Police Interviews - Baby A

In April 2023, Lucy Letby's police interviews were recited in court by the prosecutor playing the police officer who conducted the interviews, and the female interviewing officer playing Lucy Letby. This is a transcript of that trial re-enactment, which included a number of police interviews concerning Baby A that had taken place in 2018, 2019 and 2020.

Text in italics relates to supplementary information being given by the prosecutor.

The first police interview below took place in July 2018 after Lucy Letby's first arrest.

Q. Okay. In relation to Baby A, other than the notes, do you remember Baby A and your care of Baby A, other than the notes you've just gone through?
A. Yes.

Q. You do. Would you like to tell me exactly in your own words then what your involvement was with Baby A, regarding around the time he collapsed?
A. So I remember I came on duty. We start our night shift at 7:30, and we have a general handover period, which usually lasts until around 8 o'clock. And at that point, I went to Baby A's cot side to receive individual handover with the nurse that had been looking after him in the day. And I believe this was around 8 o'clock, and at this point, the nurse looking after him was connecting or drawing up some fluids to be connected via a long line that Baby A had inserted during the day. So at this point, whilst we were getting - sorry - so whilst at this point-- whilst we were getting handover from each other, I checked the fluids with this other nurse, and she connected them via the long line. And shortly after that is when we noticed that Baby A had gone quite pale and mottled in his skin. Dave Harkness, the registrar, was in the nursery at the time, and we called Dave over and began initiating airway support because Baby A was apnoeic. And then we put out a crash call, and doctor Jayaram came, and then Baby A had full resuscitation.

Q. You came on duty at 7:30?
A. Yes.

Q. Okay. So what was your-- what were your actions when you came on duty on the ward?
A. So we have a generalised handover to start with, all the nursing colleagues that hand over from the day shift to the night shift.

Q. Okay.

A. And then I'm not a 100% sure of the timing, but I believe I got to Baby A's cot side around 8 o'clock to have that individual handover on Baby A from the nurse that was caring.

Q. Do you specifically remember this shift of Baby A?
A. Yes.

Q. Okay. What-- why do you remember that?
A. I remember Baby A.

Q. So do you specifically recall going to Baby A's cot side?
A. Yes.

Q. Okay. Tell us about your observations of Baby A at that time.
A. So I remember Baby A was on CPAP, which is respiratory support. And I didn't have a lot to do with Baby A at that time because when I came to get the handover, the nurse caring for him was already drawing up sterile fluids to go through the long line that had just been put in by the doctors. So we went straight to checking the fluids.

Q. Okay. Tell me about what the support was, the breathing support.
A. Baby A was receiving CPAP.

Q. Okay. And at that point, was there anything that alerted you to anything? Even though you can't remember which specifically Baby A had, did you notice anything that concerned you with the way he was receiving that treatment?
A. Not with that. The only thing I do remember is that he was a little bit jittery in appearance. He was a bit jittery in his limbs, and that can be a sign of low blood sugars. And he was due a blood gas and a blood sugar shortly after I came on shift.

Q. Okay. So tell me what jittery is.
A. Jittery is sort of when the baby is making sort of involuntary jerking movements, their limbs.

Q. So it's not in reaction to pain? .
A. No.

Q. No, so it--
A. Jittering is something you recognize as being-- it can be a sign of low blood sugar. It's quite a different movement.

Q. Okay. Is that common?
A. It is common for preterm babies to be hypoglycaemic, yes--

Q. And was that--

A. --and that's why we were keen to get the fluids connected because we were conscious that he hadn't had fluids via his long line in the UVC at that point.

Q. Okay. Would the fluids have included something that would aid the jitteriness?
A. Yes.

Q. Okay. And what was that?
A. I'm not sure without looking which fluids we connected, whether it's 10% glucose or TPN.

Q. Okay. So tell me who the nurse was that you took over from?
A. Melanie Taylor.

Q. Okay. What was her handover to you? This is from memory.
A. I can't remember specific details--

Q. Okay
A. --but I don't recall there being anything of any due concern.

Q. Okay. So when you came on duty, how was Baby A presenting to you initially?
A. From what I remember, he-- I didn't have any concerns other than this jittery movement.

Q. Okay. Do you remember how long into your shift that he became jittery?
A. No.

Q. So you said that you checked the fluids with the other nurse. Is that again something that you specifically remember with regards to Baby A?
A. I can't remember which fluids, but I know that Mel was there with the fluids when I came to get handover, and we made that a priority to check the fluids and get those set up and running.

Q. Okay. Again, why was that-- why was that a priority?
A. Because he hadn't had his cannula, his peripheral cannula, inserted in the day. He'd had a UVC that they weren't happy to use, and he'd had a long line inserted that the doctors had confirmed we could use. So I think he'd gone a few hours without any fluids.

Q. Okay. Is that normal? Is that a cause for concern?
A. It's not ideal, but when you have new babies and it's you have-- you can have problems obtaining access to be able to give fluids.

Q. Yeah. Right, okay. But there was nothing that gave you any concern apart from the jitteriness?

A. No, not that I remember.

Q. At the point of handover.
A. No.

Q. Okay. So you said he became pale and mottled. Is that during the handover with Melanie?
A. I think it was after we connected the fluids.

Q. Okay.
A. He-- he was normal in appearance when we were having handover, and once we connected the fluids, it was noticed that he-- his colour changed.

Q. Okay. So with regards again from memory, yourself and Melanie, did you do that together?
A. I think Mel was drawing up the fluids, and Mel was sterile because you have to do it aseptically, connecting fluids. So I believe she was gowned up and setting the fluids up, and I checked the fluids with her because 2 people have to check any bags or any fluids that were running.

Q. Okay.
A. And then I think from memory, Mel connected the fluids to the long line--

Q. Okay. So what--
A. --and then we set up the pump together, the infusion pump.

Q. Okay. So physical interaction at that stage with Baby A, what exactly did you do--
A. I don't--

Q. --in layman's terms?
A. --I don't recall having any physical contact with Baby A at that point.

Q. Okay. So when did you have physical contact with Baby A? Do you recall?
A. No. I think it was when he deteriorated.

Q. Okay. Do you remember what you were doing just prior to the deterioration, Lucy? What-- where you were?
A. I think I was at the bedside checking the equipment. So usually, when we have received handover, we'll then go through and check all the emergency equipment.

Q. Right.
A. Check any infusion pumps, any ventilator support. You check all the equipment, check your incubator, those sorts of things.

Q. And were there any issues with the equipment at that time?
A. No.

Q. Okay. And that's where you were just before he became unwell?
A. Yes, I think so.

Q. Was anyone else with you at the time?
A. So Mel was still in the room, and a registrar, Dave Harkness, was in the room with Baby B.

Q. Okay. What was Mel doing? Do you remember at the time?
A. No.

Q. Okay. Were there any other babies?
A. I think she may have been writing her notes, but I-- I'm not a 100% sure.

Q. Right. Were there any other babies in the room at that time?
A. I know Baby B was in the room. I'm not sure about any others.

Q. Right. Who was Baby B's nurse at the time?
A. I think it was Caroline Bennion, but again, I'm not certain. I know Caroline Bennion was there because she became involved once Baby A deteriorated. I'm not sure if she was on the day shift or the night shift.

Q. And you say doctor Harkness was there?
A. Yes.

Q. What was he doing then?
A. He was doing something with Baby B. I'm not sure, but I just remember him being at her incubator.

Q. Okay. So you've done those kind of connections. You didn't have any concerns at that stage. How long between doing those and you noticing Baby A becoming pale and mottled?
A. It was fairly soon, within minutes, I think.

Q. 30 minutes? 2 minutes?
A. I don't know. Maybe 5 minutes.

Q. Okay.
A. Something like that.

Q. And Melanie had moved on to doing her notes?
A. I think so.

Q. And you were doing the check of the equipment?
A. Yes.

Q. Okay. So tell me how you interpret "pale" first of all in a neonatal baby?
A. It's a loss of colour. Babies are usually quite pink and he'd become more pale, as in almost white.

Q. Okay. What does that mean to you as a nurse in that field?
A. That there's something wrong.

Q. Okay. Like what?
A. It could be an infection.

Q. Okay.
A. Could it be that they are hypoglycaemic, that they've had a sudden collapse.

Q. Okay. And mottled, the same thing - how do you interpret the mottled appearance?
A. So mottled is a bit more of almost like a rash appearance, like blotchy red marks on the skin.

Q. Okay. Is that a reflection of something in your experience?
A. Again, it can be a sign of infection, low blood sugars. If they're cold, they can become mottled, if they got poor blood gases.

Q. Okay. And exactly what is mottled?
A. What is a mottled appearance?

Q. Yes.
A. So when the baby's quite pale and white, they can have sort of red areas on them.

Q. Red?
A. Yeah, like, reddy purple, yes.

Q. Okay. Was this - specifically with regards to Baby A - was it localized, or was it spread out? Where exactly did the mottling appear?
A. I think it was his hands and feet--

Q. Okay.
A. -- and he was centrally pale.

Q. Okay. So those 2 together, considering how he presented to you at that time, what were your actions then?
A. So I think I went to him and checked him and found that he was apnoeic and not breathing.

Q. Okay. So how did you check him? What do you mean by check?
A. I looked to see if he was breathing and if the CPAP mask was in place still, and the machine was running.

Q. And was it?
A. Yes.

Q. Which machine was running?
A. The CPAP machine.

Q. Okay, yeah.
A. And then straightaway, Dave was in the room, Dave Harkness, and I called him over from what I recall.

Q. Okay. How did-- did you have to almost stimulate Baby A or physically check him?
A. I think so, but I can't remember.

Q. Okay. So you say that you saw he wasn't breathing, that he was apnoeic?
A. Yes.

Q. So tell me how that presented in Baby A.
A. How did I know that he was apnoeic?

Q. Yes.
A. I think I went over and assessed him. He wasn't breathing, and I'm not sure what his observations were doing. I can't recall his observations at the time.

Q. Okay. At that time, was anyone else with you?
A. Yes. Dave Harkness was on the cot side next to him. I'm sure Mel was in the room, and Caroline Bennion.

Q. So Dave Harkness would have witnessed the apnoea. The breathing had stopped. Yeah?
A. I'm not sure that he was looking at Baby A at that time, but he was in the room.

Q. So how did he become aware that Baby A was apnoeic?
A. We called him over.

Q. Okay. Who's we?
A. I'm not sure whether it was myself or Mel or Caroline.

Q. Okay.
A. I'm not sure who. We were all in the room from what I remember, so I'm not sure which of us, who I called for first, or how it-- we were all in close proximity.

Q. Was he attached to any monitors?
A. Yes, he would have been attached to a Philips monitor.

Q. Okay. So in Baby A's case in particular, was the monitor-- did the monitor go off?
A. I can't remember--

Q. Right.
A. --specifically.

Q. Was it the monitors that attracted you to Baby A being apnoeic, or was it your visual observations?
A. I can't recall, but I would assume it would be the monitor.

Q. Okay. So had you moved away from Baby A after you'd done the handover?
A. I can't specifically-- I don't know.

Q. Right. Because you said you were checking the--
A. If the equipment is adjacent to the cot side, though...

Q. Were you with Baby A throughout that period?
A. I believe I was checking the equipment, yes, at his cot side and his charts.

Q. When you talk about this mottled rash, can you give us any further description of how it showed, its shape?
A. I think from memory, it was more on the side that had his line in.

Q. Okay. Which side was that? Do you remember?
A. I think it was his left side.

Q. Okay. And you described it as a red purple colour. Can you sort of help us with any comparisons with anything colour wise the way it showed? Was there any-- was it bright red? Was it dark red?
A. I think it was more pale than the mottling, than the little areas of mottling.

Q. Okay.
A. But, predominantly, it was his paleness.

Q. Did anyone else see that mottling on Baby A?
A. Yes. I think it was still there when I called Dave and Caroline and the other nursing staff came in.

Q. Did they say anything about it to you?
A. Yes, we were advised to stop the fluids on the long line straight away.

Q. Did they say what they thought it was?
A. I think Dave mentioned that it could be potentially an issue with the line, so to stop the fluids.

Q. Okay. How does a long line cause mottling?
A. If the long line wasn't in the correct position, you were running fluids, and it was going outside of the bloodstream into the tissues, then it would cause circulatory problems to--

Q. Okay, right.
A. --that limb or that area.

Q. Okay. Who had inserted the long line?
A. I think it was Dave Harkness. Doctors insert it, so it would have been a member of the medical team.

Q. Okay. And that was prior to you coming on duty, I think you said, didn't you?
A. Yes.

Q. Because-- so that was already in situ?
A. Yes.

Q. Okay. At 20:05, you put "10% glucose commenced via long line with SN Taylor as agreed by registrar Harkness who was present". What was this for?
A. All the babies that aren't being fed need to have some fluids running to maintain the blood sugars. So 10% glucose is the standard formula we would give for TPN. So Baby A was commenced on, obviously, 10% glucose.

Q. Okay. And if we move along there, I think we've covered-- you noted him to be jittery, that he was due to have a blood gas and a blood sugar taken. I think you mentioned that to us, didn't you, that you went through the process of that? How was Baby A handling at that time?
A. I don't recall handling Baby A.

Q. Right. At all that day?
A. No.

Q. Okay. So you've put there at 20:20, "Baby A's hands and feet were noticeably white, centrally pale, poor perfusion, Baby A became apnoeic". So you put there that Baby A became apnoeic at the time. His hands and feet were noticeably white. So is that-- was that the correct sort of way - sort of way - displayed his hands and feet were white, you saw them being white, and then he became apnoeic at the same time, or was that afterwards?
A. I can't recall specifically.

Q. But was anyone else present when you saw those?
A. There were other staff present in the nursery, yes. I remember raising about them being white. That's when I was advised to stop the fluids.

Q. At that time?
A. Yes, I believe when I was - called for help, yes.

Q. Okay. So where you've put centrally pale and perfusion - the poor perfusion refers to how you described around the..
A. The limbs, yes.

Q. The extremities. Okay.
A. Yes.

Q. Okay. And that could be caused by a problem with the long line?
A. Yes.

Q. So that's the same thing?
A. Yes.

Q. Okay. What do you mean by perfusion then? What's perfusion?
A. The circulation.

Q. Okay. Was there a reason why it's particularly poor with Baby A--
A. No.

Q. --in your opinion?
A. No.

Q. Okay. Then you've got registrar Harkness in the nursery and assistance called for. So I take it he was there pretty straight away, was he?
A. Yes.

Q. And what was his initial advice to you?
A. To stop the fluids.

Q. And then shortly afterwards, quote, "no heart rate was detected and full resuscitation commenced as per medical notes". Do you want to just go through that process of the resuscitation for us then, specifically to Baby A?
A. Okay. I can't remember specifically my role with Baby A.

Q. Right. Is there anything at all that you do remember about the resuscitation?
A. No.

Q. "Then sadly Baby A passed away at 20:58 hours and was given to the parents to cuddle". How were you feeling about that?
A. It was awful, really.

Q. Can you explain what was going through your mind?

A. Just how quickly it had all happened, and I didn't have a relationship with the parents or anything. And, obviously, they came, and Baby B was in the room at the time. And we were conscious that we were split between 2 babies, and Baby B was present when this was all happening as well.

Q. Do you know who gave - gave him to the parents - who passed Baby A?
A. I think it was myself.

Q. You think or you remember?
A. No, I can't remember specifically for definite.

Q. What made you think it might be you?
A. Usually it's the member of staff that has cared for the baby, that's assigned to look after the baby, that would have that role.

Q. It must be a very difficult time for you.
A. Yes.

Q. How do you sort of deal with that? What's your sort of coping mechanism for that?
A. I think we just all as a team sort of supported one another with it.

Q. Do you remember any sort of debriefs or chats with.. ?
A. There was a debrief.

Q. Debrief.
A. A few days later, I think. I'm not sure of the exact date, but there was one held formally.

Q. You remember that, do you?
A. Yes.

Q. Who was involved with that, who was present?
A. I think it was led by doctor Jayaram. I can't remember any of the specific details about it.

Q. Was there any particular outcome from it all?
A. No. I believe there was some mention that mum had various health issues that were being looked into, whether they could have affected Baby A and Baby B, but I don't recall anything else.

Q. What about offloading to friends or family, you know, after your shift? Did you do any of that?
A. I can't remember specifically, but I would have told my parents and my friends, yes.

Q. But you don't know specifically?
A. No.

Q. Okay. Up to Baby A, had you had experience of babies passing away professionally prior to this death?
A. Yes.

Q. Okay. What kind of occasions were they? In what circumstances?
A. I'd seen babies pass away at Liverpool Women's when I was doing my training there. Very preterm babies.

Q. Okay.
A. And I-- we lost a 23 week baby on the unit when I first started, so I'd seen that baby.

Q. Okay. Is there sometimes an element of a death being expected within the neonatal unit?
A. Sometimes, yes.

Q. Okay.
A. Depending on the baby's condition and gestation and things, yes.

Q. With regards to Baby A, was his death anticipated or expected?
A. No. My concern at the time was whether there was-- had been any issue with the long line, because it was sort of in a few minutes after we connected the fluids that he seemed to deteriorate. So I think my concern was that there had-- was an issue either with the line or the fluids that we'd connected.

Q. Okay. So you explained about how the long lines can be in the wrong position, and that can cause problems. So that was your concern with the long line. Is that correct?
A. Yes.

Q. Okay. What were your concerns about the fluids that had been administered and could cause a collapse?
A. So I didn't have a concern specifically about the fluid. But when thinking of what could have caused it, my concern was maybe that the bag of fluid wasn't what we thought it was potentially.

Q. Okay. What did you think it was?
A. 10% glucose.

Q. Did you say that Melanie attached it, or you just don't recall who attached it?
A. I believe Mel was sterile, so I think Mel would have attached it, if she was sterile.

Q. Okay.
A. She would have been the one to have connected it. I can't remember for definite who connected the bag, no.

Q. Where does the bag come from?
A. So the bags are all pre-sealed, and they were in a cupboard in nursery 1.

Q. So who actually retrieves those out of the cupboard?
A. The nursing staff.

Q. Okay. So did you retrieve that bag for Baby A?
A. No. Not that I recall. I recall that Mel had already had the bag out--

Q. Okay.
A. --and was-- and already had the line ready to run through, so we checked the bag together.

Q. Okay. As part of your checks of the, you know, his equipment, did you recheck his bag and the long line after Mel had attached it?
A. I can't recall specifically.

Q. Would there be any record made of who attached this bag?
A. So usually, when we sign the drug chart, the signature that signed first is usually the person that connected, and the signature below is the co-signer.

Q. You then go on to say that, quote, "the hand and footprints were taken with consent along with a lock of hair. Hand and footprints of sibling also obtained as per parents' wishes. Parents and maternal and paternal grandparents have had time alone cuddling Baby A. Baby A has also spent time on CLS with parents on cold cot. Photos taken with unit camera and parents' phones". Do you remember who did those activities?
A. I believe I did. The footprints, I remember doing those for Baby B.

Q. Can you go through the process of how you would do that then?
A. We have a set, a kit on the unit, that has a set of paper and wipes that we wipe the foot with, and then imprint that onto a piece of card. That's usually done with 2 people. We do it with the hand and the feet.

Q. Okay. Obviously, a very difficult, you know, Baby A's passed away and you're doing that. How does it make you feel doing that process?
A. I personally find that process quite-- it's quite nice to do something nice for the baby, and with the baby, and I see it as a way of giving parents memories.

Q. Okay. Where do they take place? Where do you actually do this?
A. I can't remember specifically where we do it, but you can either do it in the incubator, or after the baby's passed away and it's on the cold cot. We can do it in there. We can do it when they're sat on the mum and dad. We can do it wherever, really. I don't recall specifically where I did Baby A's.

Q. And is-- who is present when this occurred?
A. Anybody can be present. So if the parents can be there, we usually do it with 2 members of staff for the practicality of having somebody to assist you with the paper and the wipes. So it's usually 2 members of staff that do it.

Q. And what-- the documentation that you referred to in those notes, what is that documentation?
A. So we have a bereavement checklist that we have to go through when a baby dies. So we tick things that we've done, such as take hand and footprints, if photographs have been taken, is the baby labelled, do parents-- aware of things like that, and that's passed over then to the staff taking over, and they continue that sheet.

Q. Okay. Is there a reason why you refer to them as "mummy" and "daddy"? Can you see that within those notes?
A. Because they are their mum and dad.

Q. Obviously, some people call them by their names or "parent of", but the reason why you...
A. No, usually, we would refer to them as mum and dad or parents, we don't usually name them by their Christian names.

Q. Okay. Then you put "mementos gathered and placed in a memory box". Why was this done?
A. That's what we do for any baby that's passed away. We have a set bereavement box with various mementos in it, and that's when we would put things like the hand and footprints and items from their cots, such as their cot card, their name bands.

Q. What about the family? Did you ever keep in touch with the family after Baby A died?
A. Only whilst Baby B was still a patient on the unit.

Q. Did you make any other notes through the course of caring for Baby A? Did you make any other notes before you placed those onto the system?
A. I don't recall specifically with Baby A. But quite often, we would have a handover sheet where we would write down information about the baby. And if he was having a resus event or anything like that, you might make notes on the back of your

handover sheet to use at the end of the day, to help with writing your notes.

Q. Okay. You know the notes that you do make, handwritten notes that you make, like you say, for the purpose of handover. What happens to those at the end of the shift?
A. They're usually disposed of then, in confidential waste.

Q. Right. Okay. What do you do with yours? What did you do with Baby A's in particular?
A. I don't recall.

Q. How do you actually get onto the unit?
A. It's swipe access--

Q. Right.
A. --to gain entry to the unit.

Q. Okay. Are there any particular times where you would work more overtime or times when you wouldn't want to? You know? Do you have set holidays throughout the year?
A. No.

Q. Okay. You don't get a call, like, last minute, "we're short of staff"?
A. Yeah.

Q. You do?
A. Yes.

Q. How often was that?
A. Quite frequently on a sort of week to week basis, I would say.

Q. So what sort of notice would you be given for the overtime?
A. I mean, sometimes they would call you in the morning and say, "can you work tonight?". Or ring you today and say, "would you be able to work tomorrow?".

Q. Do you remember anybody else giving Baby A care in between the time that you had the handover and the point of his collapse? I think you said at about 8:20.
A. No.

Q. Okay. Obviously, you've had his notes. Having read his notes, do you think there was anything that you need to raise for us to have a look at, during this interview now with regards to Baby A, that you feel we need to discuss?
A. No.

Then Ms Letby's solicitor spoke: The thing is in relation to Baby A, I think you've only had less than 20 minutes contact with him in total. Is that...?.
A. Yes.

And then reverting to the officer:
Q. Yeah. Including his parents, ever?
A. Yes, that was the first time.

Q. From the time of coming on duty to the time... ?
A. That was the first time I've met Baby A, yes.

Q. So within the 20 minutes that you had, he's gone downhill, he became pale, you saw this mottled effect on the feet, apnoeic, stopped breathing, collapsed. Then obviously, a full resuscitation attempt was made. Is that a fair sort of summary of what happened with Baby A?
A. Yes.

Q. is there anything else you would like to tell us about Baby A and your care for Baby A that can help us with this investigation?
A. No. So the only concern that I had was there was an issue potentially with the line or the fluid that we'd attached.

Q. Okay. And, again, we've spoken about the line, the potential problems there was that it was wrongly located, and whatever was put through the line would seep out of the bloodstream.
A. Yes.

Q. Yeah. And the other potential problem there is the bag, and whether it contained the correct prescription.
A. Yes.

And the interview in respect of Baby A was concluded at that point. The next interview in regard to Baby A took place following Lucy Letby's second arrest, and she was interviewed on this occasion on 11th June 2019.

Q. Okay. The first baby I'm going to talk to you about is Baby
A. Do you agree, Lucy, that it was actually you who noticed the colour changing to Baby A?
A. I noticed the colour change, yes.

Q. Okay. Again, was it you, Lucy, who connected the fluids to Baby A?
A. No. From my memory, it-- it was Mel.

And then in summary, Ms Letby was asked whether she was standing or stood by Baby A's incubator when he collapsed. She replied:

A. I was stood by the incubator carrying out my checks.

Q. Were you stood by his incubator when his monitor sounded?
A. I don't recall exactly when his monitor sounded. If I was stood at his cot side, then, yes, I would have heard the monitor. I agree I was stood by the incubator checking, carrying out my checks, as I said before.

Q. But you don't remember the alarm sounding?
A. I don't remember specifically, no. It was a long time ago. I don't remember what monitor went off, and when.

Q. Okay. But do you remember you think that it was Nurse Taylor who connected the fluids then?
A. Yes, but that is only from my memory.

Q. It's a long time ago.
A. Yeah. No, I agree, as in the fluids, she did sit at the computer writing her notes while I was checking the fluids and everything else.

Q. Is it at that point, Lucy, that you have caused harm to Baby A?
A. No.

Q. Is it at that point, Lucy, that you have murdered Baby A?
A. No.

Lucy Letby was informed of the experts' view concerning air embolus, and she replied:

A. Well, I don't know how he would have received a bolus of air. From which line? Does it say which line?

Q. How would that be of significance, Lucy?
A. Um... because whoever did connect the fluids, either myself or Mel, they were connecting via a long line.

Q. Mm-hmm.
A. It'd be very hard to push air through a long line.

Q. See, you do know a little bit about it then, about air.
A. I know how we-- no, but I know how you flush fluids through a long line, and that's a very-- it's a hard pressure to push through. I don't know how you'd push air through a long line.

Q. So are you saying that this was an accident then, Lucy?
A. No. I am saying that I don't know how that occurred, but I did not do anything deliberately. And yes, they've quoted me being stood at the incubator, but that does not mean that I was doing anything untoward to Baby A.

Q. Was anyone else next to you by that incubator when the alarm sounded and stuff?
A. From memory, Reg Harkness was in the room at all times. He was with Baby B, and Caroline Bennion, another nurse, from memory, was in and out of the room.

Q. So you remember that?
A. From memory, yes.

Q. But you don't remember about the line. So you remember the line, but you don't remember other issues about that particular collapse, do you?
A. No.

Q. Did you deliberately inject air to Baby A?
A. No, I did not.

Q. Did you see anyone else cause harm to Baby A?
A. No.

Q. Do you have any explanation, Lucy, for Baby A's collapse?
A. No. My concern at the time with Baby A was whether they-- there had potentially been an issue with either the fluids or the line, because it was so quickly after the fluids had been connected that there-- that there was a problem. I know I had asked for all fluids to be kept, for the bag at the end to be checked. I don't know whether that was done or not. Do you know if...

Q. Well, can you tell me about air embolisms?
A. I don't know a lot about air embolisms. I know when we're priming lines, we're always taught to prime the lines fully to make sure that the lines don't have any air in them because that would be dangerous to the patient.

Q. Mm-hmm. But when were you taught that, Lucy?
A. When I very first started doing fluids, when I started on the unit.

Q. Do you remember who told you that?
A. Not specifically, no.

Q. Right. But that's something you clearly knew, you were aware of.
A. Yes, it's something that all nursing staff-- we're very meticulous about checking the lines.

Q. And you'd be aware of the consequences of getting that wrong, wouldn't you?
A. Yeah, I think all nursing staff would be aware of that.

Q. And what are the dangers, Lucy?
A. Well, I don't know what it would cause, but you don't want air going into the bloodstream.

Q. Why?
A. Because that's just not where air would go. It's not the natural pathological-- of where air would be.

Q. And what are the consequences then, if air was in the bloodstream?
A. I'm not sure. Would it affect the baby's perfusion? I don't know exactly how it would affect the baby.

The next interview took place on 10th November 2020.

Q. Did you ever try pushing air through long lines, Lucy?
A. No.

Q. Did you push air through Baby A's peripheral line or his UVC?
A. No.

Q. Is there any way that air could accidentally be inserted through the UVC?
A. Not that I'm aware of, no.

Q. Would there be any visible changes to the skin do you know?
A. I'm not sure.

Q. Can you explain to me what internal effects this process would cause?
A. If there was air down the line?

Q. Yes, and had been administered into a neonate.
A. Like an air embolism - an air embolism.

Q. Do you want to elaborate what that is for me then, Lucy?
A. I don't know exactly what it is, but when we were taught about lines and things, that's the things we were taught of, that you clear the line and don't, you know - make sure you haven't got air - any air in because that's what it could lead to.

Q. And you were fully aware of that throughout your time on the NNU, and you were confident about that process?
A. Yes.

Lucy Letby was then informed of Professor Arthur's opinion, he having reviewed the radiographs, and was asked, quote:

Q. Is there anything you would like to say regarding that observation from Doctor Arthur's, Lucy?
A. No. I can't explain how air got there.

Lucy Letby was then informed of the opinions expressed by Doctor Evans and Doctor Marnerides, and asked:

Q. Is there anything you wish to comment regarding this?
A. I did not deliberately give him any air.

Q. Okay, Lucy. So we're going to talk to you about some social media and Facebook accounts. Alright? DC Stephen Owens has the data retrieved from the download and has provided analysis of searches made through your Facebook account.

Q. Can you describe your relationship with the parents of Baby A?
A. There is no relationship with the parents.

Q. You have no relationship. There is no-- did you have any? Did you talk to them, did you?
A. A professional relationship.

Q. Professional?
A. But nothing outside of the unit, no.

Q. Was that the case with all the parents?
A. Of the babies in the inquiry?

Q. Yes, yes.
A. Yes.

Q. Did you have any contact with them outside of work, Lucy?
A. No.

Q. How did you communicate with them if you needed to speak to them?
A. It would either be in person, on the unit, or telephone calls.

Q. Any other means?
A. No.

Q. And who instigated the contact? Would you instigate the communication?
A. Well, it it would be either way. It would be if the parent phoned the unit or came to the unit and asked a question, or if I had something that I needed to talk to the parents about.

Q. Did you use social media to research the parents, Lucy?
A. I don't recall.

Q. You don't recall?
A. No.

Q. I take it you remember having a Facebook account?
A. Yes.

Q. Do you still have a Facebook account now, Lucy?
A. No.

Q. Did you ever use Facebook to communicate with your friends and family?
A. Yes.

Q. Did you use it to search for individuals?
A. Yes, at times, yes.

Q. But you don't remember researching the parents and any of the babies?
A. Not specifically, no.

Q. What device did you generally use when you were communicating with friends and family?
A. Which device?

Q. With your Facebook account on.
A. Usually a phone or a tablet.

Q. And where would these searches take place generally?
A. Searches?

Q. When you were searching for the friends and family.
A. Oh, I don't know. Anywhere, at home, or out.

Q. Did you friend-request any of the parents of these babies at all, Lucy?
A. Not that I remember, no.

Q. Did they contact you at all through Facebook?
A. I can't remember.

Q. So from our records, Lucy, Baby A, who was born on the 7th June 2015 and died on the 8th June 2015, on 4 attempts, 9th June, 10th June, 25th June, and 2nd September 2015, you searched on your account for the name of the mother of Baby A and B, which we know is the mother. Can you give any explanation for that?
A. No.

Q. Do you agree you made those searches on Facebook then, now I've told you this?

A. Yes. Yeah, if they're there, but I don't recall why, or that I've pursued it any further in terms of asking them to be friends, or messaging them or anything like that.

Q. There was obviously three searches, Lucy, in June, pretty much after the birth and obviously the death of Baby A as well. When were you searching? What were you looking for?
A. I'm not sure. I don't know that I was looking for anything.

Q. Okay. Then you-- the next search you did, the final search was in September, the same year, 2015. Again, when you searched for the mother of Baby A and B, what were you looking for on that occasion?
A. To see if they-- to see how maybe Baby B was doing.

Q. Okay. And why did you do that?
A. Because we think about the babies on the unit at times, and we talk about them and wonder where they are now and what they're doing.

Q. Okay. What did you find when you did that search for Baby B?
A. I don't remember.

Q. Okay. Do you recall what you saw?
A. No.

Q. Did anybody else know that you did that search for Baby B?
A. No.

Q. Okay. So you said on that one for September, you think potentially you were looking for Baby B. What about the ones you did in June then?
A. I don't know.

Q. Okay. Did the mum know that you were looking for updates on Baby B?
A. No.

Q. Okay. So it was nearly 6 weeks after Baby B had been discharged from the hospital, and you were still looking to see how she was getting on. Is that correct? The 2nd September 2015?
A. Yes, if that's the date, yeah.

Q. Thank you.

That concludes this summary, and indeed the three summaries for Baby A.