

Q. I'd like to move on now to the case of [Baby F].

If you haven't put the interviews away, ladies and gentlemen, it's probably a good time to do it.

I don't know where you put them, ladies and gentlemen, on Friday, but the defence statements, please. I'll start with that.

You deal with this case as follows. Paragraph 79:

"I did nothing to hurt [Baby F]."

Then 80:

"I did not administer insulin to him or interfere with any of the total parenteral nutrition bags so 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 [Baby F] did receive insulin that he shouldn't have received, I did not do that."

Then 81:

"I wasn't the designated nurse for [Baby F] on the 4th to 5 August 2015."

82:

"I do not specifically remember hanging up the TPN bag at 00.25 on 5 August. I think I signed for the bag and [Nurse A] hung it."

Then 83:

"If you change a long line then you change the TPN bag."

Finally 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?

A. Yes.

Q. And is that true?

A. Yes.

Q. Do you dispute the readings and measurements over the relevant period?

A. No, I accept them now. At this point I didn't, but I do now, yes.

Q. Okay, that's fine. And by readings and measurements what are you talking about?

A. The insulin level and the C-peptide level.

Q. 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.

A. Yes.

Q. But there's another issue as well, isn't there, which is the blood sugar levels --

A. Yes.

Q. -- of [Baby F] over the period with which we are concerned.

A. Yes.

Q. So you've accepted the first point. Do you accept the blood sugar level readings?

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

Q. Right. What are you saying -- we'll go to the specifics, but what are you saying in general terms are the discrepancies?

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

Q. Well, there is only a single lab result, isn't there?

A. Um... I can't recall.

Q. Do you remember the evidence of Professor Hindmarsh, who told us about there is always a discrepancy between lab results and --

A. Yes.

Q. -- blood gas readings because of the methodology of analysis?

A. Yes.

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

A. Yes, I wasn't aware of that until then.

Q. But putting that issue to one side, apart from that issue, are you disputing the readings of, in effect, the gas machine on the ward?

A. No.

Q. 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.

A. Yes.

Q. It's 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?

A. No.

Q. Well, why do you think [Nurse A] --

A. Because I signed the bag with [Nurse A]. [Nurse A] was [Baby F]'s allocated nurse. I don't recall hanging up the bag, so to me the only other person who could have done is [Nurse A].

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

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

Q. You'll remember, I'm sure, that on 18 May I asked you whether you agreed that [Baby F] was poisoned with insulin.

A. Yes.

Q. Remember that question?

A. Yes.

Q. And you did agree?

A. Yes.

Q. As you agreed that somebody must have given him insulin unlawfully?

A. Yes.

Q. Do you still agree?

A. Yes.

Q. Another question I asked you was whether somebody had targeted him specifically; do you remember that?

A. I don't recall, but...

Q. Right. Well, I am suggesting that somebody did target [Baby F] specifically. Do you agree or not?

A. I can't answer that.

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

A. Um, from the neonatal unit, yes, I don't think that could have happened on the unit.

Q. Do you accept that somebody put insulin into the TPN bag or TPN bags that was or were connected to [Baby F]?

A. 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.

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

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

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

A. No.

Q. 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?

A. No. I didn't know anything about the C-peptide results, no.

Q. But had you ever heard of C-peptide?

A. No, no.

Q. In answer to questions from your own counsel, or 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.

A. Yes.

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

A. 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.

MR JUSTICE GOSS: I'm sorry, elsewhere? Where else?

A. The bag is made by -- the bag comes from the CIVAS unit.

MR JUSTICE GOSS: So it could have been done by somebody in the CIVAS unit, is that what you're saying?

A. I can't say, but I --

MR MYERS: She say she doesn't -- she cannot say where it went, wherever it went in, if it went in.

MR JUSTICE GOSS: But you're positing that as a possibility then?

A. Yes.

MR JUSTICE GOSS: All right.

A. He's asking 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.

MR JOHNSON: So that you can bear this in mind as we go along, this is one of the reasons that I'm dealing with [Baby F] and [Baby L] together. All right?

A. Yes.

Q. Because I'm going to suggest to you that the insulin that went into [Baby L]'s dextrose bag definitely went in on the neonatal unit. All right?

A. Okay.

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

A. Yes.

Q. And so given that the evidence shows that insulin continued to be administered to [Baby F], either the giving set wasn't changed or a second bag was contaminated?

A. Yes.

Q. Do you accept that?

A. Yes.

Q. I'm going to come to the population distribution now, please, which is at tiles 100 and 101. 101 is the best, please.

Here we see, beginning with nursery 2, that you were in nursery 2. [Baby F] was the designated charge of your friend [Nurse A]?

A. Yes.

Q. You were with a baby, ME?

A. Yes.

Q. 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.

A. Yes.

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

A. Yes.

Q. One was JE, who was being looked after by Cheryl Cuthbertson-Taylor, who had a baby in nursery 3.

A. Yes.

Q. 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?

A. Sorry, can you say that again?

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

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

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

A. No.

Q. All right. That leaves one other child, EJ, who was being looked after by Sophie Ellis, who, I think on 23 November, told us that she couldn't remember where he was.

A. Okay.

Q. But insofar as we can determine the locations of these children, the child with whom we are principally concerned, [Baby F], was in the same room as you?

A. Yes.

Q. Are you suggesting that staffing levels have in any way contributed to the poisoning of [Baby F]?

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

Q. But it's nothing to do with staffing levels, is it?

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

Q. Well, somebody has -- hasn't somebody deliberately put insulin into the bag?

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

Q. And that can't have anything to do with staffing levels, can it?

A. 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.

Q. As you wish.

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

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

A. Yes.

Q. Why?

A. Because I was being accused of placing insulin in the bag and 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 were any concerns.

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

A. No -- I don't understand what you're asking me.

Q. Well, I think you've just --

A. I wanted them to check the bag, yes. I felt that would have been 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.

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

A. No.

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

A. Where is that, please?

Q. 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 10 June 2019.
Do you see that?

A. Yes.

Q. So this was a -- it's behind divider 1, [document redacted].

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

A. Oh, okay, yes.

Q. So at your first arrest, 2018, you weren't asked any questions about [Baby F] or [Baby L].

A. No.

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

A. Yes.

Q. So that's the -- lest anyone has forgotten, that is the reason why you weren't interviewed the first time. If you go to page 16, please, so [document redacted], 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?

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

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

A. Knowing that I kept the bag of fluids for [Baby A] and other babies, I felt that if the doctors had raised a concern at that time then, yes, potentially, the bags would have been checked, yes.

Q. 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?"

Five lines up from the bottom. And what was your answer then?

A. "No."

Q. 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 --

A. No, I did not.

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

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

Q. 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?

A. Yes.

Q. And you said no.

A. Yes.

Q. Just look at the bottom of page [document redacted], please. If you look at the 3100 number, counting up from the bottom of the page, three of those, question:

"Okay, 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?

A. "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."

Q. What was on your mind at that time? What was that something else?

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

Q. 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?

A. 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.

Q. No. You did, though, didn't you --

A. No, I did not.

Q. -- because you put it there?

A. No.

MR JOHNSON: My Lord, that's probably a good time for a break. I'm not going to finish this case in the next 5 minutes.

MR JUSTICE GOSS: Thank you. A 15-minute break, please.

(11.43 am)

(A short break)

(11.58 am)

MR JOHNSON: Do you remember telling the police in interview that you were not aware of there being a concern of [Baby F] having blood sugar problems?

A. No.

Q. You don't remember saying that?

A. At police interview?

Q. Yes.

A. No.

Q. If we go back a couple of pages from where we were, do you see [document redacted]?

A. Yes.

Q. Almost exactly halfway down:

"Were you aware, Lucy, as to the concerns for
[Baby F] regarding his blood sugar levels at the time?"

A. Okay.

Q. And you say, "No".

A. Yes.

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

A. No.

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

A. Yes.

Q. Did you hear what [Baby F]'s sugar was at 8?

A. Yes.

Q. Do you still say you were not aware?

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

Q. You were aware at the time of the concern for [Baby F]'s blood sugars, weren't you?

A. Yes, at the time because I was there.

Q. And you were telling your friend, [Nurse A], at 224, "1.8".

A. Yes.

Q. And her response was, "Shit", if we look at the next. Had you ever seen anything like this before?

A. Babies with low sugars?

Q. Yes, but being given all this dextrose and still having low blood sugars.

A. Yes.

Q. You had?

A. Yes.

Q. You were trying to put it down to natural causes, weren't you?

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

Q. Let's look at tile 341. What does that say?

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

Q. What did you mean by an endocrine problem?

A. The babies that I've previously seen needing the levels of glucose that [Baby F] was needing were babies that had endocrine problems, hyperinsulinaemia.

Q. Does that mean natural causes?

A. Sorry?

Q. Does that mean natural causes?

A. Yes.

Q. So you were trying to suggest natural causes, weren't you?

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

Q. And you didn't know about C-peptide, did you?

A. No.

Q. Do you accept that the TPN bags are not secure?

A. 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.

Q. Secure in the sense they're under lock and key; is that what you mean?

A. Yes.

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

A. No.

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

A. Not in full detail, no.

Q. Do you remember him demonstrating how you can take the supposedly tamperproof cap off a bag of TPN --

A. Yes.

Q. -- and inject insulin into the bag?

A. Yes.

Q. And the tiny amount of insulin that's required to produce results like this?

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

Q. Yes. You either do it as the bag is being put up -- and who was putting up the bag, just remind us?

A. Myself and [Nurse A].

Q. Yes. Or you do it once the bag is up and you were there, weren't you?

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

Q. Yes. And if we look at the staff levels -- sorry, the staffing arrangements for this shift and the shift we're about to come on to with [Baby L], only two people are common to each shift, aren't they?

A. Yes.

Q. One is Belinda Simcock and the other is?

A. Myself.

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

A. I don't think I can answer that because I have never put insulin into a bag, so I can't say how it would or wouldn't be done.

Q. No, but in telling us about the security of these bags you referred to the seal. You describe to us what that seal is, please.

A. So the TPN comes within a cellophane bag.

Q. How do you get into the cellophane bag?

A. You would tear it open --

Q. Yes.

A. -- at the time of drawing up the fluids, yes.

Q. 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.

A. I can't answer that.

Q. Well, yes, but let's -- 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?

A. Yes.

Q. So this was a bag that, if it had not been tampered with in the pharmacy, must have been tampered with some time between about 4 pm on 4 August and about 01.00 hours on the morning of 5 August.

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

Q. This was a prescribed bag, wasn't it?

A. Okay.

Q. That's the evidence.

A. Okay.

Q. The replacement bag was a generic bag.

A. Okay.

Q. So let's just think about this. A prescribed bag came up at 4 pm. How robust is the cellophane covering for the bag that has to be torn open to get access to the bag?

A. It's cellophane. You would have to rip it.

Q. Is it completely sealed?

A. Yes.

Q. Okay. So you saw Mr Allen demonstrate to us how the supposed tamperproof cap isn't a tamperproof cap at all, didn't you?

A. Yes.

Q. 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?

A. Yes.

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

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

Q. Yes.

A. I don't know. The bag was (overspeaking) --

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

A. Yes.

Q. Inject insulin into the bag?

A. Yes.

Q. Replace the what was thought to be a tamperproof cover?

A. Yes.

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

A. Yes, if that's how it went in, yes.

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

A. Yes.

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

A. Yes.

Q. Yes. And there are very few candidates for that, aren't there?

A. Yes.

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

A. Why would I not put insulin?

Q. Yes.

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

Q. It is highly dangerous, isn't it?

A. Yes, yes.

Q. Life-threatening to a child of this age?

A. Yes.

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

A. At the time, no, no.

Q. All right. Let's go to the tile that -- T151, please. This is the intensive care fluid chart, isn't it, filled in by your friend [Nurse A]; do you see that?

A. Yes.

Q. There is an entry at 01.00 hours, isn't there? Can you see that?

A. On the right-hand side, yes.

Q. Yes. It says "NG asp/vomit" and there are four pluses here.

A. Yes.

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

A. Yes.

Q. That, we heard in evidence, was a large vomit by [Baby F].

A. Okay.

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

A. Okay.

Q. Do you remember that?

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

Q. Yes. That vomit was because by this stage -- do you remember what Professor Hindmarsh said about the half-life of insulin?

A. No.

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

A. Okay.

Q. Do you remember that now?

A. Yes.

Q. And of course this is about, if we're looking at strict timings, it's 35 minutes after -- that's assuming that the 1 o'clock is bang on 1 o'clock. It's 35 minutes after this infusion was started by you and your friend [Nurse A], isn't it?

A. Yes.

Q. 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?

A. Yes.

Q. So do you accept that [Baby F] was poisoned deliberately?

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

Q. I'll come back in due course to your searches on various parents in this case, but [Mother of Babies E and F] in particular was somebody you were searching for all the time, isn't she?

A. Yes, frequently, yes.

Q. Why was that?

A. [Mother of Babies E and F] was somebody who was often on my mind. [Baby E]'s death did stand out to me and I often thought of them as a family. I got on well with [Mother of Babies E and F] at the time.

Q. What about [Baby F]?

A. I wanted to see how [Baby F] was doing.

Q. What had happened with [Baby F] that made you think of him?

A. Because I got to know the family and obviously he was the surviving twin of [Baby E].