

Lucy Letby Cross-Examination Child F and Child L

Source : Crime Scene 2 Courtroom - The evidence against Lucy Letby Official Transcripts

18th May 2023 approx. 12:00-12:15 (Part One 1:13)

Nick Johnson (NJ) Do you agree that Child F was poisoned with insulin?

Lucy Letby (LL) Yes, I agree that he had insulin, yes.

NJ Do you agree that somebody gave it to him unlawfully?

LL Yes

NJ Do you agree that somebody targeted him specifically?

LL No

NJ So you think it was a random act?

LL I don't know where the insulin came from.

NJ Do you agree that Child L was poisoned with insulin?

LL From the blood results, yes.

NJ Do you agree that somebody targeted him specifically?

LL No I don't know that the intent was to cause harm, I don't know how the insulin got there or by who.

NJ What are the possibilities, realistically. Knowing what you know as a senior nurse, what are the possibilities as to how that insulin got into his dextrose? I'm talking about Child L now, the bag.

LL It's happened at some point on the unit or the bag already had the insulin in, when it came up from the pharmacy

NJ Well, we will deal specifically with the evidence relating to Child L and I will invite you in due course to reconsider that answer, alright? But your answer for the time being is that it was in the bag when it came up from the pharmacy or someone's added it's on the unit?

LL You've asked me ways it could happen, yes.

NJ I'll be a bit more specific then. Knowing what you know about the insulin readings or the blood sugar readings to be more precise, what are the realistic possibilities in Child L's case as you see it?

LL I don't believe that any member of staff on the unit would make a mistake in giving insulin.

NJ No. Mistake is not an option in this case for the insulin babies is it?

LL No.

NJ No. That's for Child F as well, do you accept that?

LL Yes.

NJ Do you agree that somebody targeted him specifically?

LL Insulin has been added by somebody. I can't comment on how or who.

NJ Right,

LL Just that it was not me.

NJ What about when?

LL When what?

NJ Well again. I'll come back to this, alright? Let's just take Child L, when was the insulin first put in Child L's dextrose bag.

LL Well I don't know, because I didn't put insulin in so I've no idea.

NJ But what did the blood sugar results tell us as to when it was put in?

LL I can't recall now without looking at the charts.

NJ Alright, well I'll come back to that. Park that for now. Have you not given that any thought as to when it's happened?

LL Yes, but I haven't got the details in front of me right now.

NK OK. I'll always give you an opportunity to look at documents, don't worry. Don't feel under any pressure from me to answer questions without looking at the documents if you feel you need to look at them. Alright.

LL OK

NJ But what are the dangers of unprescribed insulin?

LL Insulin should not be given to a patient that doesn't need it.

NJ Yes, but what's likely to happen if it is given to a patient who doesn't need it?

LL It will cause him to become unwell they'll become hypoglycaemic and with that comes a number of problems such as seizures, apnoea. even death.

NJ I'm going to move onto your QIS training, alright.

LL Yes.

5th June 2023 approx. 11:20-13:00 (Part Two 2hrs 08 mins)

Nick Johnson (NJ) I'd like to move on now to the case of Child F. I don't know where you put them, ladies and gentlemen, on Friday, but the defence statements, please. I'll start with that. We'll have to rewind a few pages back to Child F, because I've taken this one out of the chronological sequence.

You deal with this case as follows,

Paragraph 79, "I did nothing to hurt Child F", then paragraph 80, "I did not administer insulin to him or interfere with any of the total parenteral nutrition bags as to make this happen. Because I know I didn't do this but I'm being blamed for it, I cannot accept that the material readings and measurements over the relevant period or blood analysis are necessarily accurate. If Child F did receive insulin that he shouldn't have received, I did not do that".

At paragraph 81 you say, "I wasn't the designated nurse for Child F on the 4th to 5th of August 2015". Paragraph 82 "I do not specifically remember hanging up the TPN bag at 00:25 on the 5th of August, I think I signed for the bag and nurse A hung it".

Then paragraph 83 "If you change a longline then you change the TPN bag.

Finally paragraph 84 "the TPN fridge is locked, you have to get the key from the shift leader in order to gain access to the fridge. Is that what's in that document?

Lucy Letby (LL) Yes?

NJ And is that true?

LL Yes

NJ Do you dispute the readings and measurements over the relevant period?

LL No, I accept them now. At this point I didn't, but I do now! Yes!

NJ OK, that's fine and by readings and measurements what are you talking about are the insulin level and the C peptide level. The reason I asked you the question in that way is because there are a number of issues here. The principal issue of course is the one you have identified which is the insulin and C peptide!

LL Yes

NJ But there's another issue as well isn't there, which is the blood sugar levels of Child F over the period with which we are concerned?

LL Yes

NJ So you've accepted the first point, do you accept the blood sugar level readings?

LL No, I think there may have been some discrepancies.

NJ Right we'll go to the specifics. What are you saying in general terms are the discrepancies?

LL That there were values that were different on lab results compared to results taken even on the unit or on the blood gas machine.

NJ Well there is only a single lab result isn't there?

LL I can't recall.

NJ Do you remember the evidence of Professor Hindmarsh who told us there is always a discrepancy between lab results and blood gas readings because of the methodology of analysis

LL Yes

NJ Because it's a spun sample, I don't off the top of my head remember the precise detail, but it tends to be about a 10 to 15% discrepancy.

LL Yes I wasn't aware of that until then.

NJ I'm putting that issue to one side. Apart from that issue are you disputing the readings of in effect the gas machine on the ward.

LL No

NJ No, All right and just paragraph 82, I'd like to ask you a question about that. You say you don't specifically remember hanging the bag, but you think nurse A hung it.

LL Yes.

NJ It is probably me being a bit slow, but I don't understand how those two statements go together. You either remember it or you don't so do you remember?

LL No

NJ Well why do you think nurse A

LL Because I signed a bag with nurse A, nurse A was Child F's allocated nurse. I don't recall hanging up the bag, so to me the only person who could have done is nurse A.

NJ So, because you don't remember doing it, it must have been her.

LL I'm not saying it must have been, but I think yes.

NJ You remember I'm sure that on May 18th I asked you whether you agreed that Child F was poisoned with insulin.

LL Yes

NJ Remember that question?

LL Yes.

NJ And you did agree.

LL Yes.

NJ As you agree that somebody must have given him insulin unlawfully.

LL Yes

NJ Do you still agree?

LL Yes

NJ Another question I asked you was whether somebody had targeted him specifically, remember that?

LL I don't recall but..

NJ Right well I'm suggesting that somebody did target Child F specifically, do you agree or not?

LL I can't answer that.

NJ You did agree that a mistaken administration of insulin wasn't an option here. Do you still agree that?

LL From the neonatal unit yes, I don't think that could have happened on the unit.

NJ Do you accept that somebody put insulin into the TPN bag or TPN bags that was or were connected to Child F.

LL I don't think I can say exactly what was in what bag, but I accept that he was given insulin at some point, yes.

NJ But Insulin has to have come from the bag, doesn't it given the evidence we've heard. Do you accept that?

LL Yes if that's the evidence yes.

NJ Yes. When you were arrested you didn't know about C-peptide did you?

LL No.

NJ You didn't know that if a blood sample was taken from a child who was being given exogenous insulin, that fact could be proved by the disconnect in the ratio between the level of insulin and C peptide. You didn't know that did you.

LL No. I didn't know anything about C peptide results. No.

NJ But had you ever heard of C peptide.

LL No, No

NJ Under questioning from your own counsel you were asked a series of questions about the insulin and TPN being in the same fridge in what is a busy room.

LL Yes.

NJ But whether or not the room was busy somebody put insulin into that bag didn't they?

LL If it's agreed that insulin was in that bag, I can't say where it went in. Whether it was on the unit or elsewhere, I can't answer that.

NJ I'm sorry elsewhere, where else?

LL The bag is made by... the bag comes from the CIVAS unit.

NJ So could have been done by somebody in the CIVAS unit is that what you'll say?

LL I can't say, but you're asking me if it was put in on the unit. I can't answer that, but potentially the bag has come from another area and I can't answer what happened in that other area.

NJ So that you can bear this in mind as we go along this is one of the reasons that I'm dealing with Child F and Child L together. Alright?

LL Yes.

NJ Because I'm going to suggest to you the insulin that went into Child L's dextrose bag definitely went in on the Neonatal unit. Alright?

LL OK.

NJ We'll come to the reasons for that in due course. The bag was changed wasn't it at midday on August 5th after you had gone off duty. Do you remember that?

LL Yes

NJ And so given that the evidence shows that insulin continued to be administered to Child F either the giving set wasn't changed or a second bag was contaminated.

LL Yes

NJ You accept that?

LL Yes

NJ I'm going to come to the population distribution now please which is a tiles 100 and 101. Here we see, beginning with nursery 2 that you were in nursery 2. Child F was the designated charge of your friend nurse A

LL Yes

NJ You were with a baby ME

LL Yes

NJ In nursery 3 there was so far as we can tell a single child CE and two children in nursery 4 being looked after by Valerie Thomas.

LL Yes.

NJ There is an anomaly in the sense that there were two other children in the unit that day.

LL Yes.

NJ One was JE who's being looked after by Cheryl Taylor who had a baby in nursery 3.

LL Yes.

NJ From a practical point of view was it common for one nurse to have a baby in nursery 1 and a single baby in nursery 3 as well?

LL Sorry, can you say that again?

NJ Yes. I'm going to suggest to you the normal practice would suggest that because CE was in nursery 3 with Cheryl Taylor, the overwhelming likelihood is that so was the child JE.

LL It's likely, but it's not.. I can't ever say definitively.

NJ No of course not. Well, there was certainly no shortage of space in nursery 3 was there on that information?

LL No.

NJ Alright, that leaves one other child EJ who's being looked after by Sophie Ellis, who I think on November 23rd told us that she couldn't remember where he was.

LL OK.

NJ But in so far as we can determine the location of these children the child with whom we are principally concerned Child F was in the same room as you?

LL Yes.

NJ Are you suggesting that staffing levels have in any way contributed to the poisoning of Child F

LL I can't say how the insulin got there. I can't answer that.

NJ But it's nothing to do with the staffing levels, is it?

LL I don't know how the insulin got there, so I can't possibly answer how it might have happened or why.

NJ Well, hasn't somebody deliberately put insulin into the bag.

LL If the evidence is accepted it's gone in, yes.

NJ And that can't have anything to do with staffing levels can it?

LL Again I don't think I can answer that, because I can't... I don't know where that insulin came from or where it was put in to answer that.

NJ As you wish.

LL Whether it was on the unit or elsewhere, I can't tell you that.

NJ When you were interviewed by the police you were very keen to know whether they had access to the TPN bag, weren't you.

LL Yes

NJ Why?

LL Because I was being accused of placing insulin in the bag, when I thought that if the doctors had raised an issue and these levels were so abnormal that somebody would have thought to check the fluids, which is what we do routinely. As we've seen in other cases. We will keep the fluid bag if there are any concerns.

NJ But even if an analysis showed insulin was in the bag, that wouldn't improve that you had put it in the bag, would it?

LL No, I don't understand what you're asking me.

NJ Well I think you've just –

LL I wanted them to check the bag, yes. I felt that would be standard practice. If at the time the doctors had concerns about the results, then they would have checked the fluids or made a point of looking and reflecting on the fluids.

NJ You wondered whether there was an issue with something else, didn't you?

LL No

NJ No. Can we look at your interview, please?

LL Where is that please?

NJ It's in the first bundle of interview transcripts. So, interview bundle 1, just to refresh our memories, particularly as we're jumping around in the chronology. The first interview took place on the 10th of June 2019. Do you see that?

LL Yes.

NJ You'll remember that was a case we were told was only referred to the police, because of what had happened to child B. Do you remember? That's why the first interview is a year later.

LL Oh, OK, yes.

NJ So, at your first arrest, 2018, you weren't asked any questions about Child F or Child L.

LL No.

NJ Do you remember that? And the reason was as Doctor Evans, I think, told us, he was then sent sibling cases from what he had identified as being suspicious cases.

LL Yes.

NJ So lest anyone who's forgotten, that is the reason why you weren't interviewed the first time. If you go to page 16 please. So midway down the page you ask a question "Can I ask a question about this in terms of the bags and everything, I'm assuming they were, they haven't been kept or checked you know post-event". You knew very well, didn't you, that the bags hadn't been kept?

LL No, I didn't know whether the bags had been kept.

NJ Did you think it was likely they would have been kept?

LL Knowing I kept the fluids for child A and other babies, but I felt if the doctors had raised a concern at that time, then yes, potentially the bags would have been checked, yes.

NJ Well, let's see what you were saying in this interview back in 2019. It's towards the bottom of the

page: "Is it likely the bags would be kept?" 5 lines up from the bottom. And what was your answer then?

LL No.

NJ To be fair to you at the bottom you are then asked: "you have asked the question, so are there cases when they might be?" and you say: "If there's a baby there's been a concern about, we would keep the bag, usually ask someone to check that bag or check the pump." But you knew didn't you, that no concern had been expressed at the time --

LL No, I did not.

NJ --about the bag. Didn't you?

LL I didn't know anything at this point, at this interview, no.

NJ Do you remember me asking you a few minutes ago about whether you were thinking there was another way out for you, whether there was some other issue with the bag or an issue with something else?

LL Yes

NJ And you said no.

LL Yes.

NJ Just look at the bottom of the page you were asked this question. "OK. Is there a reason why you've asked that question? What's going through your mind?" asks the police officer. And what did you answer?

LL "When something's happened in that time, you are asking me if I have given him insulin and I'm wondering if there's an issue with something else"

NJ What was on your mind at that time? What was that something else?

LL That the insulin had come from somewhere else other than the unit.

NJ How would the presence or absence of the insulin in the bag have assisted with the question of whether or not the insulin came from the unit or from somewhere else?

LL It wasn't. But at this time, I don't think it was suggested it was in the bag. We didn't know where -- we didn't know where the insulin had come from.

NJ No, You did though, didn't you.

LL No, I did not.

NJ Because you put it there?

LL No.

NJ Do you remember telling the police in interview that you were not aware of there being a concern of Child F having blood sugar problems?

LL No.

NJ You don't remember saying that?

LL At police interview?

NJ Yes

LL No

NJ If we got back a couple of pages from where we were, do you see that document?

LL Yes.

NJ Almost exactly halfway down: "Were you aware, Lucy, as to the concerns for Child F regarding his blood sugar levels at the time?"

LL OK

NJ And you say "No"

LL Yes

NJ You were aware though weren't you, at the time?

LL No.

NJ Can we go to the sequence please, tile 222, this is after you've just gone off duty.

LL Yes.

NJ "Did you hear what Child F's sugar was at 8?"

LL Yes

NJ Do you still say you were not aware.

LL No, I was not aware in this interview in 2019 about blood sugars. No.

NJ You were aware at the time of the concern for Child F's blood sugars, weren't you?

LL Yes, at the time because I was there.

NJ And you were telling your friend nurse A at tile 224. 1.8.

LL Yes.

NJ And her response was "Shit". If we look at the next tile. Had you ever seen anything like this before? LL Babies with low sugars?

NJ Yes, but being given all these dextrose and still having low blood sugars?

LL Yes

NJ You had.

LL Yes

NJ You're trying to put it down to natural causes weren't you?

LL I don't think I was trying to provide an explanation, I was just stating what the levels were.

NJ Let's look at tile 341 what does that say?

LL "Wonder if he has an endocrine problem then. Hope they can get to the bottom of it?"

NJ What did you mean by an endocrine problem?

LL The babies I've previously seen needing the levels of glucose that Child F was needing were babies that had endocrine problems, hyperinsulinemia.

NJ Does that mean natural causes?

LL Sorry ?

NJ Does that mean natural causes.

LL Yes.

NJ So you was trying to suggest natural causes weren't you?

LL Yes the only other babies I had seen like that had a condition, yes.

NJ And you didn't know about C peptide did you?

LL No.

NJ Do you accept that the TPN bags are not secure?

LL No I don't-- but the fridge is locked. I don't -- at what point? I...I think the bags are secure, yes in the fridge.

NK Secure in the sense that they're under lock and key, is that what you mean?

LL Yes

NK They're not secure from someone with the key who wants to tamper with them though, are they?

LL No.

NK Do you remember the evidence of Mr. Allen, Ian Allen on November 29th?

LL Not in full detail ,no.

NK Do you remember him demonstrating how you can take the supposedly tamper proof cap off a bag of TPN and inject insulin into the bag?

LL Yes.

NK And the tiny amounts of insulin that's required to produce results like this?

LL Yes, but the bags in the fridge are sealed so you have to break the seal to do that.

NJ Yes, you either do it as the bag is being put up and who was putting up the bag just remind us?

LL Myself and nurse A.

NJ Yes, or you do it once the bag is up and you were there weren't you?

LL I was there when the bag was hung, yes.

NJ Yes. And if we look at the staffing arrangements for this shift and the shift we're about to come to with Child L ,only two people are common to each shift aren't they?

LL Yes.

NJ One is Belinda Simcock and the other is?

LL Myself.

NJ Yes. So, because the bags are in a seal as you just described, would that prevent someone from the previous shift having put insulin into the TPN bag without leaving a trace?

LL I don't think I can answer that, because I've never put insulin into a bag, so I can't say how it would

or wouldn't be done.

NJ No. but in telling us about the security of these bags you referred to the seal. Can you describe to us what the seal is please?

LL So the TPN comes with a cellophane bag.

NJ How did you get into the cellophane bag?

LL You would tear it open at the time of drawing up the fluids, yes.

NJ Yes it may be on your behalf the jury would be invited to consider whether or not someone on the previous shift put insulin into this bag, which came up at 4 PM.

LL I can't answer that.

NJ Well. Yes, you can help us with the likelihood of it though, by just answering a few questions, if you would. First of all, do you agree with the evidence that we heard that these bags come up from the pharmacy at about 4 PM.

LL Yes.

NJ So this was a bag that if it had not been tampered with in the pharmacy, it must have been tampered with sometime between about 4PM on August 4th and about 01:00 hours on the morning of August 5th.

LL Yes, if it was his prescribed bag, Yes. If it was a generic bag, no, but prescribed yes.

NJ This was a prescribed bag wasn't it?

LL OK.

NJ That's the evidence.

LL OK

NJ The replacement bag was a generic bag.

LL OK.

NJ So let's just think about this - a prescribed bag came up at 4:00 PM. How robust is the cellophane covering for the bag that has to be torn open to get access to the bag?

LL It's cellophane, you'd have to rip it

NJ Is it completely sealed.

LL Yes

NJ OK. You saw Mr. Allen demonstrate to us how the supposed tamper proof cap, isn't a tamper proof cap at all, didn't you?

LL Yes

NJ So in order to get insulin into the bag, once it's come up to the ward, if it's still in the cellophane wrapper, you have to get somehow through the -- you have to get the insulin through the cellophane wrapper?

LL Yes.

NJ You have to get the cap off the bag still in the cellophane wrapper. is that right?

LL If it was put in through that port, yes.

NJ Yes

LL I don't know, the bag was --

NJ The jury may want to consider whether this is possible, you see. You don't have to get a needle through the bag and through the tampered cap?

LL Yes.

NJ Inject insulin into the bag?

LL Yes

NJ Replace what was thought to be a tamper proof cap?

LL Yes.

NJ And do all that without leaving a trace and without leaving a trace on the cellophane wrapper?

LL Yes. If that's how it went in, yes.

NJ Yes, whereas the other way of doing it, if it came up to the ward without insulin in, is to do it once you've removed the cellophane wrapper. Is that right?

LL Yes.

NJ Which is something that given the timings that we're talking about, only a person on your shift could have done?

LL Yes.

NJ Yes, and there are very few candidates for that, aren't there.

LL Yes.

NJ Why would you not put insulin in one of these bags?

LL Why would I not put insulin?

NJ Yes

LL Because that's against all practice. TPN does not have insulin in it, we do not add insulin to anything unprescribed.

NJ It is highly dangerous isn't it?

LL Yes, yes.

NJ Life threatening to a child of this age.

LL Yes.

NJ And this is something that would never cross the minds of the medical staff that someone had done, isn't it? Well, did it cross your mind?

LL At the time, no, no.

NJ All right. Let's go to the tile T151 please. This is the intensive care fluid chart isn't it, filled in by your friend nurse A. Do you see that?

LL Yes.

NJ There's an entry at 0100 hours isn't there, can you see that

LL On the right hand side, Yes,

NJ Yes. It says 'NGb ASP vomit' and there are four pluses here.

LL Yes

NJ I don't think we've seen four elsewhere but here we do.

LL Yes

NJ That we heard in evidence was a large vomit by Child F.

LL OK.

NJ And we also heard from Professor Peter Hindmarsh that vomiting is a classic symptom of low blood sugar.

LL OK

NJ Do you remember that?

LL I don't but accept that if that's what he said.

NJ Yes, that vomit was because by this stage do you remember what Professor Hindmarsh said about the half-life of insulin?

LL No.

NJ That if it is in an infusion, because of the rate it is eliminated from the body, you get to the steady state in an infusion after about 25 minutes. Okay.

LL OK

NJ Do you remember that now?

LL Yes.

NJ And of course this is about if we're looking at strict timings is 35 minutes after, that's assuming that the 1:00 is bang on the 1:00, it's 35 minutes after this infusion was started by you and your friend nurse A. Isn't it?

LL Yes

NJ Do you accept that insulin was either in the bag when it was hung or it was put into the bag shortly after it was hung?

LL Yes.

NJ So do you accept the Child F was poisoned deliberately?

LL I can't answer that, because I don't know how the insulin got there or who put it in there or why. I can't answer that.

NJ I'll come back in due course to your searches on various parents in this case, but the mother of child E and F in particular was somebody who you were searching for all the time. Isn't she.

LL Yes, frequently, Yes.

NJ Why was that?

LL The mother of child E and F was somebody who was often on my mind. Child E's death did stand out to me and I often thought of them as a family. I got on well with the mother of child E and F at the time.

NJ What about Child F.

LL I wanted to see how Child F was doing.

NJ What happened with Child F that made you think of him?

LL Because I got to know the family and obviously he was the surviving twin of child E.

NJ Right. I'm going to move on to Child L and see where the parallels are between what happened to him and what we've just established happened to Child F. OK?

LL OK.

NJ OK. I'd like to start, as I tend to, with your defence statement. This is paragraph 136 onwards. You begin by saying that "you did nothing to harm either Child L or child M. After the twins have been born on April 8th. Child Land child M were put into Nursery 1. Amy Davies and I took them to the nursery and we looked after them on their first day. I looked after Child L and Amy looked after child M"

Then at 138 you say that child M wasn't in a proper space. At 139 "Child L had low blood glucose levels. There was a conversation with Dr Bhowmik about why we were starting Child L on fluids straight away, rather than doing a feed. Normally if the sugars are low you feed a baby and move onto fluids if they remain low. Starting with fluids is against that policy and it means a line is put in when it may not be necessary. Once Dr Bhowmik explained why this was the reasonable course to take we proceeded as she instructed us." And this is what -- this is the hypoglycaemic pathway, is that a reference to that.

LL Yes.

NJ And this is an example isn't it of evidence that we've heard that you were more than willing to challenge doctors if you thought they weren't doing the right thing?

LL Yes. When they've deviated from a policy. Yes.

NJ Yes. "We put the bag up at 11 am on April 8th and the infusion started at midday. I wasn't due to be working on April 9th and I was asked to do the extra shift because the unit was so busy and we needed to get the skill mix right. We were exceptionally busy I think I may have had three babies to look after." As a matter of fact, as we will see you had two.

LL Yes.

NJ Is that right? Paragraph 142 "from the medical notes the second bag of 10% dextrose was put up for Child L at midday on April 9th. I did this with Mary Griffith. As the blood sugar levels remained low a bolus was signed for and provided by Mary and me at 15:40." And just to put that into chronological context, that's shortly before Child L collapsed isn't it?

LL Yes.

NJ "I cannot be sure precisely who administered the bolus. A new bag of 12.5% dextrose was signed for and given by Belinda Simcock and Ashley Hudson at 16:30. At 19:00 a new bag was signed for and given by Belinda Simcock and Mary Griffith.

LL Yes.

NJ Then at 143: "Child M collapsed as Mary and I were making up fluids for Child L. His alarm went off so we went over to him and he was at apnoeic. When I look back I'm not sure if he wasn't breathing or whether he had had a desaturation" You then talk about child M, so I'm going to skate over that for now, because we're concentrating on Child L. "And to 150 please. "I did not administer insulin to Child L. I don't understand why Child L's insulin test results were at the level they were. Also, I don't understand how the results can have been so abnormal and yet there was no immediate investigation into this. Therefore, I'm unable to accept the accuracy of these tests." Do you now except the accuracy of the tests?

LL Yes.

NJ "If insulin entered Child L via one or more of the bags that were used, I am not responsible for that". OK?

LL Yes.

NJ So, that's what you say in a defence statement. Save for the correction in relation to your acceptance of the test results, is there anything else in that information that is now, on review, incorrect?

LL No, I don't think so, no.

NJ Right. So, I just want to put Child L into a bit of context. Very briefly born on April 8th, 2016. Is that right?

LL Yes.

NJ As you said in a defence statement you and Amy looked after one twin each.

LL Yes.

NJ You had Child L.

LL Yes.

NJ Amy Davies is a band 6, isn't she?

LL That's right.

NJ You identified straight away that the hypoglycaemic pathway was not being followed?

LL Yes

NJ And I'm going to suggest to you that that was one of the reasons why he decided to attack Child L.

LL No.

NJ A departure from the pathway has nothing to do with somebody putting insulin into dextrose, though, does it?

LL No.

NJ You told us I think the dextrose bags are stored in nursery 1.

LL Yes.

NJ The insulin in the locked fridge in the room where the locked fridge is?

LL Yes.

NJ But the fact that they're stored in different places doesn't help us, does it, because somebody put insulin into the dextrose?

LL Well I – I can't answer that said that.

NJ Well do you accept from the evidence that somebody put insulin into the dextrose?

LL Yes.

NJ And do you accept that there is no legitimate reason for putting insulin into dextrose?

LL Yes.

NJ That it is highly dangerous?

LL Yes.

NJ And that the results of the blood test to prove that somebody put insulin into Child L's dextrose?

LL Yes.

NJ I want to see if you accept any of these propositions. There was insulin in at least one bag of dextrose that was attached to Child L?

LL I'm... I'm not sure without looking.

NJ Well, at least one. We'll come to the precise number later perhaps, but given that you have just accepted there was -- well do you accept it was in a bag of dextrose at any point?

LL Yes, if that's the evidence, yes.

NJ Yes, absolutely. Do you accept that the first time it was done was sometime between midnight and 9:30 am on April 9th.

LL I don't think I can answer that, I'm just relying on the expert opinion. I don't know.

NJ April 8th, 2016, was a long day so far as you were concerned?

LL Yes.

NJ We can see the blood sugar reading in the third column between 10:58 and midnight, can't we?

LL Yes.

NJ And we can see the gradual --- if you go to column 5, the dextrose rates don't change or "other event" column, we can see a gradual decrease in the amount of dextrose being given to Child L.

LL Yes.

NJ And the gradual increase, albeit with some anomalies along the way, in the blood sugar reading?

LL Yes.

NJ It's not a linear progression, it's not a straight line, but we go from 1.9 at the beginning of the day at 10:58 to 3.6 at the end of the day?

LL Yes.

NJ Do you remember Professor Hindmarsh saying of the reading at 24:00 hours, at midnight -- I'm quoting him now: "One could relax seeing that evolve." In other words, the progression in the blood sugar.

LL Yes that's normal levels, yes.

NJ Exactly. And on this particular night shift of the 8th into the 9th albeit she was a bank nurse so far as the Countess of Chester was concerned, the nurse was Tracy Jones --

LL Yes.

NJ Who we heard is a band 8A.

LL Yes, she is yes.

NJ That's a very, very senior nurse, isn't it?

LL Yes.

NJ Yes. We can see by looking at the chart that you have there, that that was the final blood sugar measurement taken until 10:00 hours the following morning.

LL Yes.

NJ And this is where we come back to a point that we've just dealt with in the context of Child F about the half-life of insulin. Do you remember the 25-minute point.

LL Yes.

NJ It's that point that led Professor Hindmarsh to say that by 9:30 on the morning of April 9th, somebody had put insulin into that dextrose bag.

LL OK.

NJ Do you accept that as a proposition, first of all?

LL Yes, if that's what he said, yes.

NJ I'd like to look at who was where and who was doing what at about 9:30. OK, that morning

LL Yes.

NJ The first point then -- do you remember me suggesting to you that this was a targeted attack against Child L?

LL Yes.

NJ Just so you understand, the reason I am suggesting it is a targeted attack is that the same bag was hanging from midday on the 8th to midday on the 9th. Do you see that in the table?

LL Yes.

NJ It didn't have insulin at the beginning on the 8th.

LL No.

NJ But it had insulin in it on the 9th.

LL Yes.

NJ Yes, so it follows doesn't it from that that the insulin was put up -- put into the bag whilst it was hanging, doesn't it?

LL Um...I don't know.

NJ Well, let's just take a step back. We've dealt with the readings on April 8th, yes?

LL Yes.

NJ They showed it was a naturally resolving hypoglycaemia that was resolved by the administration of the dextrose.

LL Yes.

NJ So it had resolved by midnight?

LL Yes.

NJ But then there was an exceptionally low and series of low blood sugar readings from 10:00 hours on the 9th.

LL Yes.

NJ It was the same bag that was connected to Child L from midday to midday so it follows, doesn't it, that somebody has put insulin into the bag whilst it is hanging?

LL If that's what the experts suggest, yes.

NJ Well, it is what the experts suggest.

LL OK.

NJ Therefore it follows, doesn't it, that it is a targeted attack? the victim has been selected.

LL Well I can't answer that.

NJ Alright. Somebody has injected insulin into a bag that is connected to a specific child.

LL Yes if that's the evidence, yes.

NJ Yes, well it is the evidence, just as a Child F got on one view of the evidence two separate bags that were contaminated with insulin. TPN bags in his case.

LL Yes.

NJ So, let's look at the population distribution for this shift first of all please. If we go to -- it's page 2 of 12 in a neonatal review, which shows the same information that we have at tile 88 on the screen. OK?

LL Yes.

NJ This shows 4 babies in nursery 1.

LL Yes

NJ Child L & M being cared for by your friend Mary Griffith?

LL Yes.

NJ You with GT and TSB?

LL Yes.

NJ Nursery 2, four more children, three with Ashleigh Hudson, one with nurse B?

LL Yes.

NJ Belinda Simcock with three in nursery 3.

LL Yes.

NJ And then Angela McShane with three in nursery 4 and nurse B with the fourth baby in nursery 4.

LL Yes.

NJ So it follows, doesn't it, that the only common nursing staff, the only nursing staff in common between the shift on which Child F received insulin and the shift on which Child L was to receive insulin were you and Belinda Simcock.

LL Yes.

NJ Now bearing in mind the question or the issue identified by Professor Hindmarsh as to the timing at which the insulin was put in, overnight, under the care of Tracy Jones, Child L had done very well, hadn't he?

LL Yes.

NJ If we go to the jury bundle number 2 please, there at page 17948 we have the dextrose prescriptions, don't we -- Showing Dr Bhowmik's several attempts to resolve the calculation on April 8th and also showing the replacement of the original bag at what you have entered as 12:10 hours?

LL Yes.

NJ Albeit, I think in answer to your own counsel you said that actually reads 12:00 hours. Is that right?

LL I read it to be that, yes.

NJ You read it to be 12:00.

LL Yes.

NJ Alright. Moving on in that document we have the observation chart at 17978, is that right?

LL Yes.

NJ We have the lab blood results at 17997 with Dr Ukoh's manuscript additions at the back of the form at 17998. Then at 18000 we have the blood gas. Then, following that, we have the printouts, two printouts from the lab --

LL Yes

NJ About which we heard quite a lot of evidence.

LL Yes.

NJ I'm going to suggest that you put insulin into Child L's dextrose bag at about 9:30 or just before 9:30 on April 9th. OK?

LL OK.

NJ So, if we just keep in mind who is where, if we could keep that on the screen please Mr Murphy, and can we go to Page 3 of the neonatal review. This shows events that were going on in the unit from the beginning of the shift, doesn't it?

LL Yes.

NJ And we can see that Child L's entries are in that sort of salmon pink type shading.

LL Yes.

NJ And that Child Ms are in the yellow shading, which is used in other cases for the child in question.

LL Yes.

NJ I just want to concentrate on you and Mary Griffith, as you would have two nurses that were in nursery 1 with Child L and child M. OK?

LL Yes.

NJ From 9:00 we see an entry for you in relation to the child GT, who is one of the children in nursery 1, don't we?

LL Yes.

NJ What I'm directing your attention to at the moment is what you were up to between 9:00 and 9:30, alright?

LL OK.

NJ So starting with tile 21 then, we see an entry made by Mary Griffith on Child L's neonatal fluid balance chart, don't we.

LL Yes.

NJ And at the same time you are giving a feed to the child GT.

LL Yes.

NJ At the same time as you are giving the feed, you appear to be co-signing medication for the patient AW.

LL Yes.

NJ The child AW is one of the children in nursery 2 who was being looked after by Ashleigh Hudson?

LL Yes

NJ Then in the couple of minutes after that, there's some more medication you are co-signing for, for AW.

LL Yes

NJ And in between lines 29 and 32 inclusive four entries for the child GT, who's one of your two children in nursery 1?

LL Yes.

NJ Which you are signing and co-signing with Mary Griffith.

LL Yes.

NJ Mary Griffith then left the room, didn't she, as we can see from lines 34 down to 39?

LL I can't say that she left the room. Medications are predominately drawn up in nursery 1. I couldn't say where this happened.

NJ Well, this is Mary Griffith co-signing with a -- who is Angela McShane?

LL She's a nursery nurse.

NJ And are nursery nurses allowed to give medications to children?

LL Yes, oral medications.

NJ Oral medications?

LL Yes.

NJ These are prescribed medications aren't they?

LL Yes.

NJ All signed for between 9:25 and 9:29?

LL Yes.

NJ And for the three children –

LL Yes.

NJ – ML, ND and MB?

LL Yes.

NJ And that was the opportunity that you took to poison Child L, wasn't it?

LL No.

NJ Are you suggesting the staffing levels caused or contributed to somebody putting insulin into the dextrose bag or bags for Child L?

LL No, I don't know how the insulin got there.

NJ Well, whoever did it, did it deliberately didn't they?

LL If it happened on the unit, yes.

NJ Yes, well we've already established it has to have happened on the unit, doesn't it, because it happened sometime between midnight and about 9:30 in that bag that was connected to Child L throughout that time.

LL Yes, so then when the cannula is replaced, yes.

NJ And that's why it's a targeted attack isn't it? (Pause) What do you say?

LL Not by me it wasn't.

NJ If it's not by you, it's by somebody else then, isn't it?

LL Yes.

NJ Poisoning a child in the same way the Child F was poisoned --

LL Yes.

NJ -- with the same substance.

LL Yes.

NJ And is the reality that unless there is more than one poisoner, it has to have been either you or Belinda Simcock.

LL I can only answer for myself and say that I've never put insulin into any bags.

NJ It was never suggested to her that she did it though?

LL I can't answer that, I don't know.

NJ We can put the neonatal review away. If we go back to the table that Professor Hindmarsh dealt with in his evidence behind divider 6 in Jury Bundle one. You were asked several questions on May 16th about this table, Do you remember?

LL Yes.

NJ I think you started by suggesting that the entry at what you have interpreted for as being 12:00 hours on April 9th might have been a rate change, but I think you then decided, and I don't mean that in any pejorative way, but you thought that actually that was a change of bag at midday?

LL Yes.

NJ Just for the jury's benefit, you're looking at the prescription there, aren't you?

LL Yes.

NJ Thank you So, there we see -- it's the entry where I asked you just to confirm what you'd said earlier. You're saying it doesn't say 12:10 it says 12:00 hours, is that right?

LL I would read it as that, yes.

NJ Ten minutes either way in this circumstance probably doesn't make any difference, but this in any event shows a different bag and I think we heard from several witnesses that the practice is to change a dextrose bag every 24 hours anyway.

LL Yes.

NJ But the giving set doesn't change, is that right?

LL Dextrose is changed 24 hourly without fail. It's TPN that's 48 hourly.

NJ Well, you tell us: the changing of giving sets with dextrose, what's the policy?

LL They would be changed.

NJ Every time?

LL Yes I don't -- sorry, I'm confused with what you're asking now.

NJ A dextrose bag, as I understand you to have told us, is changed every 24 hours?

LL Yes.

NJ The bag is hooked up to a giving set?

LL Yes.

NJ Connected to a giving set?

LL Yes.

NJ Does the giving sets have to be changed every time a bag of dextrose is changed?

LL Not every time, no.

NJ No. Well, that actually was the proposition I was putting to you, but there we are, we got there.

LL Sorry I misunderstood.

NJ It's alright, it's not your fault. Despite the fact that the bag was changed so looking at the table that Professor Hindmarsh took us through, despite the fact that the bag was changed at midday 12:00 hours, the insulin kept being administered to Child L, didn't it?

LL Um...Yes.

NJ Yes. And we know that because, if we look at page 2, we see the time at which the blood sample was received in the lab being either 18:26 or 18:29.

LL Yes.

NJ And that blood sample contained exogenous insulin, didn't it?

LL I can't recall.

NJ Well, that was the evidence from the lab.

LL OK

NJ So, I'm going to suggest for your comment or your answer, that not only was Child L targeted on the first occasion whilst the bag was hanging, but he also got a second bag that had insulin in it. What do you say about that?

LL I would have to be guided by the evidence, the expert evidence.

NJ We have a third bag hung, don't we, at about 1630 or thereabouts?

LL Yes.

NJ So a third bag hung at 16:30 and the hypoglycaemia continued?

LL Yes.

NJ Fourth bag hung the following day when you were not working on April 10th, it's a 15% bag at either 2:30 or 3:00 hours?

LL Yes.

NJ And the hypoglycaemia gradually resolved didn't it?

LL Yes.

NJ We end up, as we go from the 10th into the 11th, 23:00 hours on the 11th, which is right to the end of page three, with a resolved episode of hypoglycaemia.

LL Yes.

NJ And the reason for the hypoglycaemia was that somebody had poisoned at least two glucose bags with insulin, isn't it?

LL Yes

NJ And that was you, wasn't it?

LL No.

END

7th June 2023 approx 10:30

NJ On Monday, before the midday adjournment, we dealt with two cases, Child F and Child L. Is there anything that you said about any of those children that you, on reflection, wish to amend.

LL No.