

4 July 2018

So we're going to move on to [Baby B] now.

I think you've had a copy of the notes. I take it prior to the interview you've had a chance to discuss that with your solicitor?

A. Yes.

Q. Do you remember [Baby B]?

A. Yes.

Q. Do you remember obviously [Baby B] in relation to [Baby A] and the relationship there?

A. Yes.

Q. Okay. Other than the notes that you've looked through, do you remember your involvement with the care of [Baby B]?

A. No.

Q. Okay. So what we're going to do then, we'll just go through those particular notes that you've had a chance to look at. 9 June 2015, I think that says "nutrition prescription".

A. Yeah.

Q. Okay.

Perhaps you could just describe to us what that is and sort of who signed what?

A. Yes, this is a prescription for TPN, which is parenteral nutrition that we give to babies and that consists of Babiven and lipids, which is two separate infusions. So this here is what has been prescribed at the rate here.

Lucy Letby explained the various information contained within the prescription, confirmed her signature and that of [Nurse A].

Can you just tell us the date and time that you commenced them?

A. I believe that's 10 June 2015 at 00.05.

Q. Lucy Letby was then asked about the relevant fluid chart. She confirmed that it recorded a morphine infusion of 40 micrograms from a premade syringe, the volume was 4ml and was administered via a bolus, administered with a push, not via a pump.

Okay, so what time is that one on their?

A. 10 June 2015 at 01.08.

Q. Are we right in saying then, Lucy, that in respect of the first two entries you're involved with the care of [Baby B]?

A. Yes, from a perspective, yes.

Q. Ms Letby was then shown the record of the infusion beginning, which is this document at 1.10 am, which followed the bolus.

A. And that's myself and another nurse that has given that.

Q. Okay. Again, you signed it first there?

A. Yes.

Q. Does that --

A. So presumably, yes, I --

Q. Do you remember that?

A. I don't remember, but usually whoever signs --

Q. Okay.

A. The top is the person that has given it.

Q. Okay.

Then the interview moved on to the parenteral nutrition form and Lucy Letby described the various entries and how it would be checked.

A. Then when we've done that, we sign with the lipid batch number and document that here and write the time that we've commenced it.

Q. Okay. When you say "we", is that somebody else's signature there?

A. That's my signature.

Q. Yeah?

A. But ideally it should have been co-signed by somebody.

Q. Okay. At 00.05, that's your signature?

A. Yes.

Q. So essentially your signature on there means what with regards to this, that it's you that's checked it or you that's administered it?

A. That I've checked it.

Q. The officers then asked Lucy Letby about the blood gas chart.

Okay, so that's really just a record, isn't it, signed by you and dated?

A. It's just -- yes.

Q. So what's that, that date there -- sorry, that time, is that a time or a date?

A. 00.51.

Q. Time, okay. And again?

A. So that I've written there, so this gas was taken during Neopuffing.

Q. Right.

A. So the baby was being Neopuffed with a pressure of 30 over 6 in 100% oxygen.

Q. Okay. Is that an event there? Is that something happening that she's being Neopuffed?

A. Yes.

Q. Lucy Letby was then shown the relevant observations chart, which is at 237, please, Mr Murphy:
What does that say to you?

A. So this is an observation chart.

Q. Yes.

A. So we usually do hourly observations on the babies, so I've carried out observations at 01.00 hours.

Q. Okay.

A. So I've documented her heart rate, her respiratory rate, and when it's a cross it means that it's a ventilator rate.

Q. Lucy Letby then explained the various other entries on the form. The officer said:
Okay.

A. I haven't done a temperature at that time because we don't always do temperatures hourly.

Q. Okay. Is there a reason [this is where we should perhaps focus on the form] there's nothing in the column before apart from the top, that part there, there's no signatures? Are you aware of any reason why that would be?

A. No.

Q. Okay.

A. In this column here --

Q. Yes.

A. -- where it's not signed? No.

Q. And there's no values in it there -- well, there's a couple but some are missed off.

A. No.

Q. Okay is there a reason why there you've only got one signature on that form, Lucy?

A. I can't recall specifically, but sometimes you would do separate observations -- if the nurse caring for a baby was on a break you might cover for them or if they were busy doing something with the baby. Sometimes another member of staff would record the observations for them.

Q. Okay. Do you remember who the designated nurse was for [Baby B] on this --

A. [Nurse A].

Q. How do you remember that clearly?

A. I don't remember, I can just see from these signatures.

Q. From the notes?

A. Yes.

Q. Okay, and who were you designated nurse for?

A. I don't recall.

Q. Okay. Well, thank you for that. So on that particular shift then on 9 June into the 10th, do you remember the shift at all?

A. Not with any clarity, no.

Q. Or any observations that you had with [Baby B] that caused you concern at all on that shift?

A. I do remember that she had some mottling that looked a little bit similar to [Baby A]'s appearance the day before.

Q. Okay, and how did you become aware of that?

A. One of the staff nurses had raised concerns and got the doctors to review her.

Q. Do you remember who that was?

A. Who reviewed her medically?

Q. Who the staff nurse was.

A. I think it was [Nurse A].

Q. Okay, and that mottling as you've described it, is it something you witnessed in [Baby B] yourself?

A. Yes.

Q. You did? When was that?

A. I don't recall at what point.

Q. And the circumstances around you seeing this mottling, who was there with you at the time?

A. I think it was [Nurse A].

Q. Okay. Can you describe that mottling? Is it similar to that with [Baby A] or different?

A. I remember -- I think she was more mottled as opposed to [Baby A] was paler -- [Baby A] was more pale centrally and --

Q. Okay.

A. -- mottled peripherally and I think from what I recall [Baby B] was more mottled and that extended over more of her body rather than just her limbs.

Q. So was it a different colour?

A. From what I remember it was just darker than [Baby A]. So [Baby A] was pale, whereas [Baby B] was more mottled, which is this sort of purply red --

Q. Right, okay.

A. -- rash appearance.

Q. And any particular shapes to that?

A. Well, usually mottling is sort of a patchy round appearance.

Q. So as the experienced nurse you are, what was that saying to you differently to [Baby A]? You -- what was going through your mind at the time when you saw this?

A. I don't recall.

Q. Okay. When you saw that, did you take any action in the treatment of [Baby B]?

A. Not that I remember, no.

Q. Do you recall whether [Baby B] was attached to a monitor at all?

A. I don't recall specifically, but the majority of babies on the unit are attached to a monitor, so I'd assume that [Baby B] had been.

Q. Do you remember any alarm activation at all from a monitor?

A. No.

Q. So you remember seeing this mottled effect on [Baby B], do you? Do you remember the event that took place just after midnight? Do you remember what happened to [Baby B] then?

A. No.

Q. No? Were you aware later that something had happened to [Baby B]?

A. Yes, I know something happened to [Baby B] but I'm not -- I don't remember specifically at what time or how that event happened.

Q. Okay. I'm just thinking in -- when you witnessed this mottling effect on [Baby B] whether or not it was shortly afterwards or before.

A. It was -- it was before any resuscitation was being performed, I think.

Q. Right. Do you remember how long before?

A. No.

Q. Okay. I take it when a baby is struggling, you know, the designated nurse would call out for help and assistance. Am I right in saying that?

A. Yes.

Q. So in this particular instance, with [Baby B], do you remember any -- any calls at all from any of the nurses asking for help or assistance?

A. No, I think from memory [Nurse A] alerted me to the rash -- well, to the mottling appearance. I don't recall after that how -- who came after that or who asked for further support.

Q. When she alerted you, what were you doing, what had you been doing just before that?

A. I don't recall.

Q. Do you remember which baby you were caring for at that time?

A. No.

Q. No? Do you remember if you were working in the same nursery at that time?

A. No.

Q. Okay. But [Nurse A] (sic) called out to you to see this particular rash on the baby so --

A. I believe so, yes.

Q. Okay. So would it be fair to say that you were in the vicinity of [Nurse A] (sic) or would have -- is it possible that she could have come to you in another room and asked?

A. It's possible I was either in the room or maybe at the nurses' station. If somebody shouted from nursery I you would hear them from the nurses' station.

Q. Were you involved at all with [Baby B]'s parents? I know obviously when [Baby A] sadly passed away you were, but when [Baby B] was struggling, were you involved with the parents then at all?

A. I believe I had conversations with them, but I don't recall specifics but I do remember seeing the parents.

Q. Okay. So it's fair to say then in regards to this particular episode for [Baby B] that you don't particularly remember the shift, you remember being called by [Nurse A] (sic) to have a look at this mottling on the abdomen of [Baby B], yeah?

A. Yes.

Q. Do you remember any collapse event?

A. I remember her requiring resuscitation, but I don't recall how -- how that transpired, how it got to that point --

Q. Right.

A. -- or when that happened.

Q. But you became aware of that post-event? You weren't involved with the resuscitation yourself?

A. I don't remember my role in the resuscitation, if I did play a role.

Q. Okay.

So the things that we've referred to here, do they constitute you giving [Baby B], in some capacity, care?

A. Yes, if I delivered a medication.

Q. Okay and in -- under what circumstances would that be? I know you referred to one that may be, maybe it was a break. Would that apply to all of them?

A. Possibly, or if the nurse caring for that baby is doing something else with the baby then other members of staff may do their drugs for them or if they are preparing drugs --

Q. Right.

A. -- for another baby anyway. Sometimes that person will carry on and do the drugs for --

Q. Okay.

A. -- that baby.

Q. For those ones that we've talked about, do you recall when you had that contact with [Baby B], if you had any concerns for her?

A. I don't recall having any concerns, no.

Q. Okay.

A. I don't remember specifically the contact but I don't remember there being any concerns. But I'm not sure at what point.

Q. If you had have had concerns, what would you have done?

A. Raised it to the nurse looking after her or the doctors.

Q. Okay. And from what you just said, it was [Nurse A] (sic) potentially that raised the issue with you about the mottling, it wasn't you that raised it, or you don't recall?

A. I don't recall. I think it was [Nurse A] that alerted me to it.

Q. Okay. What was your understanding of the clinical position of [Baby B]?

A. Prior to this event?

Q. Yeah.

A. That there hadn't been any undue concerns expressed.

Q. And do you remember where [Baby B] was, which nursery [Baby B] was in?

A. Nursery 1.

Q. Okay. And you don't remember whether you were working in there or not?

A. No.

Q. Right. Did you have cause to handle [Baby B] at all?

A. I would have handled her to an extent to give the medications and to attach those lines.

Q. And then we've summarised that Lucy Letby explained that she would not have needed to handle [Baby B] when attaching the bag to the long line. She would have gone to the baby, together with her colleague who connected it to the patient. Lucy Letby was then asked about the entry detailing the morphine bolus, which I think we've already looked at, at tile 241.

A. Okay, so that's the morphine bolus, so that would seem that I would have given that to [Baby B].

Q. And physically, what do you do?

A. Attach the morphine syringe to [Baby B] and give the volume. It says IV. I'm not sure which type of access [Baby B] had, whether it's a peripheral cannula, a long line or a UVC.

Q. So that's a physical pressing of a syringe into the baby via something?

A. Yes.

Q. But you can't be sure what that was, what the apparatus was?

A. I'm not sure which line it was delivered through, no.

Q. Okay. So that would be physical contact?

A. Yes, to attach to the line, yes.

Q. And who's that there, sorry?

A. Mary Griffiths (sic).

Q. So would Mary be with you on the signing out and the administration?

A. Yes.

Q. Okay.

Then Lucy Letby explained that blood would have been taken by a heel prick from [Baby B], that a doctor would have been required for any other methods.

At that time then do you remember how [Baby B] -- how she was presenting?

A. I don't recall at that time, but looking at this it was happening during Neopuff, so she was obviously being Neopuffed by somebody whilst I was taking the blood gas.

Q. Right.

A. And the blood gases aren't great, so --

Q. So does that say to you that's post-collapse?

A. Or during, yes.

Q. How did that sort of make you feel? You'd been involved with [Baby A]'s care the day before.

A. The only concern primarily were the parents and how they were coping with that. Obviously they'd already lost [Baby A] and then to have to see [Baby B] go through resuscitation...

Q. You said you had a bit of contact with the parents following [Baby B]'s collapse. What was that, can you remember?

A. No, I don't recall specific things, what was said or anything, no.

Q. So were you present at all when [Baby B]'s parents were asking questions, making requests following [Baby B]'s collapse?

A. Yes, I was there in the nursery with them, yes.

Q. Was anyone else there with you?

A. I don't recall ever being on my own with them.

Q. How come you recall that specifically, being with them after that in the nursery?

A. Because I just remember how upset they were.

Q. Right. There's nothing else that sticks in your mind as a reminder?

A. No, I think it's just that they were there again and saying they didn't want this to happen to [Baby B], what had happened to [Baby A].

Q. You must build up quite a rapport with the parents through the care of their babies, am I right in saying that?

A. Yes, we get to know some of the parents quite well, yes.

Q. Is there anything particular about [Baby A] and [Baby B]'s parents that warmed you to them?

A. Just I know they'd waited a long time for [Baby A] and [Baby B] and that they were much-wanted babies.

Q. Who told you that?

A. It was known through the handover that we have. So when we have nursing handover you have a little bit of background as to the parents and the pregnancy and things.

Q. Does that sort of change the way you deal with them at all or affect the way you deal with them?

A. No, I'd like to think that you treat all parents the same but obviously you just bear in mind what they've gone through to get to that -- to get to this point, but I think that the care you would give them and their babies would be the same as -- as any other parents.

Q. And following [Baby B]'s collapse have you kept in touch with them at all?

A. No.

Q. Is that something you have done with other babies?

A. No -- that have died?

Q. Any of them, you know, treated, cared for. Is that a process that you know you would do or not?

A. No. I have done with -- there was one or two families from Liverpool Women's when I did my placement there.

Q. Okay. I've got -- when you gave your first account to us you said you think it was [Nurse A] that called for the doctors. What doctors attended, can you recall?

A. No.

Q. Okay. So I presume you don't know where they were, if you don't know who it was that was called?

A. No.

Q. Okay, thank you. Is there anything else that you would like to tell us about your care with [Baby B] and that particular day, that particular episode, anything that stands out you think, might think would be helpful for us?

A. No, as I say I don't remember specifics with [Baby B].

Q. So it's fair to say you were on the periphery of the care for [Baby B] by the charts that you have signed and --

A. Yes.

Q. -- some of the processes that you have undertaken?

A. Yes.

Q. And it's fair to say you have seen this mottled effect on the baby but it was highlighted to you by the designated nurse, [Nurse A] (sic)?

A. I believe so, yes.

Q. But -- yeah, but you don't specifically remember any, any collapse event on that particular shift?

A. No.

Q. Okay, no. We'll end this interview. If we close, it's 3 minutes past midday.

So as we did with [Baby A], moving on to the second occasion when [Baby B] was discussed, this is 11 June 2019.

A. Yes, that's correct.

Q. Thank you:

We're going to talk to you about [Baby B] now.

And then they continued:

In your previous interview you remembered that [Baby B] needed resuscitation but you could not recall how that transpired. Do you remember that in your previous interview?

A. Yes.

Q. Lucy Letby then confirmed her signature alongside the TPN bag and lipid syringe at 00.05 hours and that her signature at 00.15 hours on the blood gas record suggests that she was involved in [Baby B]'s care over that period:

That was prior to her collapse at 00.30 hours, [Baby B]'s collapse some minutes later. Do you understand what we're saying here?

A. Yes.

Q. Lucy Letby couldn't remember if she was allocated another baby in nursery 1:

Okay, so we've got the situation here that [Baby B] collapses and you're there shortly before with the blood gas record.

We just looked at it so I'm not going to go back to it.

A. Can [Nurse A] remember who took the gas?

Q. Well, I'm saying to you it is possible that it could have been you.

A. It's possible, but have you asked her who took the gas?

Q. Well, I'm asking you if that is you taking the gas.

A. I can't guarantee by what's written on there who took -- I've run that gas on the machine and written it down, I don't know whether I was the one that obtained the blood or with whether I just ran the gas for her.

Q. Lucy Letby was informed of the opinion of the experts as to [Baby B]'s collapse and was asked:

Do you have any explanation, Lucy, for the dislodgement of [Baby B]'s nasal prongs?

A. No, I don't, no, and if we look here she's actually been weaning off CPAP so I'd be concerned, if she had managed 2.5 hours off CPAP, why dislodged prongs would cause such a deterioration.

Q. So you're saying that's a mistake then?

A. What's a mistake?

Q. That the nasal prongs were dislodged for that length of time.

A. No, I'm not saying that they weren't, I'm just saying that she had previously managed 2.5 hours off CPAP, so I would be concerned, if they were dislodged for few minutes, why she would suddenly deteriorate.

Q. Did you inject into [Baby B]'s long line at the time the TPN bag was being connected?

A. No.

Q. Is there anything you want to say regarding [Baby B]?

A. Yeah, I didn't -- I didn't do anything deliberately to [Baby B] to harm her.

Q. Okay. Are you responsible for attempted murder, Lucy?

A. No.

Q. Then the interview was stopped.

The third and final interview in respect of [Baby B] took place on 10 November 2020.

A. Yes, that's correct.

Q. It begins:

Okay, so we'll move on to talk about [Baby B], Lucy.
They summarise the previous interviews concerning
[Baby B] and ask:
[Baby B] collapsed. Do you have any explanation for
that?

A. No, there's no explanation.

Q. Okay. Is there anything else you wish to add?

A. No.

Q. Okay. When I did the introduction to the interview,
Lucy, I said to you that we would be speaking to you
about messages recovered from your mobile phone that was
taken from you when you were last arrested.

Just pausing there, we've touched on the phones
already, but on the first occasion of arrest
in July 2018, that's the phone that was seized by the
police; is that right?

A. Yes, that's right.

Q. That's the phone that's given rise to the analysis and
the contents that we have seen in a number of sequence
of events charts?

A. Yes.

Q. Thank you:

So on 30 June 2015, at 21.49, [Nurse A] sent you
a message that said:

"Yeah, there's something odd about that night and
the other three that went so suddenly."

You immediately replied saying:

"What do you mean?"

You then said:

"Odd that we lost three in different circumstances?"
Do you recall that conversation?

A. No, not really, no.

- Q. Okay, well, we'll just move on. Okay. [Nurse A] replied saying:
"I don't know. Were they different?"
And she says:
"Ignore me, I'm speculating."
You then respond to [Nurse A], saying:
"Well, [Baby C] was tiny, obviously compromised in the utero. [Baby D] septic. It's [Baby A] I can't get my head around."
So my colleague's just asked you, do you recall having that conversation?
- A. No.
- Q. Why did you respond asking her what did she mean?
- A. I don't recall this conversation other than obviously reading it there now. I think I'm asking what does she mean that there is something odd.
- Q. Okay. She said that it was odd that you lost three different babies in different circumstances and you questioned whether they were different. What did you mean by that?
- A. I'm not sure.
- Q. Okay. She said to you that she was speculating. Do you know what the speculation was about?
- A. No.
- Q. So in response to her message, you responded that:
"Obviously [Baby C] was tiny, compromised in the utero (sic)."
As way of an explanation. Tell me what you meant by that?
- A. That I said that [Baby C] was tiny?
- Q. Yes. "Compromised in the utero" (sic), what did you mean by that?
- A. That he was a baby that was born prematurely and unwell at the time.
- Q. Okay. So "compromised in the utero" (sic) is that your explanation for that terminology given?
- A. Yeah, so he'd had all nutrients and hadn't grown as well as what we'd expect.

Q. And you said that you "couldn't get your head around [Baby A]". What was it that you couldn't get your head around?

A. I don't recall saying that. I -- I can't comment.

Q. That concludes those interviews in respect of [Baby B]?

A. Yes, that's right.