlane took the panel through a brief background of the case and a summary of the previous panel's findings.

Ms Farlane confirmed that you have continued to engage with the process and have submitted some documents that include a lengthy reflection, four testimonials and some training certificates. Ms McFarlane submits that you are currently working in the construction industry and acknowledged that you handle confidential data and information in your current role. She submitted that the testimonials included are by your current line manager, two doctors and pharmacist who have previously worked with you and have been generally positive.

Ms McFarlane submitted that some of the language used in the testimonials, including allegations and incidents, refers to inadvertent ongoing errors, that may indicate the persons do not realise the extent of the misconduct and accessing records or understand that the charges have been found proved.

Ms McFarlane submitted that although the training certificates are in relevant areas of training, namely information governance and data protection, they all appear to have been completed on 13 August 2026 and are relatively short. One of the tests on data and awareness and only requires a pass test which was 87%, given the seriousness of the conduct and the amount of time given to remediate, she submitted that it could have been a higher score.

Ms McFarlane submitted that in regard to the reflective piece, you have shown significant understanding of the importance of data protection, information governance, security and governance generally. Ms McFarlane acknowledged the impact the misconduct may have had on patients and colleagues and the nursing profession. However, Ms McFarlane submitted that your insight still appears to be insufficient in relation of how to reduce the risk of similar conduct occurring in the

future. She submitted that there is no explanation provided as to why you accessed the records that were specified in the charges of the case.

Ms McFarlane submitted that you have stated in your reflective piece that you will not practise anywhere where a family member is likely to be a patient or become a patient. However, Ms McFarlane submitted that your reflective piece does not address the expected conduct that any nurse who has access to personal data should be able to practise anywhere without being tempted to look up records of a person they know. She submitted that some of the language used in the reflection may be minimising the length and scale of the misconduct and does not reflect on your practical experience in your current work.

Ms McFarlane submitted that although you have developing insight, it is not quite sufficient at this stage to mitigate the risk of similar behaviours and concerns and the consequential risk of negatively affecting the public's confidence in the nursing profession, if you were to practice unrestricted currently. Ms McFarlane invited the panel to find your fitness to practice still currently impaired.

Ms McFarlane submitted the persuasive burden of proof is on the registrant to demonstrate that you are no longer impaired as per the case of Abraham. Ms McFarlane referred the panel to the NMC *Sanction Guidance* [REV-2A] to consider a further suspension order or conditions of practice order. She submitted that that a conditions of practice order could be workable to develop your insight into the concerns and be able to evidence remediation for the seriousness of the conduct of the case.

The panel also had regard to your oral evidence.

Ms Lake on your behalf, submitted that you had been out of clinical practice for two years and, as a result, had been unable to demonstrate in a workable setting that you had addressed the panels concerns regarding the risk of repetition and the measures required to mitigate that risk. Ms Lake submitted that you had not yet had the opportunity to put your learning and remediation into practice.

Ms Lake submitted that a conditions of practice order would be appropriate, as it would provide you with additional support and training following your prolonged absence from clinical practice. She submitted that workable and measurable conditions could be imposed, including regular meetings with senior members of staff, updating the NMC on your progress, continued reflective pieces and evidence of ongoing training.

Ms Lake further submitted that you had otherwise complied with previous panel's recommendations and have demonstrated an increased level of insight. She submitted, that you had approached the hearing with transparency and remorse, and have acknowledged your responsibility to remediate and regain public trust.

Ms Lake acknowledged that there was currently insufficient evidence to demonstrate that you could currently return to safe and unrestricted practice. However, she submitted that a conditions of practice order would enable you to return to clinical practice subject to the appropriate restrictions, support and monitoring, allowing you to practice safely while addressing the outstanding concerns.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

Today's panel noted that the original panel found that you had insufficient insight. At this review the panel concluded that your insight had developed, however was not yet sufficiently comprehensive. Today's panel acknowledged your oral evidence did add weight to your reflective pieces; however, it considered that your reflections could have demonstrated greater depth and application in addressing the concerns identified. The panel found that the provenance of the reflective pieces was not in question, but that their quality and depth remained a concern.

When questioned during the course of this hearing about how you would handle the situation differently in the future, you were able to provide sufficiently detailed answers into how you would conduct yourself professionally and comply with the employer's rules and regulations in regard to GDPR and handling of confidential data. You were asked by the panel whether the people who had provided your testimonials knew the full extent of the allegations against you and what had been proven. You stated they were, but acknowledged this was not reflected in their testimonials.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the steps you have undertaken to address the concerns, which included relevant e-learning, reflective pieces, the positive testimonials from previous and current colleagues, and the fact that your current place of work requires you to adhere to GDPR requirements and involves handling confidential data. The panel also noted that the e-learning you had completed was non-participatory in nature and completed in one day, but the panel recognised the limitations of e-learning and therefore did not apply much weight to the time taken to complete the training.

The original panel determined that you were liable to repeat matters of the kind found proved. In reaching its decision at this review the panel carefully considered your oral evidence, the documentary evidence before it, and the submissions of Ms Lake. The panel acknowledges the progress you have made and accepted that the risk of repetition has reduced since the substantive order was imposed. However, the panel was not satisfied that your insight is yet fully developed or that you have provided sufficient evidence to demonstrate that your learning has been fully embedded in practice. Nevertheless, given the prolonged and repeated nature of the misconduct and limited evidence that learning had been consistently applied in a clinical setting, the panel was not yet satisfied that a risk of repetition had been sufficiently addressed to permit unrestricted practice. The panel considered that the misconduct involved the inappropriate access of confidential records belonging to family members and in individuals known to you, representing a serious breach of confidentiality, professional boundaries, and the trust placed in registered professionals.

Members of the public are entitled to expect that registered nurses will access confidential information only for legitimate professional reasons and will always respect the privacy and dignity of those in their care. Whilst the panel have accepted that you have developed an increased understanding of the concerns, it concluded that the evidence of remediation and reflection did not yet provide sufficient assurance that the risk of similar conduct arising in the future had been eliminated. The panel therefore determined that a risk of repetition remained, albeit at a lower level than identified by the original panel. The panel concluded that unrestricted practice would be premature and that a finding of current impairment remains necessary on public protection grounds.

The panel found that, in your oral evidence you came across as authentic and honest, and you have demonstrated developing insight and a good level of remorse. The panel noted that you had shown some reflection on the risks your misconduct posed to the public and your patients. It also took into consideration your oral evidence in which you stated that you have learned a lot from this experience and would not repeat your misconduct.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. It was considered that you had complied with the recommendations set out by the previous panel. However, the panel determined that under a suspension order you could not show evidence of addressing concerns in clinical practice.

The panel also determined that your fitness to practice remains impaired on public interest grounds. A reasonably informed member of the public would be concerned if no finding of impairment were made where a registrant had inappropriately accessed confidential records of family members and individuals known to them, without yet having demonstrated comprehensive insight and remediation. A finding of impairment is therefore required to maintain public confidence in the nursing profession, the regulatory process, and to uphold the standards of conduct expected of registered nurses.

For these reasons, the panel finds that your fitness to practise remains impaired on the grounds of public protection and public interest.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel noted that the previous panel determined that there were no workable conditions of practice that could adequately remediate or address the concerns identified. However, this panel considered that, given the restrictions imposed by your suspension order and that it has limited your ability to demonstrate safe and effective practice, there were conditions that could be imposed that and complied with to support remediation and address the outstanding concerns.

The panel considered replacing the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have developed insight, demonstrated remorse and provided evidence of the steps taken to strengthen your practice. You have indicated that you wish to return to nursing.

The panel were satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. Once employment has commenced in a healthcare environment you must attend monthly meetings to include reflective discussions with a senior nurse or line manager.
2. You must keep a personal development log every time you undertake reflective discussions with your line manager or senior nurse. This should contain:
 - a) The dates that you had the reflective discussion;
 - b) Signatures or identification of the senior nurse or line manager each time;
 - c) Any feedback from the line manager or senior nurse.

3. The content of discussions with the senior nurse or line manager should include data handling, confidentiality issues, GDPR issues, digital handling of data and information, and professional boundaries.
4. You must keep a reflective practice profile. The profile will include:
 - a) Evidence of any relevant eLearning;
 - b) Written evidence of reflective discussions;
 - c) Evidence of application of learning into practice;
 - d) Be signed by a senior nurse or line manager each time;
 - e) Reflective pieces demonstrating your continued developing insight into your misconduct.
5. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.
6. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.
7. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).

- d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
8. You must tell your case officer, within seven days of your becoming aware of:
- a) Any clinical incident you are involved in.
 - b) Any investigation started against you.
 - c) Any disciplinary proceedings taken against you.
9. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
- a) Any current or future employer.
 - b) Any educational establishment.
 - c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months to allow you sufficient time to gain employment as a registered nurse and to meet your conditions of practice order.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely by the end of 18 November 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Compliance with the conditions of practice previously set out;
- Continued engagement with the NMC and your case officer;
- Attendance at any future hearings or meetings.

This will be confirmed to you in writing.

That concludes this determination.