Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Wednesday 8 October 2025

Virtual Hearing

Name of Registrant:	Chiara Mancuso
NMC PIN:	16A0131C
Part(s) of the register:	Registered Nurse – Sub Part 1 RN1: Adult Nurse – January 2016
Relevant Location:	Manchester
Type of case:	Misconduct
Panel members:	Charlie Tye (Chair, lay member) Rachel Cerfontyne (Lay member) Mordecai Dadzie (Registrant member)
Legal Assessor:	Graeme Henderson
Hearings Coordinator:	Shela Begum
Nursing and Midwifery Council:	Represented by Sadaf Etemadi, Case Presenter
Miss Mancuso:	Present and unrepresented
Order being reviewed:	Suspension order (4 months)
Fitness to practise:	Not Impaired
Outcome:	**Order to lapse upon expiry in accordance with Article 30 (1), namely 15 November 2025**

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse upon expiry at the end of 15 November 2025 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 4 months by a Fitness to Practise Committee panel on 17 June 2025.

The current order is due to expire at the end of 15 November 2025.

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 was as follows:

> *'That you, a registered nurse:*
>
> 1. *On 16 October 2018, did not undertake and/or record observations for Patient A.*
>
> *AND in light of the above, your fitness to practise is impaired by reason of your misconduct.'*

The original panel determined the following with regard to impairment:

> *"The panel found that Patient A was put at risk of physical harm as a result of your misconduct. Your misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. […]*
>
> *In assessing whether you are liable in the future to cause unwarranted risk of harm, bring the profession into disrepute and/or breach one of the fundamental tenets of the medical profession the panel applied the test as set out in Cohen with regard to:*
>
> *a. is the misconduct easily remediable?*

b. has the misconduct already been remediated?

c. is the misconduct highly unlikely to be repeated?

The panel considered that the misconduct though serious, given the nature of the failing (taking and recording of clinical observations) is easily remediable. The panel also accepted that you were remorseful and had reflected on the impact of your actions on Patient A. Whilst the panel heard from you that you are now more aware and diligently following standard procedures it is not sufficiently assured that the actions giving rise to misconduct in this case is unlikely to be repeated.

Despite your sincere and remorseful live evidence, the panel had limited evidence before it to substantiate that there have been no further concerns with your practice and therefore it was not assured that the identified risks are sufficiently mitigated. It had no written insight or deeper reflections, no evidence of where and how your practice has been strengthened in the intervening seven years, no training certificates and no supportive positive testimonials from work colleagues vouching for your ability to practice safely and professionally.

The panel bore in mind the overarching objectives of the NMC; 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 determined that a finding of impairment on public protection and public interest grounds is therefore required.

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 in considering sanctions, acknowledged that Miss Mancuso left the UK 7 years ago and has been practicing as a nurse in various public hospitals in Italy and

does not plan to return to the UK any time soon. This presented it with particular challenges.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the misconduct in this 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 Miss Mancuso'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 Miss Mancuso'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 placing conditions of practice on Miss Mancuso'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:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The conditions will protect patients during the period they are in force;*

Ordinarily, the imposition of conditions of practice would require the registrant to be practicing in the UK. Therefore, the workability and practicality of such an order become particularly difficult in this case. Accordingly, it is of the view that there are no practical or workable conditions that could be formulated.

In light of this, 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:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel acknowledged the risk to patient safety if Miss Mancuso were allowed to practice unrestricted, combined with the inability of the panel to impose workable conditions. It therefore determined that a suspension order is the most appropriate sanction.

The panel was satisfied that in this case the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigating factors identified, it concluded that a striking off order would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Miss Mancuso's case to impose a striking-off order.

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 Miss Mancuso. 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.

The panel determined that a suspension order for a period of 4 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:

- *Evidence of further training*
- *Deeper insight and a reflective statement*
- *Evidence of any training that has strengthened your practice in the area of concern; and*
- *Positive testimonials from past and current employers"*

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 a registrant's ability to practise kindly, safely and professionally. 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.. It has taken account of the submissions made by Ms Etemadi on behalf of the NMC and submissions made by you.

Ms Etemadi provided a background to the case. She referred the panel to the facts underlying the imposition of the suspension order and referred the panel to the concerns which related to your failure to undertake clinical observations for a patient. You were working on a day shift and had received information during the morning handover that the patient was deteriorating, with an Early Warning Score (EWS) of 3, requiring hourly observations. The concern, which was subsequently found proven, was that you failed to carry out any observations for the patient between 07:30 and 20:00, despite a reminder from a colleague and the patient tracker alert system. The patient was due to be transferred to another ward at 20:30 for closer monitoring. However, when their nursing records were reviewed ahead of the transfer, it was discovered that no observations had been recorded for a 12-hour period. Observations were then completed at 21:29, at which point the patient's EWS had increased to 4. The patient passed away the following day. However, it was accepted that their death was not attributable to your actions.

Ms Etemadi informed the panel that this occurred on a particularly busy day in the hospital, at a time when delays in discharges required explanations from ward managers due to operational pressures. However, the day shift was otherwise fully staffed. Following the incident, you resigned from the Trust on 2 December 2018.

Ms Etemadi highlighted that the original panel concluded that the conduct amounted to misconduct and found your fitness to practise to be impaired. She further highlighted that the panel considered the misconduct to be serious but noted that it was also easily remediable and the original panel had accepted that you were remorseful and had made efforts to reflect on the impact of your actions on the patient, Nevertheless, that panel was not sufficiently assured that the misconduct would not be repeated.

Ms Etemadi submitted that at the original hearing, despite your sincerity and remorse, there was limited evidence to confirm that no further concerns had arisen in your practice. There was no written insight or reflective piece before the panel, no evidence of strengthened practice in the intervening seven years, no training records or CPD

certificates, and no positive testimonials from colleagues attesting to your safe and professional practice. She submitted that the panel therefore imposed a suspension order, as the most appropriate and proportionate sanction at that time, to protect the public and uphold the wider public interest.

Ms Etemadi reminded today's panel of its powers when conducting a review of a substantive order. The panel was reminded that it must now consider whether your fitness to practise remains currently impaired. In doing so, the panel must consider the overarching objectives of the NMC - namely, to protect the public, to maintain public confidence in the profession, and to uphold proper standards of conduct and behaviour.

Ms Etemadi referred the panel to the relevant legal framework, noting that while there is no statutory definition of impairment, the central question is whether you can practise kindly, safely and professionally.

Ms Etemadi referred the panel to the NMC's own guidance, advising that the panel may wish to consider what has occurred in your practice since the imposition of the order. The panel was invited to consider:

- whether you have complied with the order;
- the nature and quality of any evidence provided;
- whether you have demonstrated insight;
- whether there has been any improvement or deterioration in that insight since the last hearing;
- whether you have taken steps to maintain your skills and knowledge;
- whether you have a record of safe practice since the last hearing;
- and whether any risk to patient safety remains.

Ms Etemadi submitted that, if the panel were satisfied that your fitness to practise is no longer impaired and that no further restrictions are needed, it may allow the order to lapse on expiry and bring the case to a close.

Ms Etemadi then informed the panel that, at the time the previous order was imposed, there had been no written reflections, no CPD evidence, and no testimonials to support

safe and effective practice. This had led the previous panel to conclude that the risks remained unmitigated.

However, Ms Etemadi referred the panel to the new material now provided by you. This included a detailed reflective piece which outlined your nursing career since returning to Italy, along with your personal reflections on the incident. You had attempted to understand the underlying causes and triggers which contributed to the events of 2018. She submitted that you appear to have had a varied and consistent career in Italy, working in different wards, and that over the last seven years, there have been no reported concerns about your practice. This is supported by the testimonial now provided.

Ms Etemadi observed that the gaps identified by the previous panel have now been addressed. There is now evidence of remediation. She reminded the panel that the events in question took place in 2018, and it is now 2025. You have, it appears, been practising without incident during this period, and you have shown an understanding of what went wrong and what you have learned.

Ms Etemadi concluded that, based on the information now available, there is a fuller picture of your insight, your development, and your current practice. She therefore submitted that the panel may concluded, in light of that, that you are no longer currently impaired and that the existing order could be permitted to lapse upon expiry.

You addressed the panel with your submissions and reflections. You began by clarifying that, around two years ago, you were asked to provide references from your manager. You explained that such requests are uncommon in your professional context in Italy, and as a result, it took significant effort on your part to obtain them. You noted that although you did supply references at the time, they may not have met the format or standard expected, and for that reason, you had not submitted another copy since.

You emphasised to the panel that you have made every effort to engage fully in this process, but acknowledged that there are differences between the procedures and expectations of the UK and Italian regulatory systems. You explained that you were nevertheless keen to respond and contribute to the process. You expressed that you would accept whatever decision the panel made, as you were confident in the personal

and professional improvements you have made. You stated that you were aware of your own development and history, as outlined in your written statement. You told the panel that you had worked extensively on yourself - on your needs, your areas for improvement, and how to make the most of the support you had received.

In response to questions from the panel, you confirmed that you had reflected deeply on the incident and had continued to do so over the past seven years. You stated that you now have greater professional maturity and can more readily identify situations that may place patients or your practice at risk. You explained that you had become better at managing your workload, collaborating with colleagues, and using the full range of tools available to support patient safety. You acknowledged that mistakes were made at the time but said you are now more accurate and focused on your work. You told the panel that you were confident such an incident would not happen again.

You confirmed that, since 2020, you have worked with critically ill patients, particularly within a cardiology intensive care unit. You explained that this involved caring for patients who had undergone complex valve surgeries and that, despite having no previous experience in this area, you took it on as a challenge to test your knowledge and skills. You described the role as demanding but rewarding, particularly during the pandemic. You said you would have continued in that post if not for personal and family circumstances. You described the team and environment as positive and supportive.

You acknowledged that the training certificates you had provided were in Italian but confirmed that you had included translations where possible. You stated that you had selected training relevant to the concerns raised in your case, including resuscitation (paediatric and adult), primary care, team working, and hygiene. You noted that these courses are mandatory for your current role and included them to demonstrate how your practice has continued to develop.

You explained that the scores shown in your performance evaluations were taken from annual assessments completed by your manager. You told the panel this process is standard in your workplace and determines eligibility for a financial bonus. You explained that the assessment covers teamwork, flexibility, and your ability to carry out clinical tasks. You said that you had consistently received strong scores and had not encountered any

concerns. You also clarified that you could only submit the last five years' worth of assessments because your previous employer did not use written evaluation systems. You noted that earlier assessments were verbal only, which is why no earlier documentation was available.

You confirmed that if a staff member scores below the required threshold, they are invited to a meeting with their manager to discuss the reasons and agree an action plan. You added that scoring above 80% is necessary to qualify for the bonus and that your own scores had always exceeded that level.

You told the panel that you are booked to undertake ALS training in November, which includes content on early warning scores and deterioration - the same tools that are commonly used in the UK. You explained that the training you had already completed has improved your ability to detect early signs of patient deterioration and anticipate how a patient's condition might develop. You said that while you had some prior awareness of this, your current experience and training had sharpened your judgement and confidence.

You explained that if faced with a similar situation now, you would immediately escalate your concerns to a doctor, express any uncertainty you had about the patient's condition, and be more decisive about prioritising that patient over other tasks. You stated that you would act with more conviction and clarity, and that your approach to the seriousness of such situations had changed significantly.

You confirmed that you had qualified in Italy in 2015 and that the incident occurred in 2018. You agreed that this was now seven years ago and said that you had continued to practise throughout that time without incident. You told the panel that you had never received any complaints about your practice and, in fact, had often received compliments.

You concluded by reaffirming your understanding of what went wrong, the reflection you have done since, and the changes in your practice. You expressed confidence in your professional abilities and judgement and stated your belief that you were now a safer and more effective practitioner.

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 Miss Mancuso's fitness to practise remains impaired.

The original panel found that you had limited insight and had not yet provided sufficient evidence of remediation. That panel was not satisfied that the concerns had been adequately addressed. In particular, the panel had concerns around public protection due to the absence of a written reflective statement, a lack of clear evidence of insight, no supporting testimonials, and no documentary evidence of training or continuing professional development.

At this hearing, the panel was provided with a detailed reflective piece in which you demonstrated insight into your past misconduct and its impact on the patient, your colleagues, and the reputation of the profession. The panel noted that you acknowledged the seriousness of your actions and was able to articulate how and why your conduct had fallen below expected standards.

The panel took into account that you explained you had reflected deeply on the incident over the past seven years. You provided a clear, thoughtful, and credible account of how you now recognise and manage clinical risks, particularly in relation to deteriorating patients. You described how, in similar circumstances, you would respond differently - demonstrating an improved ability to prioritise patient safety, seek appropriate support, and escalate concerns effectively. In response to the panel's questions, you gave detailed and reflective answers which the panel considered to be evidence of meaningful professional development. Importantly, the panel was satisfied that your insight is not only theoretical but has been embedded into your day-to-day practice. You accepted full responsibility for your past actions, expressed sincere remorse, and showed a clear understanding of the potential impact on patients, colleagues, and the reputation of the profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account:

- Your clear desire to work towards resolving the regulatory concerns and that you proactively took action in this respect.
- The additional relevant training undertaken, which included certificates in adult and paediatric resuscitation, primary care, teamwork, and hygiene.
- Your explanation that you are booked to complete ALS training in November 2025, which includes deterioration management and use of early warning scores.
- The reflective piece in which you addressed the root causes of the incident, the triggers you identified, and how you have taken steps to prevent recurrence.
- Testimonial evidence and annual evaluations from your current employer demonstrating consistent, safe, and effective nursing practice over several years.

The original panel determined that you were liable to repeat matters of the kind found proved. However, today's panel has received compelling new information including evidence of seven years of incident-free clinical practice in Italy, clear insight, and ongoing professional development. In light of this, the panel determined that you are now not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is not 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 noted that you have fully complied with the previous order, have engaged constructively with the process, and have now met the expectations set by the last panel. Given the steps you have taken to remediate and strengthen your practice, the panel determined that a finding of continuing impairment on public interest grounds is also not required.

For these reasons, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 15 November 2025.

This will be confirmed to you in writing.

That concludes this determination.