

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

**Substantive Order Review Hearing
Thursday 7 March 2024**

Virtual Hearing

Name of Registrant: Vittorio Piccotti

NMC PIN 14J0619C

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – (October 2014)

Relevant Location: Peterborough

Type of case: Lack of competence

Panel members: Judith Webb (Chair, Lay member)
Mary Hattie (Registrant member)
Anne Phillimore (Lay member)

Legal Assessor: Tim Bradbury

Hearings Coordinator: Charis Benefo

Nursing and Midwifery Council: Represented by Chuba Nwokedi, Case Presenter

Mr Piccotti: Not present and unrepresented

Order being reviewed: Suspension order (3 months)

Fitness to practise: Impaired

Outcome: **Striking-off order to come into effect at the end of
14 April 2024 in accordance with Article 30(1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Piccotti was not in attendance and that the Notice of Hearing had been sent to Mr Piccotti's registered email address by secure email on 30 January 2024.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Piccotti's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Piccotti has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Piccotti

The panel next considered whether it should proceed in the absence of Mr Piccotti. The panel had regard to Rule 21 and heard the submissions of Mr Nwokedi who invited the panel to continue in the absence of Mr Piccotti.

Mr Nwokedi submitted that there had been no engagement at all by Mr Piccotti with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Piccotti. In reaching this decision, the panel has considered the submissions of Mr Nwokedi, and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Piccotti;
- Mr Piccotti has not engaged with the NMC and has not responded to any of the correspondence sent to him about this hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Piccotti.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 14 April 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third 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 reviewing panel imposed a further 12-month suspension order. At the second review meeting on 30 November 2023, a suspension order was imposed for a period of three months.

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

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

The charges found proved by way of admission 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 second reviewing panel determined the following with regard to impairment:

'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.'

The second reviewing panel determined the following with regard to sanction:

'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.'*

Decision and reasons on current impairment

The panel 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 carried out a comprehensive review of the order in light of the current circumstances. Whilst it noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle. It took account of the submissions made by Mr Nwokedi on behalf of the NMC. He provided a background to the case and submitted that Mr Piccotti's fitness to practise remains impaired.

Mr Nwokedi submitted that Mr Piccotti has not attended any of the proceedings or engaged meaningfully with the NMC. He submitted that there was no evidence of relevant professional or personal development undertaken by Mr Piccotti, no detailed reflective statements, and no testimonials from paid or unpaid work. Mr Nwokedi submitted that there was little information to suggest that Mr Piccotti is prepared to engage and demonstrate insight. He submitted that the recommendations made by the original panel had not been addressed.

Mr Nwokedi highlighted that the panel at the last review meeting gave serious consideration to the imposition of a striking-off order, but it decided that a suspension order was appropriate at that time due to the provisions of Article 29(6).

Mr Nwokedi submitted that there was no information from Mr Piccotti about whether or not he seeks to practise as a nurse as of today. Mr Nwokedi invited the panel to take into account the fact that even though Mr Piccotti was provided with extensive support from his employer at the time of the concerns, his practice did not improve. He submitted that as of today's hearing, there was no evidence of what he has done to change those circumstances. Mr Nwokedi submitted that on that basis, Mr Piccotti's fitness to practise is still impaired.

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 charges found proved related to serious concerns about Mr Piccotti's competence as a registered nurse. It took into account that there were consistent attempts made by Mr Piccotti's employer at the time to support him in addressing those concerns, but he was still unable to strengthen his practice to work safely and competently. The panel considered that the issues in this case would have an impact on patient safety were they not resolved.

The panel noted that the last reviewing panel found that Mr Piccotti had demonstrated no insight as he had not meaningfully engaged in any way since the original suspension order was imposed. At this hearing, the panel noted that Mr Piccotti had still not engaged with the NMC or responded to any correspondence about his case. There was no information before this panel regarding Mr Piccotti's current circumstances. There was also no new information to indicate that Mr Piccotti has developed insight, that the concerns identified

have been addressed or that he has taken steps to strengthen his practice and competence as a registered nurse.

The last reviewing panel determined that Mr Piccotti was liable to repeat matters of the kind found proved based on the lack of up-to-date information regarding his practice or circumstances. Today's panel had not received any new information from, or in respect of, Mr Piccotti to suggest that the risk of repetition had decreased. In light of this, this panel determined that Mr Piccotti is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is 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 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.

The panel 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 a conditions of practice order on Mr Piccotti's registration would be a sufficient and appropriate response. The panel was 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 meeting, and Mr Piccotti's lack of engagement. There was no information before the panel to suggest that Mr Piccotti would be willing to engage with conditions of practice. In addition, the panel noted that despite the substantial support provided by Mr Piccotti's employer at the time of the concerns, his practice did not improve; and there was nothing from Mr Piccotti about what he would do differently if he were supported now. The panel therefore considered that any conditions of practice order would serve no useful purpose. It 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 next considered imposing a further suspension order. The panel considered that the current suspension order adequately protects the public. However, it noted that Mr Piccotti has not demonstrated any insight into his previous failings, or engaged with the NMC since the imposition of the suspension order in December 2021. Registered nurses have a duty to engage with their regulator. In view of the seriousness of the regulatory concerns and his lack of engagement with the NMC and these proceedings, the panel determined that Mr Piccotti did not appear to appreciate the seriousness of the issues identified with his practice, neither did Mr Piccotti demonstrate any inclination to gain insight into his failings. The panel considered that this raised serious concerns about Mr Piccotti's professionalism and pointed to an attitudinal problem.

The panel was of the view that considerable evidence would be required to show that Mr Piccotti no longer posed a risk to the public. However, there was no such evidence before the panel at this hearing. The panel therefore determined that a further period of

suspension would not serve any useful purpose in all of the circumstances. It considered that imposing a further suspension order would not uphold proper standards, and would undermine public confidence in the professions and damage the reputation of the NMC as regulator.

The panel also noted that Mr Piccotti is still on the NMC register only by virtue of the current substantive suspension order.

The panel then considered the imposition of a striking-off order. The panel took account of the SG and was satisfied that, in this case:

- The regulatory concerns about Mr Piccotti raised fundamental questions about his professionalism;
- Public confidence in nurses would not be maintained if Mr Piccotti was not removed from the register; and
- A striking-off was the only sanction which would be sufficient to protect patients, members of the public, and maintain professional standards.

The panel determined that it was necessary to take action to prevent Mr Piccotti from practising in the future. The panel therefore decided to impose a striking-off order, which in the panel's view was proportionate and necessary in this case.

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

This decision will be confirmed to Mr Piccotti in writing.

That concludes this determination.