

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

**Substantive Order Review Meeting
Thursday 30 November 2023**

Virtual Meeting

Name of Registrant:	Mr Vittorio Piccotti
NMC PIN	14J0619C
Part(s) of the register:	RN1- Registered Nurse – Adult 29 October 2014
Relevant Location:	Peterborough
Type of case:	Lack of competence
Panel members:	Dave Lancaster (Chair, Lay member) Claire Matthews (Registrant member) Suzanna Jacoby (Lay member)
Legal Assessor:	Charles Parsley
Hearings Coordinator:	Zahra Khan
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (3 months) to come into effect at the end of 14 January 2024 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mr Piccotti's registered email address by secure email on 10 October 2023.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 27 November 2023 and inviting Mr Piccotti to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mr Piccotti has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to impose a suspension order for a period of 3 months. This order will come into effect at the end of 14 January 2024 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 16 December 2021. This was reviewed on 29 November 2022 when the panel confirmed the substantive suspension order for 12 months.

The current order is due to expire at the end of 14 January 2024.

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:

“That you, between around June 2017 and August 2019, failed to demonstrate the standards of knowledge, skills, and judgement required to practise without supervision as a band 5 nurse:

- 1) *On 1 June 2017, during a supervised medication round, you:*
 - a. *On one or more occasions did not sign for medication that had been administered; [PROVED]*
 - b. *Dispensed 21ml of paracetamol for a patient when only 20ml was prescribed; [PROVED]*
 - c. *On one or more occasions did not start from the top of the MAR chart when administering medication. [PROVED]*
- 2) *On 12 June 2017:*
 - a. *Omitted a medication for an unknown patient; [PROVED]*
 - b. *Did not escalate your concerns about this medication. [PROVED]*
- 3) *On 15 June 2017, during a supervised medication round, you:*
 - a. *On one or more occasions during the morning medication round did not sign for medication that had been administered; [PROVED]*
 - b. *On one or more occasions omitted medication without a proper reason; [PROVED]*
 - c. *On one or more occasions did not start from the top of the MAR chart when administering medication. [PROVED]*

4) On 10 July 2017, during a supervised medication assessment:

- a. Attempted to administer medication to a patient at 12:00 when it was prescribed for 14:00; **[PROVED]**
- b. Attempted to administer a nebuliser through an O2 port rather than an air port. **[PROVED]**

5) On 7 December 2017:

- a. Did not recognise an unknown patient required CPR; **[PROVED]**
- b. Did not pull the alarm bell; **[PROVED]**
- c. Failed to follow an instruction to put out the cardiac arrest call to 2222; **[PROVED]**
- d. When calling the family of the unknown patient, did not give adequate information about their condition when asking the family to come to the hospital. **[PROVED]**

Whilst you were subject to formal development plan:

6) On 2 January 2018, provided incorrect information about an unknown patient whose condition had deteriorated in that you gave the following incorrect information:

- a. That the patient was for resuscitation; **[PROVED]**
- b. That the patient was diabetic. **[PROVED]**

7) On 13 September 2018, during a supervised medication round:

- a. Did not recognise without prompting that medication should not be given to an unknown patient as the prescription was invalid due to there being no start date; **[PROVED]**
- b. Did not recognise without prompting the risk caused by an unknown patient being prescribed paracetamol as both a regular medication and as PRN. **[PROVED]**

8) On 5 November 2018, during a supervised shift:

- a. Recorded observations for a newly admitted patient on a piece of paper rather than a formal NEWS2 chart; **[PROVED]**
- b. Did not respond to a patient who had pulled her call bell; **[PROVED]**
- c. Incorrectly recorded a patient being on respiratory scale 2 rather than 1; **[PROVED]**
- d. Incorrectly assessed a patient's fluids were restricted to 1.5L when it should have been 1L; **[PROVED]**
- e. Did not completely fill in a newly admitted patient's records. **[PROVED]**

9) On 14 November 2018, during a supervised medication round:

- a. Signed that medication had been administered to an unknown patient during the morning medication round when a tablet remained in the medication pot; **[PROVED]**
- b. Did not sign to show calogen had been administered to an unknown patient; **[PROVED]**

- c. *Failed to recognise that the prescribed dose of 1g paracetamol was too high for a patient who weighed less than 50kg. [PROVED]*

10) On 30 November 2018, during a supervised shift,

- a. *Did not sign the intentional rounding records as required for one or more patients; [PROVED]*

b. *When asked to perform an ECG:*

- i. *Did not verbally engage with the patient at the start of the procedure, [PROVED]*

- ii. *Placed the electrodes in the wrong place, [PROVED]*

- iii. *Placed too many electrodes on the patient. [PROVED]*

11) On 24 December 2018, during a supervised shift:

- a. *Did not complete fluid balance charges for two patients. [PROVED]*

- b. *Did not sign the intentional rounding charts for 12:00 for one or more patients. [PROVED]*

12) On 15 February 2019, during a supervised medication round:

- a. *Dispensed 1g of paracetamol to administer to a patient who was only prescribed 500mg; [PROVED]*

- b. *Attempted to administer apixaban from the wrong packaging to a patient. [PROVED]*

c. Administered medication to one or more patients even though the prescriptions were invalid as they did not include a start date.

[PROVED]

d. Did not prioritise administering medication to a patient who required insulin. **[PROVED]**

13) On 8 March 2019, did not complete observations for a patient who had fallen every half hour as required during the first two hours. **[PROVED]**

14) On 8 March 2019, did not remove a patient's catheter at 14:00 as required. **[PROVED]**

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

The original panel determined the following with regard to impairment:

"The panel finds that patients were put at risk of harm as a result of Mr Piccotti's lack of competence. Mr Piccotti's lack of competence had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that Mr Piccotti has provided the NMC with one reflective piece on the Case Management Form signed 2 June 2021, that has demonstrated some insight and remorse. The panel also bore in mind that Mr Piccotti's admissions that his nursing practice is impaired and that he does not have the confidence to continue his nursing practice at the moment.

In its consideration of whether Mr Piccotti has taken steps to strengthen his practice, the panel took into account the support that he received from the Trust over approximately two years. The panel took into consideration that there were some improvements to Mr Piccotti's nursing practice but these were not sustained. The panel noted that the areas of concern in relation to Mr Piccotti's nursing practice were wide ranging and not limited to one area.

The panel is of the view that there is a risk of repetition based on the long periods of supervision that Mr Piccotti received from the Trust, the lack of consistency of demonstrable safe practice and that there is no information to suggest that the risks identified have been addressed. The panel was of the view that until there is further information available regarding Mr Piccotti's nursing practice, it cannot be confident that the actions outlined would not be repeated. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that, in this case, a finding of impairment on public interest grounds was required. It considered that the concerns surrounding Mr Piccotti's practice are required in order to maintain public confidence in the professions and to uphold proper professional standards. The panel was of the view that members of the public would expect a registered nurse to be competent in basic and fundamental areas of practice highlighted in this case.

Having regard to all of the above, the panel was satisfied that Mr Piccotti's fitness to practise is currently impaired."

The original panel determined the following with regard to sanction:

"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 Mr Piccotti's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the

case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that Mr Piccotti’s lack of competence 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 next considered whether placing conditions of practice on Mr Piccotti’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular that conditions may be appropriate when some or all the following factors are apparent:

- Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- Potential and willingness to respond positively to retraining;*
- Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- The conditions will protect patients during the period they are in force; and*
- Conditions can be created that can be monitored and assessed.*

The panel is of the view that there are currently no practical or workable conditions that could be formulated, given Mr Piccotti’s previous history of support from the Trust and his repetition of mistakes in this case.

Furthermore, the panel concluded that the placing of conditions on Mr Piccotti’s registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

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

The panel noted the hardship such an order will inevitably cause Mr Piccotti. 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.

...

Any future panel reviewing this case would be assisted by:

- Mr Piccotti's attendance at a future hearing;*
- Evidence of training undertaken since the incident;*
- A detailed reflective statement from Mr Piccotti outlining the events, his learning, and how he intends to strengthen his practice; and*
- Any testimonials from paid or unpaid work."*

Decision and reasons on current impairment

The panel has considered carefully whether Mr Piccotti's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register 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 decisions and reasons of the previous panel.

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 Mr Piccotti's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that although Mr Piccotti engaged with the NMC in 2021 and demonstrated some insight and remorse, he has not meaningfully engaged in any way since the suspension order was imposed, nor has he attempted to address how his actions impacted on patients and the nursing profession. The panel further noted that the last reviewing panel found that there was no new information before it since the original hearing, and therefore there had been no material change of circumstances.

At this meeting, and similarly to what the last reviewing panel found, the panel determined that there is little indication to suggest that Mr Piccotti is prepared to engage and demonstrate insight. The panel recognise that Mr Piccotti is not required to attend this meeting. However, the panel noted that there is no evidence before it to show that Mr Piccotti has remediated any of his clinical failings or taken steps to strengthen his practice.

The panel found that Mr Piccotti has not demonstrated an understanding of how his actions put the patient at a risk of harm, nor demonstrated an understanding of why what he did was wrong and how this impacted negatively on the reputation of the nursing profession, or provided information as to how he would handle the situation differently in the future.

Further, the panel found that the recommendations made by the original panel had still not been addressed, and there was no evidence before this panel that Mr Piccotti had remediated any of his clinical failings or taken steps to strengthen his practice. Examples of what the panel would have expected to see at this meeting, but are not limited to, is professional development, updated reflected statements regarding learning and strengthening of practice, insight into future plans in relation to nursing, and testimonials from unpaid or paid work.

In the absence of any up-to-date information regarding Mr Piccotti's practice or circumstances, the panel considered that patients would be placed at significant risk of harm, as a result of Mr Piccotti's lack of competence, should he be permitted to practise without restriction. The panel therefore considered that the risk of repetition remained high and determined that a finding of impairment remains necessary on the grounds of public protection.

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. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mr Piccotti's fitness to practise remains currently impaired.

Decision and reasons on sanction

Having found Mr Piccotti's 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 Mr Piccotti's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Piccotti's 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 next considered whether a conditions of practice on Mr Piccotti's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Piccotti's lack of competence.

The panel considered the imposition of a further period of suspension. The panel considered whether a further period of suspension would serve any useful purpose in all of the circumstances. The panel noted the lack of competence in this case is serious. It also noted that Mr Piccotti has not meaningfully engaged with the NMC, and although he initially demonstrated some insight into his failings, he has not provided any evidence of remediation or strengthening of his practice.

The panel would have given serious consideration to imposing a striking-off order had it not been for the provisions of Article 29 (6). The panel took into account the following from Article 29 (6) of the Order:

'A striking-off order may not be made in respect of an allegation of the kind mentioned ... unless the person concerned has been continuously suspended, or subject to a conditions of practice order, for a period of no less than two years immediately preceding the date of the decision of the Committee to make such an order'.

In light of Article 29 (6) of the Order, the panel was unable to impose a striking-off order today. Therefore, the panel determined that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest.

The panel determined to impose a suspension order for a period of 3 months.

This will provide Mr Piccotti with a final opportunity to engage with the NMC, provide evidence of insight into his past failings, and demonstrate how he has developed and strengthened his practice to become a safe practitioner.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 14 January 2024 in accordance with Article 30(1).

Before 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:

- Mr Piccotti's engagement with the process;
- Indication to the NMC of Mr Piccotti's future plans regarding his nursing career;
- Evidence of relevant personal and professional development undertaken;
- A detailed reflective statement from Mr Piccotti outlining the events, his learning, and how he has strengthened his practice; and
- Any testimonials from paid or unpaid work.

This will be confirmed to Mr Piccotti in writing.

That concludes this determination.