

Q. The next interview is [Baby O], known at the time at [redacted]. The first interview, 5 July 2018.

A. Yes.

Q. It begins:

Okay, so during this interview what we'd like to talk to you about is [Babies O, P & R].

A. Okay.

Q. So the first one is [Baby O]. I'll just give you a summary of [Baby O]. At 14.24 hours on 21/6/16, [Baby O] was born. He was the second born of triplets, delivered by caesarean section. [Baby O] died at 17.47 on 23/6/2016. Okay? So what I'll ask you is: what do you recall about your care of [Baby O]?

A. So I remember [Baby O]. I was also caring for his brother, [Baby P], as well on that day in nursery 2. I remember [Baby O] was on Optiflow, which is a form of respiratory support, and I just remember that he'd had a feed -- I think it was about 12 o'clock -- and then

an hour later he *** I found him vomiting. I noticed that his abdomen was distended and he was reviewed by the doctors at that point.

I think he had a septic screen carried out and was started on some antibiotics and in the meantime, when those were given and the registrar left the room, [Baby O] deteriorated again, and I called for help from the registrar who was in the nursery next door. And then there was some confusion as to where we were going to move [Baby O] because ideally we wanted him to go into nursery 1 and I think some of the babies had to be moved around to allow [Baby O] to go through and then we moved [Baby O] into nursery 1 and he was ventilated in the nursery. And I remember at some point the registrar left to go and update mum upstairs and that's when he had a further deterioration and we had to call the doctor back down and I think he was re-intubated at that point as well. And I remember his abdomen was quite distended and I think the doctors put a drain into his abdomen. And also he was struggling with intravenous access and he required another form which is called intraosseous access and that isn't something that we stocked on the unit, so somebody had to go to the children's ward to get that equipment to do that, yeah. I can't remember much else from memory clearly.

Q. Okay. So would you like to refer to the notes?

A. Yes, please.

Q. Lucy Letby explained a number of signatures related to a student nurse named Rebecca Morgan:

So is it right that you were his designated nurse?

A. Yes.

Q. And you said that you worked for both [Babies O & P]?

A. Yes.

Q. Okay. At the same time?

A. Yes.

Q. Then there's reference to the note at tile 109:

Okay, so:

"Written for care given from 08.00 hours onwards.

Emergency equipment checked. Fluids calculated."

Okay. The next part is:

"Observations within normal range. Remained on Optiflow. 4 litres in air. Nil increased work of breathing. 2x12 feeds via NG tube. Minimal milk aspirates obtained."

So do those two feeds there relate to the two feeds that you refer to within your notes? Can you say that?

A. Yes.

Q. So what time are those feeds?

A. At 10.30 and 12.30.

Q.

Okay, so with regard to those two feeds, did you experience any problems with [Baby O] taking his feeds?

A. No.

Q. Okay. How were they done exactly?

A. Via his NG tube.

Q. Lucy Letby confirmed that [Baby O]'s aspirates gave no cause for concern:

How long would that feed take?

A. He's only on 13ml so not long, a few minutes.

Q. And is that something that you would be present for all the time and make sure that feed is --

A. Yes.

Q. Until the end?

A. Yes.

Q. You wouldn't leave the baby's side at that time at all?

A. No, we don't. It's not usual practice to leave the feed unattended, no.

Q. Lucy Letby did not recall doing the feeds at 10.30 and 12.30 but agreed that the signatures suggested that she had fed [Baby O] at those times:

Okay. And in general terms how was [Baby O]?

A. I remember him to be well. I didn't have any concerns unduly apart from his abdomen.

Q. So there weren't any sort of associated risks with him in terms of an ongoing care plan or anything?

A. No, just that he was receiving Optiflow, which is the respiratory support.

Q. Okay. Is that prongs up the nose?

A. Yes.

Q. Okay. Does that have an effect on how he handled?

A. In what way?

Q. I don't know, it might not do, that's my question.

A. No, so Optiflow can sometimes give them a full tummy because they can take in a gulp and the air from the Optiflow and swallow that.

Q. Right. So is that something you need to be aware of --

A. Yes.

Q. -- when they're on Optiflow?

A. Yes. Any respiratory support, yeah.

Q. So the next part is:

"Abdomen appeared full but soft and non-distended, smear of meconium present at anus. Active and alert." So again, do you have any comments to make on that entry?

A. No.

Q. So they're good signs, are they?

A. Yes.

Q. So:

"Reviewed by [Dr A] at 13.15. [Baby O] had vomited undigested milk." Okay. So had he vomited prior to being reviewed by [Dr A]?

A. Yes.

Q. Did you care for him in between the feed, him appearing obviously well and then the vomiting?

A. Not that I remember. I could check to see if I did any observations in that period. So he had observations at 12.30 and at 1.30.

Q. Okay, so --

A. So I don't recall having contact with him after that, though, after the feed.

Q. So after 12.30?

A. No.

Q. So he was reviewed at 13.15. Can you give us a time of -- what the time was when he vomited?

A. No, but I -- I think he vomited when I -- the doctors was on the unit at the time I believe, so I got him.

Q. You remember that?

A. Yes.

Q. Okay. And were you present when he vomited?

A. No, I don't remember. I think I went to him.

Q. Right.

A. I think his monitor was sounding that he was desaturating.

Q. And can you describe the vomit?

A. I don't remember it, so I don't remember it to be significant --

Q. Okay.

A. -- vomit. But it was a vomit as opposed a posset.

Q. Okay. Can you remember who was actually present in his nursery at the time?

A. No.

Q. Lucy Letby confirmed that [Dr A] was called at 13.15 immediately after the vomit:

Okay. The next one is approximately 14.40:

"[Baby O] had a profound desaturation to the 30s followed by bradycardia, mottled ++ and abdomen red and distended."

So again, who discovered this?

A. From memory I believe it was myself and I think I went in to him because his monitor was alarming.

Q. Okay, was anybody present in the nursery at this time?

A. Not that I remember, no.

Q. Was [Baby P] in there with him?

A. Yes, because I was looking after [Baby P].

Q. He was in the same room?

A. Yeah, and I think [Baby R] was in nursery 1.

Q. Okay. Had you noticed or become concerned about any or signs or symptoms that [Baby O] had up to that point?

A. No.

Q. Was there any change in his care up to that point?

A. No -- well, other than we'd been placed him on the free drainage and he'd been given antibiotics ---

Q. Right.

A. --- and he'd also had an X-ray.

Q. Okay. So can you describe the mottled ++ for me?

A. So I remember it -- well, he was mottled all over his ----- he was mottled all over and then he had red -- he had a red abdomen. So mottling is a sort of blotchy purple/red rash and then as I say he had this red abdomen as well.

Q. Right. What were your observations of that clinically?

A. That it was a deterioration.

Q. What's it a sign of?

A. It can be an infection, mottling. It could be that they've dropped their temperature, that they're poorly perfused.

Q. Right. Then the other officer:

That mottled ++, is that something that you see regularly when you're dealing with a baby?

A. Yes, not usually to that extent, but a mottled appearance is something that neonates quite often you will see, yes.

Q. Okay. So on discovery of this, what did you do?

A. I remember we -- I don't know if it was myself or another nurse but we called the registrar who was next door in nursery 3 at that point.

Q. Which one was that?

A. Which registrar? [Dr A]. And then he came and I think that was when we had the discussion about him needing to go into nursery 1 and have further support and observation.

Q. Okay but for -- up to that point you weren't aware of any deterioration, any real change in his care and he hadn't been displaying any other poorly signs or symptoms.

The next entry we want to talk about is:

"Doctors crash called 15.51 due to desaturation to the 30s with bradycardia. Chest movement and air entry observed. Minimal improvement. Re-intubated."

Okay? So again talk me through this. Who discovered it and how you discovered it?

A. Okay. So I don't recall exactly how I discovered it. I think I was in the nursery with him at the time. I don't think I would have left the nursery when he's ventilated and then I remember [Dr A] had gone upstairs to so to speak to mum and dad and that's when we had to crash call him to come back down.

Q. All right, okay.

A. Hence -- that's why he'd left the unit at that point and I think [Dr A] came and he needed to be re-intubated and I don't remember the circumstances as to why that was.

Q. When you say "we", who were you with?

A. I don't remember but -- I don't remember putting out the crash call so I think I must have been doing something with [Baby O] and then another member of staff called.

Q. Right, okay. And again, can you give any explanation as to how this desaturation occurred?

A. No.

Q. Okay. So you had no clinical observations that might indicate a deterioration?

A. No.

Q. So:

"CPR commenced at 16.19 and medications/fluid given as documented."

What was your role in his CPR?

A. I think I did some chest compressions.

Q. Okay.

A. And I think I did some drugs, but I'd have to check.

Q. Lucy Letby described events after [Baby O]'s death. She enabled his parents to spend some time with him and continued to care for [Baby P]:

What activity did you perform during those arrangements?

A. So once he had passed away I just remember sort of facilitating them having some time with [Baby P] and [Baby R] and I don't think -- and I don't think I did any of the handprints or footprint or anything like that at that point, it was later on in the shift, and I think the person that took over did that part. So I had to handover [Baby P] and then I believe the doctors carried out a septic screen on [Baby P] and [Baby R] in view of what happened to [Baby O]. I remember [Baby P] was quite difficult to obtain IV access on at that point. I remember the consultant doing that and having several attempts.

Q. Okay. So obviously at this point [Baby O] has passed away. How were you feeling at that time?

A. Shocked and upset.

Q. Can you give any explanation as to what happened to [Baby O]?

A. No. I just remember his abdomen kept swelling and they ended up doing, like, a drain into his abdomen and I'd not seen that before and that was quite -- it's not a nice thing to see when you haven't seen it before.

Q. Right.

A. And the same with the intraosseous access, that's quite a brutal form of access, and that stood out in my mind, having to see him have that done.

Q. Is that all after he deteriorated?

A. Yes.

Q. Okay. So was his death unexpected?

A. Yes.

Q. Is there anything else, obviously about [Baby O], that you feel that we need to discuss or raise?

A. No. I think we've covered it.

Q. And then Lucy Letby's solicitor said:

I think you mentioned to me before that the registrar cover was quite chaotic that day when he was having to cover --

A. Because as I say, it was a busy shift, because we were having to try to get [Baby O], make room for him in nursery 1, and the doctors were back and forth quite a lot. Usually if there's a ventilated baby they would sort of be around a little bit more. I think they were getting pulled in various directions that day.

Q. Has that got any direct influence on [Baby O]'s death?

A. I think there was an element of delay, obviously, and

each time you have to call the registrar to come there is an element of delay. But maybe if they were there at the time something may have been initiated quicker and I'm not sure.

Q. Could that have prevented the initial collapse?

A. Are you referring to the collapse at 14.40?

Q. Either of them.

A. Mm. I don't think the collapse at 14.40 -- no, I think he had already been seen by the doctor and we had plan in place and that was being implemented. I think once he had the profound desaturation at 14.40 it was a bit more clear that he was unwell and obviously he was ventilated eventually after that. He was left by the medical team.

Q. And the interview in respect of [Baby O] was concluded at that stage.

A. Yes.

Q. Moving on to the second interview in respect of [Baby O], which took place on 12 June 2019. Following introductions and caution, the officers summarised events surrounding [Baby O]'s death on 23 June 2016: Do you remember this day, Lucy?

A. Yes.

Q. Okay. In your previous interview you were shown page 5, which shows Rebecca Morgan countersigning the observation chart, the last being at 10.30. Do you confirm that, Lucy?

A. Yes.

Q. She states she left the nursery and that she would have been helping other babies elsewhere on the unit. Do you agree with that?

A. I don't recall her specific movements. She was allocated to work with me.

Q. Could Rebecca Morgan have left the nursery --

A. Yes.

Q. --- to help other babies?

A. Yes.

Q. And if you go back to page 3 of the notes, Lucy, you signed the feeding chart at 12.30.

A. Yes.

Q. Do you agree with that?

A. Yes.

Q. And you said that you would not leave the babies as they were being fed.

A. I don't know. Yeah, that's --- I don't know. That looks like my writing.

Q. Is that your signature?

A. That's my signature.

Q. Is that your signature at the bottom?

A. Yeah.

Q. At 13.15 hours you were on your own, Lucy, in the nursery with [Baby O]. This was when he collapsed: do you agree with that?

A. I don't recall from memory the exact times.

Q. Were you on your own when he collapsed though, Lucy?

A. I can't remember.

Q. Lucy, what explanation can you give us as to why [Baby O]'s condition deteriorated at this time?

A. I can't.

Q. At 14.30 hours you completed a set of observations with [Baby O] and you stated -- you confirmed on interview that you were in the nursery on your own when [Baby O] again collapsed at 14.40 hours and you were the first to go to him after he'd suffered a profound desaturation. That's what you said to us on the previous interview.

A. Yes.

Q. Have you got any explanation for his collapse?

A. No.

Q. What did you do to cause the profound desaturation?

A. I didn't do anything to [Baby O].

Q. Shortly afterwards, Lucy, [Baby O] is moved to nursery 1 and was then ventilated.

At 15.51 hours [Baby O] suffered a further profound desaturation and collapsed. On your own admission, Lucy, on interview you stated you were in the nursery with him at this time and that [Dr A] had gone upstairs to speak to his parents, which is why he was crash called --

A. Yes.

Q. ---- back down to the unit. Do you remember this?

A. Yes. Yeah, I don't -- I don't remember making the crash call myself, yeah.

Q. You remember doing something with [Baby O] at that time?

A. Yeah

Q. Is this desaturation, Lucy, this further one that [Baby O] has suffered again, another coincidence of you being alone with him at the exact time he collapsed?

A. Yes.

Q. Have you got any explanation for this desaturation?

A. No.

Q. Are you responsible Lucy for harming [Baby O]?

A. No.

Q. Are you responsible for the murder --

A. No.

Q. -- of [Baby O]?

A. No.

Q. Lucy, anything -- and then "no".

The officers summarised Dr Evans' and Dr Marnerides' opinion regarding excessive air in the abdomen and trauma to the liver:

Q: Have you got any comment you wish to make?

A. I did not physically injure [Baby O].

Q. What injuries did you cause to [Baby O]?

A. I didn't cause any injuries.

Q. When [Baby O] vomited and when he collapsed on these occasions you were on your own, and you've confirmed that to me, can you explain ---

A. Alone with [Baby O], yes?

Q. Yes.

A. I don't recall if there was anybody else in the room.

Q. Yes, you explained that you were on -- you confirmed that you were on your own with [Baby O]. Can you explain this to me?

A. No.

Q. Just to confirm, you confirmed that you were on your own when [Baby O] vomited, just after Rebecca Morgan had left the nursery, and again just after [Dr A] had left to update the parents.

A. Yes, I was alone with [Baby O]. I don't know if there was any other

Q. Yeah?

A. -- staff members in the room.

Q. Can you provide me with any explanation as to how [Baby O] sustained the significant trauma to his liver?

A. No. I know there was a discussion after resuscitation with the doctors whether there could have been -- there was. I know that it was found later on that he'd had a problem with his liver, whether this had been caused by vigorous resuscitation.

Q. Did you subject [Baby O] to an air embolism Lucy?

A. No.

Q. Do you agree that these two collapses occurred during the two occasions when you were on your own with him?

A. Yes. As I say, I don't know if there was anybody else in the room when I was on my own.

Q. What did you do to --

A. With [Baby O]?

Q. What did you do to [Baby O] on these two occasions, Lucy?

A. I'm not sure what care I was giving him, but I didn't do anything to harm him.

Q. Someone did, Lucy, didn't they? Someone has caused harm to him.

A. It wasn't me.

Q. This occurred, the collapses occurred, while you were with him both times. Lucy, are you responsible for the murder of [Baby O]?

A. No.

Q. The third and final interview in respect of [Baby O], officer, on 11 November 2020.

A. Yes, that's correct.

Q. Following introductions and caution, Lucy Letby was reminded of her rights and she confirmed that she understood:

Okay, Lucy, I'm going to talk to you now about [Baby O].

The officers summarised [Baby O]'s position and what had been discussed in previous interviews:

Is there anything you wish to add regarding that?

A. No.

Q. Okay. Melanie Taylor states that when [Baby O] deteriorated, Melanie said to you that she thought he didn't look as well as he did earlier and asked if you thought they should move him to nursery 1 to be safe. She recalls you saying no and that you wanted to keep him in nursery 2. Do you recall that conversation?

A. No.

Q. Why didn't you want to move him?

A. I don't remember the conversation so I don't know.

Q. Melanie was the shift leader at the time. Is there a reason why you wouldn't agree to her request?

A. I don't remember her request but it may have been that you try and keep triplets together and if they were in the same room, that's what we would try and maintain as much as possible.

Q. So [Dr A] was briefly away updating [Baby O]'s parents on his condition when he deteriorated. Was this another coincidence that [Baby O] collapsed when nobody was around him, Lucy?

A. Yes.

Q. What's your understanding of gaseous distension?

A. To be sort of air in the abdomen.

Q. What's your understanding of gas in the abdominal vessels?

A. I don't know the abdominal vessels are [as read].

Q. So in relation to social media, as I said, [Baby O] was born the 21 June 2016 and [Baby P] was born on the same day. [Baby O] died on the 23rd and [Baby P] died on the 24th.

On 23/6/2017, so that's the day [Baby O] died at 23.46 hours, you searched for [surname of Babies O, P & R] on social media. Do you recall doing that, Lucy?

A. No.

Q. What would you be looking for by doing that search?

A. I don't know. I don't remember.

Q. In relation to the mobile phone records that we have on 22 June you were informed that the triplets had been born and your reply at 14.11 hours --- your message to Jen was:

"Yep, probably back in with a bang 101."

Do you remember that?

A. Not specifically but I was away on holiday at the time and

Q. What do you mean, "Yep, probably be back with a bang"?

A. I don't know if Jen had said something about it's going to be busy for me coming back with -- they had triplets on the unit.

Q. Were you intending on doing something to the triplets, Lucy?

A. No.

Q. At 08.14 hours on 23 June you messaged [Nurse E] and said:

"It's busy but no vents anymore. I've got triplets in 2. All okay but got a student and first day. Two-hourly feeds, et cetera, no time to do anything lol. And Yvonne F in but said I can show her around, et cetera."

What do you mean by "no time to do anything"?

A. So it's busy. I had the three triplets plus a student so it's a lot to have three babies on two-hourly feeds plus have a student on her first day, obviously do all the introductions and orientations with the student, so the fact I didn't have time to give her a proper induction.

Q. At 10.20 on 23 June you messaged [Dr A] and said that your student was not with you as she was doing some feeds and chatting with parents. Do you recall that?

A. I don't remember sending that text but I know that I raised that I wasn't able to give her the time that I needed and some other members of staff said that she could help them with some feeds and parental care with the families in the other nurseries.

Q. Did that happen throughout the day, throughout that shift?

A. Yes.

Q. Were there other times when your student was doing feeds or carrying out other tasks?

A. Other than that day?

Q. On that particular -- on other babies.

A. Yes.

Q. [Baby O] died at 17.47. At 21.06 [that time in fact is wrong] you messaged [Nurse E] to tell her. You then told her:

"Blew up abdomen. Think it's sepsis."

Do you recall sending that message, Lucy?

A. No.

Q. Who thought it was sepsis?

A. I think it was a discussion, that we all felt that he blew up his tummy and maybe it was something like NEC or sepsis.

Q. Was that your thought then?

A. It was my thought but I think it was something that was discussed at the time as well.

Q. So is that description reflected anywhere in the clinical or nursing notes then?

A. I'm not sure without checking them.

Q. In the same conversation you said:

"Had big tummy overnight but just ballooned after lunch and went from there."

Was it necessary to tell her that his tummy was big overnight, Lucy?

A. I don't know. Maybe she asked what had happened or --

Q. Were you trying to blame the night staff?

A. Blame the night staff?

Q. For the condition of the baby?

A. No.

Q. Is that description reflected anywhere in the clinical or nursing notes regarding the tummy being big overnight?

A. I don't know without looking at the notes.

Q. Okay. At 21.06 [and it's the same text, that should say 21.28] that day you messaged [Nurse E] and said:

"Sophie had them last night. In a right state tonight."

Followed by:

Yeah, worried she's missed something."

Was that you again blaming staff, Lucy?

A. No, it's not me blaming staff. Sophie was really upset that evening, which I've stated she came in in a right state.

Q. Do you recall that, then, that message?

A. Not specifically, no, but I remember Sophie and then

I don't know. Yeah, she was worried she had missed something. I don't know if that's a reply to something [Nurse E] asked me.

Q. You also said, "Not a good gestation". What do you mean by that and why is it not a good gestation?

A. Because babies of that gestation can be a little bit -- like they're not prem prem, but they're kind of in a different category to the ones that we kind of watch.

Q. And the interview as far as [Baby O] concluded there.

A. Yes.