

Q. We move on to [Baby E]. We see, hopefully in the top right-hand corner, [redacted]. We can see, as far as [Baby E] was concerned, that the first interview took place on 4 July 2018.

A. Yes. That's correct.

Q. The interview began, as we can see from the summary, with introductions and caution?

A. Yes.

Q. So we're going to continue (says the officer), the same format as previously, Lucy, and we're going to go on to [Baby E].

A. Okay.

Q. Okay. At 17.53 hours on 29 July 2015, [Baby E] was born to [Parents of Babies E & F]. At 23.40 hours on 3 August 2015, he suddenly deteriorated and at 01.40 hours on 4 August 2015 [Baby E] was pronounced deceased. I believe you've had the chance to go through the notes.

A. Yes.

Q. Other than those notes, do you remember your involvement with the care of [Baby E]?

A. Yes.

Q. Okay. Do you want to just tell us then in your own words what you do remember, please?

A. So I remember the care of [Baby E], from memory. I believe he'd been started on insulin earlier in the day. He was on an insulin infusion, but otherwise doing well and was starting to have enteral feeds. I remember after some of his feeds for me I was getting large aspirates back from his NG tube and when I consulted the doctor we omitted, I think, a feed and then his abdomen became distended and he was reviewed by the doctors and some medications were started and his abdomen continued to distend and become discoloured and ended up needing respiratory support and began bleeding and then he needed resuscitation.

Q. Is there anything else from your memory?

A. And I remember caring for [Baby E] once he had passed away.

Q. Okay. So in terms of care given, when was the care given to [Baby E] by you?

A. So I took over on a night shift and so it would have been from around 8 o'clock in the evening.

2. Is that the 3rd into the 4th? So he died at 01.40 on the 4th, the morning of the 4th?

A. So this was the 3rd, yeah.

Q. The 3rd into the 4th?

A. Yes.

Q. Sorry, go on. In terms of sort of handover what did you

understand to be his clinical position?

A. From memory that he was stable and there was nothing sort of untoward other than the fact he was on insulin.

Q. Okay. In terms of caregiving, did anybody else have care for [Baby E] overnight on that shift?

A. Not that I recall, no.

Q. Okay.

A. It was just myself.

Q. In respect of the care, Lucy, where was [Baby E]?

A. He was in nursery 1.

Q. Okay. Do you recall any other babies in nursery 1 at that time on that shift?

A. Yes, I think his brother was in there as well, [Baby F]. .

Q. Were there any other members of staff there?

A. When? At any point?

Q. On that shift on the night you were caring for [Baby E].

A. I know another nurse was there, I don't know at what point she was in the room, Belinda Simcock.

Q. Okay. Was she caring for [Baby E]'s brother?

A. I don't remember.

Q. So at what point do you remember Belinda being in there then?

A. I think it was Belinda that was there when he -- when I asked for the help because he had blood back from his NG tube. I think it was Belinda that I showed it to.

Q. Is that something you think or that you remember?

A. I think.

8. Right. You've obviously mentioned her name and you obviously think that's the time. What makes you think it was her at the relevant time when the blood was there?

A. Because I remember showing the blood to somebody and I think it was Belinda.

Q. Okay and what did Belinda say to that?

A. That we discard that and not feed him and then get the doctors to review him.

Q. Okay. So you were his designated nurse, just to make that clear?

A. Yes.

Q. Okay. So you then went on to say that he was doing well, having feeds, and you said something feeds and I didn't quite catch it. The name of the type of feeds?

A. I think he was starting feeds, I think so.

Q. Okay. And how was he during the feeds on that evening?

A. I think from memory he had one feed that I gave him that

was okay and then on the next feed I was getting a large aspirate back from his NG tube.

Q. Okay. What about the sort of interventions, did he have the up-the-nose tubes?

A. No.

Q. Lucy Letby explained that [Baby E] was attached to a Philips monitor, he had a nasogastric tube in place and was self-ventilating in air:

Okay, so who puts the tube down?

A. Nursing staff.

Q. Did you do that with [Baby E]?

A. Not that I recall, no.

Q. The feeding charts might show us that, mightn't they?

A. Yes, I don't remember putting the tube in on [Baby E], so I think he would have had it already in.

Q. So in terms of him doing well, what do you consider as doing well?

A. That his observations were stable, that he was handling appropriately. I think from memory that his blood sugar levels were stable.

Q. Any concerns at all for [Baby E] at this point?

A. No, not prior to that large aspirate, no.

Q. What about his colour?

A. I don't recall there being a problem with his colour at that point.

Q. Okay. Anything before the aspirate? So you then said there was a large aspirate.

A. I think it was a bile aspirate.

Q. I don't know what that is.

A. Bile is a product that's produced by the liver that we get from the bowel.

Q. Okay.

A. And usually it's a sign they're not digesting their feeds or there's potentially an infection. Bile isn't something we want to be getting back from the stomach.

Q. What is that suggesting to you then, Lucy?

A. Then there's some sort of abdominal issue.

Q. Is it something you would escalate to a doctor, for example?

A. So usually from my perspective as a band 5, you would ask a senior member of nursing staff, so a band 6 or the nurse in charge, and they would advise.

Q. Right. Is that what she is?

A. Yes.

Q. And what was the advice?

A. To discard that and omit the feed --

Q. Okay.

A. -- I think from memory.

Q. Okay. Are there any circumstances where you would need to keep the aspirate, the bile-type substances?

A. You could keep it to show the doctors, and that's what we usually do.

Q. Right.

A. So we discard it from the baby in that we don't return it.

Q. Oh.

A. But we usually keep the syringe to show a member of staff.

Q. Did you do that in this case?

A. I don't remember.

Q. You then said that his abdomen was distended. How -- what kind of time difference is there here?

A. I'm not sure from memory but I think maybe an hour, something like that. I don't think it was long.

Q. Okay. Had you gone away from [Baby E] and come back in the hour or were you caring for him throughout that period?

A. I don't recall if I had another baby that I was caring for at that point, but I don't remember being with [Baby E] the whole time. Usually for a baby that's self-ventilating, we wouldn't need to be --

Q. Okay.

A. -- at the cot side the whole time.

Q. Okay. So in terms of the -- his abdomen being distended, can you describe that further for me?

A. So I noticed that his abdomen became fuller and rounder and then later on in the evening there was a discolouration area to part of his abdomen, like a purple discolouration.

Q. Okay. So this initial distended abdomen, what does that -- what do you -- what does that trigger within a neonatal nurse?

A. So you'd be wanting to know why the abdomen's become distended, so usually we would get the senior nurse to -- or the medical team to come and review.

Q. Okay. So what did you do in this case?

A. I believe I got the doctors to come and review him.

Q. Okay. Do you know who that was?

A. I think it was Dave Harkness.

Q. So this distended abdomen was about an hour after the aspirate. And when did you request --

A. You'd have to check. I -- I can't remember specific times because I know I got blood back from his NG tube at some point as well.

Q. Is that before or after Dr Harkness attended and reviewed him?

A. I'm not sure from memory.

Q. Okay. And you said that he was then reviewed. What was the outcome of the review?

A. So we started some -- I think he was reviewed twice but after we started some medications on [Baby E] because I believe he had antibiotics specifically for the abdomen and also a drug called ranitidine --

Q. Okay.

A. -- that can help with bleeding.

Q. And was there any other issues causing any concerns with [Baby E]?

A. Not that I recall from memory at that time, no.

Q. Sorry, you then went on to say that -- about the discoloured area. You've touched on that a little bit. Tell me a little more about the discolouration?

A. I noticed that there was becoming a discolouration to his abdomen, but I can't say exactly where but there was becoming a patch of sort of purpleness on his abdomen.

Q. And what did that indicate to you? What -- did that cause you concern with regards to [Baby E]?

A. It caused concern, yes.

Q. Why? Why is that a concern?

A. Because that's not something that is normal for a baby to have.

Q. So in terms of how big the patch was and its location and you know how long it was there for, what can you tell me about that?

A. I think from memory it was towards the right-hand side, by his umbilicus, but I can't remember the extent or the size at the moment. We don't see many babies that have abdominal problems and things like that.

Q. What, the distension or the discolouration?

A. The discolouration.

Q. Okay. What was that a sign of to you?

A. There's an ongoing abdomen problem.

Q. Okay. Did anyone else witness that discolouration?

A. I believe he was reviewed again by the doctors, yes.

Q. How long after the distension did the discolouration appear?

A. Again, I can't be specific on times.

Q. Okay. If you just talk generally, whether it was a few minutes or a few hours, can you clarify more than that?

A. I would say minutes rather than hours.

Q. Okay. Were you still with [Baby E] throughout these changes?

A. I don't recall if I was there consistently or if I'd left at any point. I don't recall. I think he -- from memory he deteriorated and was desaturating and having apnoeas and needed some support with the Neopuff.

Q. Okay. How long after that, how long after the discolouration was that requirement?

A. Again, I'm not sure.

Q. Can you say minutes as opposed to hours?

A. I would say minutes, yes.

Q. Okay. So what action did you take at that point?

A. I think we got the doctors to review him again.

Q. Okay, think or you know?

A. Think.

Q. You think. So when you say we, who's we?

A. I think Belinda Simcock was with me.

Q. Was anyone with you at the point of you realising that he required respiratory support?

A. Not that I recall, no.

Q. Okay. How were you alerted to it?

A. I don't remember.

Q. Lucy Letby, in summary, could not remember how she became aware that [Baby E] required respiratory support. She confirmed that he was connected to a monitor at the time:

Okay, but you don't recall whether the monitor alerted you to the --

A. No.

Q. -- to the desaturation? Okay. So at that point you think that you obviously responded but Belinda was there and you that you did -- sorry, did you say you alerted the doctors?

A. I think so, yes.

Q. And who responded to that?

A. Dave Harkness.

Q. Do you know where he was when he was requested?

A. I'm not sure where but he wasn't on the unit.

Q. He was or he wasn't on the unit?

A. Wasn't.

Q. Okay. What's the process that you go through to alert him?

A. I'm not sure because I'm not sure if I was the one who called him or if it was somebody else.

Q. Right, and how long after you realised that this deterioration was going on did he arrive?

A. I can't be specific. I don't know.

Q. Okay. Then you stated there was bleeding. Tell me about that.

A. So I was getting blood back from the NG tube and from memory I'm not sure at what point that came, that I first noticed that there was some blood coming from the NG tube.

Q. Okay. In how long after you recognising his deterioration did you see the bleeding?

A. I'm not sure if the bleeding came before that or after.

Q. While we're talking about bleeding then, can you describe the, you know what, what colour, what the colour of that was? I know it's a strange question to ask, but --

A. It was fresh blood.

Q. Okay. What was that suggesting to you then?

A. That it's a fresh bleed, it's an active bleed, it's not old blood, it's new blood.

Q. So what could be going on with [Baby E] for this to happen?

A. That he's bleeding in his abdomen.

Q. Okay.

Lucy Letby was then asked some questions about her notes, notes that she had in front of her presumably.

A. Yes.

Q. In quotes, and it's at tile 126 if anyone wants to refer to it:

"At 22.00 a large vomit of fresh blood, 14ml of fresh blood. Aspirate obtained with NG tube.

Reg Harkness attended."

Yes?

A. Okay.

Q. Was that the first time that you'd seen blood?

A. I think so, yes. I'd have to check the actual feeding chart because that's where I would document the aspirates.

Q. The officers then read the relevant note in full or that nursing note in full:

Okay, had you seen any blood on [Baby E] prior to that large vomit of fresh blood?

A. No, not from my notes and my charts, no.

Q. But if -- if you had would you have put it in the notes?
A. Yes.

Q. Okay. When you saw that blood, was anyone there at that time with you?

A. I think I showed it to Belinda. I'm not sure if she was there when I actually obtained it.

Q. Lucy Letby couldn't remember whether Belinda Simcock was in the room with her when she first saw blood:
What about any of the family?

A. I don't recall. I -- I know mum visited at some point but I'm not sure at which point the mum was there.
I know she was sat with him for a period of time.

Q. Okay. I presume that if she have been there she would have seen the blood herself then, would she?

A. Yes.

Q. Okay. Do you remember whether or not the family saw blood?

A. I don't remember that, no.

Q. Do you remember any conversation that you had with the family regarding the blood at all?

A. Not from memory, no. I'd have to check my notes.

Q. What about updating the family regarding the blood?

A. I believe mum was updated, yes.

Q. Who updated the family?

A. I think myself and Reg Harkness.

Q. Do you remember when that happened then?

A. I think it was after he'd been reviewed and we had started the medications.

Q. Okay. So Reg Harkness attended. What was his view of the blood? What was his feeling that was going on?

A. I think he wanted us to start with the metronidazole and ranitidine, which is used to treat bowel conditions.

Q. Did he have a view of what the condition was for [Baby E]?

A. I think there was mention of it being necrotising enterocolitis and I think he ordered an abdominal X-ray as well.

Q. Was there any issues with the NG tube at all? Was it correctly fitted?

A. I don't recall there being any issues with it.

Q. In the correct position, was it?

A. Without an X-ray the only way I would know is checking that -- when we document here the length that it's been inserted, that's what you would check --

Q. Okay.

A. --

prior to aspirate and if the aspirate is an acidic aspirate then it indicates that it's in the stomach.

Q. So in relation to 14ml of fresh blood, which you put, is that a large quantity?

A. Yes.

8. Okay. But that was the first quantity that you measured with your treatment of [Baby E] that evening?

A. Of blood. I'd had the bile aspirate prior to that.

Q. Yes, but that was not blood?

A. No.

Q. You describe that bile aspirate as "mucky"; what did you mean by that?

A. It's mucky, it's sort of dark, it's not pure bile -- so bile is bright green where mucky is sort of a bit darker.

Q. And that was prior to the 9 o'clock feed that you put in your notes, prior to the 21.00 feed, yeah?

A. Yes, and that's the feed that I omitted.

Q. Then, in summary, Lucy Letby was able to confirm that she had not fitted [Baby E]'s feeding tube, he had been due a feed at 21.00 hours, but she had found the mucky aspirate before that and it had been omitted as a result. She took her times from the clock on the nursery wall:

Would there be any -- at any time if you'd found blood on [Baby E] that you wouldn't have told a doctor?

A. No.

Q. No, I take it you know the sign of fresh blood being vomited -- was that a sign there was something serious going on?

A. Yes, I have not seen a baby vomit like that. I have not seen a baby have blood coming back like that before.

Q. Okay. Would that be something that you would tell the family or is it something that you, you know, you've dismissed, were you overly concerned at that point?

A. I was concerned in that it was something that I hadn't seen before, but I don't recall the registrar being overly concerned.

Q. Right, okay. So it's not something that you would concern the parents with necessarily?

A. I think it's something we would tell the parents, probably. I'm not sure without looking at my notes, notes in terms of them, what they were told.

Q. Okay. If you had told the parents about that would that have been in your notes, would you have put that in your notes?

A. Yes, yes.

Q. You then go on to say:

"The abdomen was soft and non-distended, the SHO informed, and to omit feed."

Who checked the abdomen?

A. Myself.

Q. Right. So you were happy at that point and you were not overly concerned?

A. No, so I'm happy the abdomen was soft and non-distended and then got the SHO to review him.

Q. Okay. And this would have been after 9 o'clock, am I right in saying that?

A. Yes.

Q. Okay. And the SHO, who was the SHO?

A. I don't remember.

Q. Right. Did they actually attend or did they just give you advice regarding that? You've obviously got "SHO informed, to omit feed".

A. I don't remember. I don't remember if they physically came or whether that was a telephone conversation.

Q. Right, but that doesn't remind you at all of who actually saw him or reviewed him over the phone?

A. No.

Q. Okay. So after whoever it was that came, if they did come, and prescribed this to help [Baby E]'s tummy settle because of the mucky --

A. Yes.

Q. Is that right?

A. Yes.

Q. And then you've then co-signed it. Did you administer that as his designated nurse?

A. I don't recall.

Q. So was [Baby E] showing any sort of signs or symptoms after the bile that was aspirated?

A. Not that I remember, no.

Q. No, so there was no real change in his handling or anything?

A. No.

Q. And Lucy Letby was then asked about the distinction between the vomit and the aspirate.

A. So a large vomit is -- is a large amount that's come out of the mouth.

Q. In addition to the 14ml of fresh blood aspirate?

A. Yes.

Q. Did he vomit prior to the aspirate?

A. I'm not sure.

Q. If -- you know, how you've written it here, one and then the other?

A. on sorry, yes, he's vomited, and then I've got blood back from his tube.

Q. Okay. But are we clear that it didn't occur before 10 o'clock though? You've got at 22.00 hours "large vomit". There is no blood loss --

A. No.

Q. -- prior to that?

A. No.

Q. That was the first time?

A. Yes.

Q. Then the officer returned to the notes:

Okay, and then a further 13ml of blood obtained by 11, 23.00 hours. Where was this obtained from?

A. The NG tube.

Q. So at this point there's a total of 27ml of fresh blood in the period of an hour, is that right, together with the vomit of blood? Right, okay. So what was going through your mind at that time when another 13ml of blood were taken?

A. I was quite concerned.

Q. Lucy Letby could not remember how soon after this further quantity of blood that [Baby E] deteriorated again. She thought Dr Harkness was there at the time. She was asked:

Around this time just prior to obviously his desaturation, what were your activities?

A. What, for [Baby E]?

Q. Generally.

A. I don't remember.

Q. Okay, because of the previous blood were you around [Baby E] all the time?

A. I don't remember.

Q. Okay. You then go on to say:

"Oxygen given by a Neopuff, toes becoming white and [Baby E] cool to touch."

Like you say, Reg Harkness is present throughout. And then continues with the note.

"[Baby E] began to decline. At 23.40 hours he came bradycardic. A purple band of discolouration over the abdomen. Perfusion poor and a CRT in 3 seconds."

This purple band, can you describe that to us?

A. As I said before, I don't remember it specifically, but I think it was a purplish area around his umbilical area.

Q. Okay. Was that the same one that you'd previously

described?

A. Yes.

Q. Okay. Because you obviously describe it as a band.

Why? What do you mean by a band?

A. A band -- it was in sort of a line.

Q. Horizontal or vertical?

A. I would read "band" as horizontal, from memory.

Q. And do you remember the width of that at all?

A. No.

Q. And had you seen anything like that before?

A. No, I don't think so.

Q. The officers read the notes of [Baby E]'s unsuccessful resuscitation and she was asked:

Do you remember what your role was in the resuscitation?

A. I think I carried out chest compressions at one point because I remember I was pressing down more, more blood came out of his mouth.

Q. So how were you feeling, Lucy, at that time?

A. It wasn't nice to see.

8. Do you remember what time the mother was present?

A. Only from what I've written there, that was present at the start of the shift and then visiting again at 10 o'clock.

Q. Okay. Do you remember when she left then?

A. After the 10 o'clock visit when --

Q. This is the note:

"Mummy was present at start of shift attending to cares. Visited again approximately 10 o'clock. So she's obviously there."

What time would you have come on shift in the morning -- sorry, in the evening?

A. 8 o'clock.

Q. 8 o'clock. Do you remember what time she left before she returned?

A. No.

Q. No, okay. Well, she did leave and she came back, you've put at 10 o'clock.

A. Yes.

Q. Did anything happen to [Baby E] before she returned at 10 o'clock? I think in your notes that you got --

A. When I look back

I

Q. Yeah, you've got this.

A. He had the mucky aspirate at 9 o'clock.

Q. Yeah, but no bleed at all before she returned at 10 o'clock?

A. I think -- well, there was at 10 o'clock, so --

Q. Okay, not before 10 o'clock. We've got she returned at 22.00 hours and I think it was 22.00 hours when we had the large vomit. A large vomit of fresh blood, yeah.

So prior to mum coming at 10 o'clock --

A. No.

Q. No. Do you remember how that conversation with mum went regarding that bleed?

A. I remember her being concerned.

Q. Okay. Do you remember what she said to you?

A. Just that she would like us to contact her if there was any further decline or any update for her. She was resting upstairs at the time.

Q. Okay. Did she see the vomit as well because obviously the first one is at 22.00, "large vomit of fresh blood", and obviously aspirate obtained from the NG tube.

A. I would assume that she was there then.

Q. During the vomit and the aspirate because it just -- on this communication, excuse me, it just says that she was aware that we'd obtained blood from his NG tube, not with reference to the vomit?

A. No, so I'm not sure when he vomited then. I don't think he vomited prior her coming.

Q. So you think he vomited after her coming?

A. Because I think I probably would have written -- explained that we'd had a vomit and blood from his NG tube if he'd vomited.

Q. Okay, so what does that make you think about the first lot of notes then where it's at 22, large vomit of fresh blood, and then the 14ml fresh blood aspirate obtained, and that's on the first page, though, you know at 22.00?

A. That he's had a large vomit at 22.00.

Q. Yes, but obviously you're saying that she, mum, returned at 22.00.

A. I've said approximately, so I don't --

Q. Right.

A. I've written approximately 22.00.

Q. Okay.

A. So I'm not sure.

Q. But obviously this must be post-vomit because that's when you got the blood from the NG tube because that's what you told her?

A. Yes.

Q. I'm right in saying this -- and then I'm a bit confused,

yeah.

Then there's some talking between the officers:

I suppose the question is: how did she become aware?

Is it something that you've told her or something she's witnessed?

A. About the blood from his NG tube?

Q. Mm-hm.

A. I would read from this that I've told her because I've told her that we're starting medications to treat it.

Q. Okay, okay.

A. So she visually saw it.

Q. So he must -- he must have vomited before then, mustn't he?

A. I would assume so, yes.

Q. So would there be any reason why you wouldn't tell mum over the vomit of blood?

A. No, not that I remember.

Q. What's the conversation that you had with her, can you recall?

A. I'm not sure if it was myself that told her or somebody else and I'm writing that she's been told because I was there when somebody else told her. I'm not sure.

Q. Right, okay.

A. And then just reading this, I've put that mum was updated by Reg Harkness.

Q. Yeah, okay.

A. So I -- I think it was a joint discussion between myself and Reg Harkness to update mum.

Q. How were you feeling after [Baby E]'s death?

A. It was upsetting, [Baby E]'s.

Q. Whose decision was it for you to bathe [Baby E]?

A. The parents asked me to.

Q. Did you create a memory box for [Baby E] at all?

A. Yes.

Q. On the instigation of who?

A. What do you mean, who told me to?

Q. Yeah, yeah. Did you -- was that something you --

A. It's just something that we do for babies. I don't think anybody told me to do it.

Q. Right. So is it something you would always do? Is it something the family would say, yeah, can you do that for me?

A. No, we'd do it.

Q. Okay. As a matter of course?

A. Yes.

Q. And again, did you stay in touch with the family at all following [Baby E]'s death?

A. Only for the time that [Baby F] remained on the unit. Not afterwards, no.

Q. Okay. And obviously another stressful day for you. How did you deal with it personally?

A. I don't recall specifically. I know I found it very helpful to -- to have bathed him and had some time with him and dressing him. I found that quite a privilege that mum and dad wanted me to do that for them.

Q. Do you have any opinion as an experienced neonatal nurse as to what happened to [Baby E]?

A. No, I'm not medically trained and I don't know exactly what happened to him, but I feel there was obviously some sort of bleed from his abdomen.

Q. Right, okay.

A. And obviously I did feel that the registrar wasn't overly concerned and, I don't know, I was a little bit concerned but I felt reassured that he wasn't.

Q. Okay. And following deterioration, did you raise that -- your concerns with anybody?

A. I think I discussed it with Belinda.

Q. Oh right. And what was the outcome of that?

A. I'm not sure.

Q. Okay. And what were the concerns that you expressed at that time to Belinda?

A. I think I spoke to her about that, that I'd not seen a baby bleed in that way before, and her being more experienced, had she seen it and what would potentially cause that, and was it something that maybe the registrar could have acted on differently or something that we could have done differently.

Q. Right. And do you know what her answer was?

A. No, I don't remember.

The second interview took place on 11 June 2019. The officers recapped on the previous interview concerning [Baby E]. Followed with this question: In your notes you stated that:

"Prior to the 9 o'clock feed, 60ml of mucky slightly bile-stained aspirate was obtained and discarded, abdomen soft and non-distended. SHO informed to omit feed."

Do you recall, Lucy, which SHO you informed?

A. No, I don't.

Q. Okay. Tell me what was discussed during that conversation.

A. I can't remember whether it was a face-to-face conversation or a telephone conversation.

Q. Okay.

A. I don't recall it specifically, I can't remember who it was with.

Q. Okay. Do you recall the content of that conversation?

A. No, because I can't remember who it was with.

Q. Dr Chris Wood was the duty SHO on this day from 8.30 in the evening. He does not recall speaking to yourself as indicated in your notes. Do you recall if it was Chris Wood, Lucy?

A. I don't recall who it was, no.

Q. If he was the duty SHO on from half 8 in the evening is it likely it would have been him who you spoke to?

A. Yeah, him or his registrar, yeah.

Q. Mm-hm. And doesn't have any contact until this is via the crash call system --

A. Right.

Q. -- and says he arrives at around 00.37 hours.

A. Reg Harkness that reviewed the baby?

Q. Say again, sorry?

A. Reg Harkness reviewed the baby at some point.

Q. Okay, but in your notes it says "SHO informed".

A. Right.

Q. That's what I'm --

A. Okay, I don't recall specifically speaking to an SHO so I can't confirm that it was him or not him.

Q. He would have been the only one, there's only one SHO on duty.

A. Yeah.

Q. If it was the registrar that you informed, Lucy, would you have written registrar in your notes and not SHO?

A. Yes, unless I have just done it as an oversight.

Q. Because obviously using the word "informed" would suggest that you wrote this after you had spoken to them?

A. Yes.

Q. Do you agree with that?

A. Yes.

Q. Okay. A statement's been obtained, Lucy, from [Mother of Babies E & F], the mother of [Baby E]. She's given us an account of this night, 3 August 2015 going into the 4th. She says:

"I expressed some milk and took it to the neonatal ward at around 9 pm."

Tell me what you remember about [Mother of Babies

E & F] arriving on the ward at around 9 o'clock, Lucy.

A. I can't remember. I'd have to look at what I've documented.

Q. So Lucy Letby was provided with her note and asked: Okay, so do you recall her arriving on the ward at 9 o'clock?

A. No, not that specific time, no.

Q. Okay. Do you recall [Mother of Babies E & F] --

A. Yes.

Q. -- the mother of [Baby E]? Do you recall if she was expressing milk?

A. I don't remember.

Q. Is it common for mothers to express milk and bring --

A. Yes.

Q. She goes on to say:

"When I arrived [Baby E] was crying and really upset. He had blood coming out of his mouth."

Do you recall that, Lucy?

A. No.

Q. Tell me about the blood around [Baby E]'s mouth at this time.

A. I can't remember specifically what time I saw the blood or didn't see blood. I don't remember it.

Q. Okay, so from your notes in your previous interview you commented that [Baby E] had a large vomit of fresh blood at 10 o'clock on 3 August. I'll give you a copy. If you just have a look at your notes there, Lucy.

A. Yes.

Q. Can you see there the 10 o'clock that you discussed in your first interview?

A. That the mum is visiting again at 10 o'clock?

Q. Yes.

A. Yeah.

Q. Yes, can you see where you've documented that in your notes?

A. Yes, yeah.

Q. Do you recall [Mother of Babies E & F] visiting now you have had a chance to look at your notes?

A. Yes, I remember she came down.

Q. Okay, so --

A. I don't remember details of the visit.

Q. But when you say she came down, where did she come from, Lucy?

A. Post-natal ward.

Q. Tell me what you remember of her coming to the neonatal ward then?

A. I know she came down. I think she sat with [Baby E] for a bit and I think at some point she was updated by a registrar, maybe about [Baby E], I don't remember.

Q. Okay. Just confirm the time that you put down there, Lucy, for us, that that's happened?

A. 22.00 hours.

Q. Okay. Do you recall, Lucy, when [Mother of Babies E & F] attended the ward that [Baby E] had blood on him?

A. No, I don't remember.

Q. Do you have any recollection of [Mother of Babies E & F] arriving and seeing [Baby E], her son, crying and being really upset?

A. I can't remember what [Baby E] was like when she visited.

Q. Do you recall any conversations with [Mother of Babies E & F] about the blood around [Baby E]'s mouth, Lucy?

A. Not from my memory now, no.

Q. Okay. She goes on to say:

"I tried to use the containment technique but it did not work. I was really alarmed and instinctively knew there was a problem. Lucy, the nurse on duty, told me not to worry."

Do you recall that?

A. No.

Q. She said that you said to her it would just be his feed, his feeding tube, irritating his throat, and the registrar would be along to see him soon. Do you agree you said that to her, Lucy?

A. I don't remember saying that, no.

Q. She says you told her to go back upstairs. Do you recall that?

A. No.

Q. She says there that you told her it would just be his feeding tube irritating his throat. Explain to me what made you believe it was his feeding tube?

A. I don't know, I don't know why I would say it was the feeding tube irritating his throat. That's not a normal reason for a baby to have blood in its mouth. I don't know why I would have said that.

Q. Okay. Had you contacted the registrar at this point, Lucy?

A. I don't remember.

Q. Is it in your notes, Lucy?

A. I've documented she was updated by Reg Harkness and contained [Baby E] so I'm assuming that's around the time at 10 o'clock when she visited. She was referring to offering containment holding.

Q. You're clear with the time there, Lucy, aren't you?

A. I've documented 22.00 hours, 10 o'clock, yeah.

Q. Is there anything there in your notes about [Baby E]'s 's feeding tube irritating him?

A. No.

Q. Is there anything there, Lucy, in your note about [Mother of Babies E & F] arriving and [Baby E] crying and being really upset?

A. No.

Q. Okay. [Mother of Babies E & F] says that you told her it was the feeding tube irritating his throat. Why did you tell her to go back upstairs if it was just an irritation?

A. I don't think I told her definitively she needed to go and leave the unit, we just often advise parents at night to go and get some rest.

Q. Okay.

A. So I think it was said in that intent rather than saying she had to leave.

Q. Okay. At 9 o'clock?

A. No, I've documented it at 10 o'clock.

Q. It was explained to Lucy Letby that [Mother of Babies E & F] had obtained her mobile telephone records and insisted that her visit was 9 pm:

What time have you got that [Mother of Babies E & F] had attended?

A. Approximately 8 o'clock, 10 o'clock.

Q. In fact it's in 24-hour, so it says 20.00 and then 22.00.

A. Yes.

Q. Okay.

A. And that she was here, present at the start of the shift, attending to cares.

Q. Okay.

A. And I'm not sure how long she stayed for after attending to the cares.

Q. Is there any reason, Lucy, that what you've documented in your notes could be incorrect?

A. No. So did mum come down again at 10 o'clock? I put that she visited at the start of the shift attending to cares. I haven't put when she left.

Q. Okay. Is that something you would document in your notes if a baby has blood round its mouth?

A. It would be documented somewhere, either on the fluid chart or in the notes.

Q. Lucy Letby was shown the telephone records and reminded

of the reasons that [Mother of Babies E & F] said this took place at 9 pm. She was asked:

Do you agree, Lucy, that that paints a different picture to what's recorded in your notes?

A. On the notes, yeah. Can I just have a look at the fluid chart?

Q. Yeah, of course you can.

A. Okay.

Q. Okay.

Can I pause there: was the fluid chart shown to Lucy Letby at that point?

A. Yes, I believe so.

Q. Okay, I'll ask the question again: does that account differ from what is documented in your notes?

A. Yeah, so I haven't written about any blood coming from [Baby E]'s mouth in the notes.

Q. Okay.

A. I haven't documented on his chart either until 21.00 hours.

Q. Can you explain that to me?

A. I've made an error. I've put "approximately 10 o'clock" and it must have been before that.

Q. Then one officer asks the other:

Do you want to ask anything?

If you have witnessed blood as [Mother of Babies E & F] describes, what would your action be?

A. To give suction to suck the blood out of the mouth.

Q. Who would you inform?

A. Another member of staff or doctors.

Q. Would you look at that as a serious situation?

A. It depends how much has come out. I don't know if this is a mucousy amount of blood that would look a lot that isn't a large amount. I don't recall.

Q. It upset [Mother of Babies E & F], didn't it, because she then goes and calls her husband?

A. Yes. I can understand any - any amount of blood would be upsetting to a parent, yeah. I'm really sorry that she feels that way.

Q. But if you saw lots of blood coming out of a baby's mouth, what would you do? What would be your --

A. To suction that blood to clear the airway and then escalate it.

Q. Escalate it. So when you talk about escalation what is that then Lucy?

A. To the -- a band 6 or the nurse in charge.

Q. Okay, and ultimately the doctor?

A. Yes.

Q. Okay. From the evidence that we have read out to you, Lucy, you were at [Baby E]'s cot side when his mum, [Mother of Babies E & F], walked in when he had blood around his mouth. Do you agree with that?

A. From [Mother of Babies E & F]'s recollection, yes.

Q. Do you agree, having spent time looking at them, that the time on your notes is incorrect?

A. Yes, I've written an approximation of 22.

Q. Mm-hm.

A. And that it seems the event was before that, yes:

"Aware that we've had blood and was starting different medications."

She was updated by Reg Harkness so to me that reads that by the time he had been on to the unit.

Q. By what time, sorry?

A. Approximately 22.00. Do we have the time that Reg Harkness came?

Q. Lucy Letby was informed that Dr Harkness' note recorded 10 pm. And she was asked:

Did you make any attempts to clean up the blood?

A. I don't remember, but I don't think I would have left him with blood in his mouth.

Q. Why didn't you escalate it then, Lucy, like you've just said that you would have done?

A. I don't remember that. I don't know whether I did escalate it or not. I thought Belinda Simcock was involved at some point but I don't know at what point I escalated or what I was escalating. I'm not sure when I called the reg though. Does it say I called him before that? Do we have a bleep time? It may have been that he attended, couldn't come straightaway.

Q. Your notes have given the time on them, Lucy.

A. Yes, the time that he attended the unit and reviewed him.

Q. Mm-hm.

A. It may have been that I contacted him prior to that. I've put that:

"[She] came down again at approximately 22.00 hours, aware that we've obtained blood from his NG tube and was starting different medications. She was updated by Reg Harkness."

So at that point the registrar had been and started new medication.

Q. Mm-hm.

A. I'm not sure at what time he was called.

Q. Why haven't you noted the bleeding in the notes then?

A. I'm not sure.

Q. But there's nothing to support what [Mother of Babies E & F] is saying about the event at 9 o'clock?

A. No, at 9 o'clock I've documented that there was 16ml mucky aspirate, not blood.

Q. There's a bit of a difference though, isn't there, Lucy, between a mucky aspirate and blood around the mouth?

A. Yes, yes.

Q. And that's the mucky aspirate, Lucy, that you have documented in your notes that "SHO informed", yeah?

A. Mm, you see I don't remember contacting, whether it was done by a telephone call, in which case it wouldn't have been documented --

Q. Mm-hm.

A. -- that he told me over the phone to omit the feed.

Q. But he says he doesn't recall speaking to yourself.

A. No.

Q. Can you explain to me, Lucy, why the bleed which [Mother of Babies E & F], [Baby E]'s mum, witnessed was ignored?

A. As I say, I don't specifically remember that bleed and I think if it had been anything of the volume she is stating then it would have been escalated. I wouldn't have just left him bleeding. I can imagine that any amount of blood, however small, would be very concerning to a parent --

Q. Yeah.

A. -- whether that a tiny amount or what they view to be a lot.

Q. Is this because you intentionally caused harm to [Baby E], Lucy?

A. No ---- have I caused this bleed?

Q. Yes.

A. No, no.

Q. Is it that [Mother of Babies E & F] has walked in whilst you're attacking him?

A. No.

Q. Is that why you told [Mother of Babies E & F] to go back upstairs, Lucy?

A. I don't recall definitively telling her to go upstairs. I believe my advice was to go upstairs and get some rest and we will contact you if there are any changes.

Q. Lucy Letby was informed that Dr Marnerides view was that the cause of death was unascertained and she replied

A. No, I believe at the time with - he was -- the consultant felt it was necrotising enterocolitis that he had died from.

Q. What are your thoughts on that?

A. Well, that's what the consultant and doctors at the time felt that it was. Babies with necrotising enterocolitis do get discolouration of the bowel.

Q. Mm-hm.

A. They can bleed as a result.

Q. Is there any explanation you can give, Lucy, as to why the bleed witnessed by [Mother of Babies E & F] was never recorded and why you didn't take any immediate action to seek help from anyone?

A. No.

Q. That part of the interview then concluded.

Q. The third interview took place on 10 November 2020.

It begins with the officers summarising events surrounding [Baby E] and what Lucy Letby had said on the last occasion she was interviewed. Then the question is asked:

Is there a reason why [Mother of Babies E & F] couldn't visit [Baby E] when she was -- when he was being cleaned, Lucy?

A. No. We might advise the parent not to be there but would never ask, you know, shut the door and say they can't come through, no.

Q. So if a parent wanted to be there at that time you would allow that?

A. I would personally, yeah. I don't see why the others wouldn't either.

Q. Dr Harkness, he's provided a statement. He states that at 22.00 hours he was asked by you to review [Baby E]. Do you remember showing an aspirate to Dr Harkness around that time?

A. I remember the aspirate, yes, yeah.

Q. Was that aspirate that you showed to Dr Harkness from [Baby E], Lucy?

A. Yes.

Q. Tell me about the photograph you took of [Baby F] once [Baby E] had passed away. Do you remember?

A. If I took any photographs of [Baby F]?

Q. Yes.

A. I don't recall. I think -- I think I did separate photos, but they didn't want photos of them both together.

Q. So do you remember taking a photograph of [Baby F] with a teddy bear?

A. I don't remember specific photographs, no. I know that I did -- I think I did take some photographs of [Baby E].

Q. The officers then turn to telecommunications:

At 9.06 hours on the 4th, you've messaged [Nurse A] and said:

"He was IUGR and REDF plus prem and query Down's, so guess he was very high risk. It was just awful because he was bleeding from everywhere during resus. Got him back but gas incompatible. Parents completely distraught. I feel numb."

Do you remember that conversation?

A. Yeah.

Q. Was that accurate, what I've just gone through there, Lucy, from what you recall?

A. Yes.

Q. Was he bleeding from everywhere?

A. Yeah.

Q. Where exactly was he bleeding from, can you remember?

A. His nasogastric tube, his mouth and I think he passed some rectally as well.

Q. Is that description that you've said in your message reflected anywhere in the clinical or nursing notes that you can recall?

A. I'm not sure.

Q. But why was he high risk, Lucy?

A. Because he was a premature twin with other risk factors.

Q. What does "gas incompatible" mean?

A. That he has had a blood gas but it -- it's not really compatible, there's not a lot we can do to reverse it, which means ultimately he will pass away.

Q. At 20.09 hours on the 4th you've had a message conversation with Jen and said:

"He had massive haemorrhage. Could have happened to any baby."

Do you recall that message?

A. No.

Q. Was that right, that it could have happened to any baby?

A. Yeah, I think any baby could have a haemorrhage, yeah.

Q. A massive haemorrhage in the way you've described it in that previous text?

A. I would think so. You know, I'm not a doctor, but --

Q. You went on to say that it was an abdominal bleed. How did you know that Lucy?

A. Because we were getting blood back from his NG tube and I think he passed blood rectally, which would indicate that it was an abdominal issue.

Q. Okay.

And that was the conclusion of that part of that interview.