

Witness Name: Pippa Nightingale

Statement No.: WITN4572017

Exhibits: WITN4572018 -

WITN4572019

Dated: 21st September 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PIPPA NIGHTINGALE

I provide this statement on behalf of Chelsea and Westminster Hospital NHS Foundation Trust in response to a request under Rule 9 of the Inquiry Rules 2006 dated 9 July 2021.

I, Pippa Nightingale, will say as follows: -

Section 1: Introduction

1. My name is Pippa Nightingale MBE. My date of birth is GRO-C1974. My professional address is Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, Chelsea, London SW10 9NH. I hold the following professional qualifications: Registered Midwife, BSc, MSc 1998.
2. I am the Chief Nurse of the Chelsea and Westminster Hospital NHS Foundation Trust ("the Trust"). I am a full voting member of the Board of Directors. Amongst other duties, I am responsible for ensuring the high quality of patient care at the Trust and for providing professional leadership for all nursing and midwifery staff.

Section 2: Background to the West Middlesex University Hospital

3. The West Middlesex Hospital ("the Hospital") was not run by the Trust in 1961 - 1965. At that time, the Hospital was managed by the South West Middlesex Hospital Management Committee.
4. Eventually, management of the Hospital transferred to the West Middlesex University Hospital NHS Trust, which was created in 1992 by virtue of the West Middlesex University Hospital National Health Service Trust (Establishment) Order 1992.
5. On 1 September 2015, the West Middlesex University Hospital NHS Trust ceased to exist and the Hospital became part of the Trust.

6. As such, the Hospital was not run by the Trust at the time, but it is currently operated by the Trust. Unfortunately, the Trust does not hold any policies or procedures for the Hospital from 1961 – 1965 which is noted to be the relevant period of time for this Witness.

Section 3: Response to Concerns of Witness W4641

7. Our sympathies go to Witness W4641 (“the Witness”) and her family. We are sorry to read about the matters experienced by the Witness and her family.
8. The Witness has raised concerns about the treatment her son Peter received at the Hospital from 1961 to 1965. Although the Trust was not the managing authority at the time, and the information we have is quite limited, we want to do our best to address those concerns and share the information we have with the Witness and the Inquiry, in the interest of transparency.
9. The Witness, in her statement, explains that in or around late 1961 her son was taken to the Hospital and she was advised that he may have haemophilia.
10. NHSX Records Management Code of Practice 2021 provides that children’s records should be retained until their 25th birthday, and destroyed if no longer required. As Peter is sadly deceased, his records relating to his treatment at the Hospital would have been destroyed a long time ago. We are therefore unable to comment on the treatment he received at the Hospital in the period from 1961 to 1965.
11. The Witness reports that upon Peter’s diagnosis, a nurse gave limited information to the Witness about haemophilia. The Hospital is not a haemophilia centre and whilst we cannot comment on the practice at the time and in the absence of records we cannot check the extent of information given; it is now our standard practice to provide parents of newly diagnosed patients with information about the condition and refer a patient to a specialist haemophilia centre for further management.
12. I note that the Witness reports at paragraph 11 of her statement that because of Peter’s bruising and prior to him being diagnosed with haemophilia, the clinicians often thought that Peter was subjected to physical abuse and reports that on one occasion she was not allowed to come near him and her visits were supervised by a nurse.
13. We appreciate that this must have been very upsetting for the Witness and whilst we cannot comment on the practice at the time, I can confirm the current position with safeguarding children at the Trust. The Trust’s Safeguarding Children and Young People (Including Unborn) Policy (November 2019), which I exhibit as WITN4572018, states: “The Trust has a duty to protect the rights of children whilst keeping their safety paramount”. The nurses employed by the Trust are bound by the Nursing and Midwifery Council Code which says: “You make care and safety [of people using or needing nursing or midwifery services] your main concern”. The NICE Guideline Child Maltreatment: When to Suspect Maltreatment in under 18s says at 1.1.1 “Suspect child maltreatment if a child or young person has bruising in

the shape of a hand, ligature, stick, teeth mark, grip or implement”, and at 1.1.2 “Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples include:

- bruising in a child who is not independently mobile;
- multiple bruises or bruises in clusters;
- bruises of a similar shape and size;
- bruises on any non-bony part of the body or face including the eyes, ears and buttocks;
- bruises on the neck that look like attempted strangulation;
- bruises on the ankles and wrists that look like ligature marks.”

Indeed, nurses working with children use the maxim “No Cruising – No Bruising”, meaning that children who are not yet able to walk do not tend to bruise, break bones or have abrasions as they are unlikely to fall whilst mobilising.

14. Therefore, prior to Peter being diagnosed with haemophilia, even by the modern standards, we understand why the clinicians may have suspected child maltreatment and would have likely been acting in accordance with NHS policy at the time. However, the Trust would nowadays expect the professionals to attempt to elicit more information before implementing such restrictive measures as only having supervised visits.

15. We are deeply saddened to read at paragraph 14 of the Witness Statement that the Witness reports that Peter was tied to a bed in a paediatric ward at the Hospital. My colleagues at the Hospital have not heard of this, and anyone who was working in the early 1960's would have retired by now so we are unfortunately unable to elicit any further information from current staff of the Trust to assist the Witness and the Inquiry.

16. I can however confirm that this practice is not used at the Trust currently. We believe that the management of difficult and challenging behaviour is an activity requiring decency, honesty, humanity and respect for the rights of the individual, balanced again the risk of harm to themselves, staff and members of the public. The Trust Restraint Policy, which I exhibit as WITN4572019, provides that in some instances physical intervention may be necessary in order to restrain an individual who is posing a significant threat to him/herself and/or others.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed

GRO-C

Dated

21st September 2021

Table of exhibits

Date	Notes/ Description	Exhibit number
November 2019	Safeguarding Children and Young People (including Unborn) Policy (November 2019)	WITN4572018
July 2019	Trust Restraint Policy	WITN4572019