

Thursday 8th June 2023

Cross-examination of Lucy Letby re Baby Q

By Nick Johnson KC

(Transcribed from audio/hard-coded subtitles)

Q. Moving on to [Baby Q] please.

If we go back to your defence statement at paragraph 191. The final count, of course, count 22.

You begin by saying that you did nothing to harm [Baby Q].

Paragraph 191:

"I didn't work nights from 22 June and was not on the ward after the 25th, so I cannot be the person [Mother of Baby Q] describes at these times."

Paragraph 192:

"On the day of 25 June I was [Baby Q]'s designated nurse. He was in Nursery 2. I also had a baby in Nursery 1. We were very busy."

At paragraph 193:

"I don't recall the handover. So much had gone on the day before, that I don't recall the time between the handover and when [Baby Q] started to deteriorate."

Paragraph 194:

"It appears that [Baby Q] had been receiving feeds regularly before my shift, although aspirates continued to be withdrawn. I don't understand why feeding continued if he was not digesting the milk he was being fed."

Paragraph 195:

"[Baby Q] was due a feed at 09:00 hours but I did not feed [Baby Q]. I wanted the doctors to see him on the ward round before he was fed. After I had undertaken checks and observations on [Baby Q], I told Mary Griffith that I was going to Nursery 1 to look after the baby there. That baby was BM. Minna Lappalainen was at the desk."

196:

"I understand that whilst I was looking after BM, [Baby Q] was sick and that he was then Neopuffed by Minna. This was already happening when I came back to the nursery. I conducted some checks and I have noted that I aspirated 'air +++' from his stomach. I don't know how that air came to be there. I didn't do that."

Then 197:

"The doctors reviewed [Baby Q] and put him in Nursery 1 where I continued to look after him. I wouldn't say that this was a collapse. [Baby Q] was sick and he did need the Neopuff and suction, but he was not ventilated until much later in the day when he became tired."

199:

"I don't remember aspirating [Baby Q] with an NG tube after the vomit. I continued to look after [Baby Q] during the day."

201:

"[Baby Q] didn't have another collapse or become seriously unwell but he did become tired during the course of the day. This is why he was intubated. He was not put on a ventilator because of concerns about NEC."

Finally:

"I did not deliberately retain a handover sheet from the morning of 25 June 2016."

Alright?

A. Yes.

Q. So first of all, is that what the document says?

A. Yes.

Q. Now, I don't know whether you remember, but do you remember that Dr Evans was challenged for suggesting that [Baby Q] had crashed? It was suggested to him that, "That is a gross exaggeration of what we're dealing with".

A. Yes.

Q. Is that your position?

A. Yes.

Q. Do you accept that "crashed" is the right word?

A. No, I don't think this was a crash collapse, no.

Q. What word would you use?

A. It's a deterioration.

Q. A deterioration?

A. Yes.

Q. What sort of a deterioration?

A. An acute deterioration at that time.

Q. Do you remember the text message you sent to [Dr A] about two weeks later, on 6 July? Do you remember the one I'm talking about?

A. No.

Q. Well, we may come to it tomorrow, but it's in the sequence of post-indictment text messages. Do you remember that document?

A. Yes.

Q. And it's two messages at 163 and 164, if Mr Murphy could help, please. So this was [Dr A] to you:
"[Baby Q]'s care is going to be reviewed on Thursday as well because of acute deterioration."

A. Yes.

Q. And you responded, the next message: "That makes sense."

This wasn't just some common or garden desaturation, was it?

A. Yes, it was. I'm referring to the decline that came later on in the shift.

Q. You've just told us that you would characterise what happened at the beginning of the shift as an acute deterioration.

A. Yes.

Q. And that is what is being talked about here, isn't it?

A. Yes. I would also class what happened to him later in the shift as an acute deterioration as well.

Q. What's the difference between a crash and an acute deterioration?

A. I would define a crash as something that requires a crash call, an emergency bleep, which means the baby is needing resuscitative measures.

Q. After [Baby Q]'s acute deterioration, you were relieved of the care of the child BM, weren't you?

A. Yes.

Q. Why was that if what happened to [Baby Q] at the beginning of the shift really wasn't anything very serious?

A. Because he needed to move into Nursery 1.

Q. Why did he need to move into Nursery 1?

A. Because he deteriorated.

Q. He was in a serious condition after that crash, wasn't he?

A. No, I disagree, no.

Q. He needed one-to-one care after that acute deterioration, didn't he?

A. Yes, because he was classed as ITU, yes.

Q. Alright. So this thing that has been characterised as a gross exaggeration to say it's a crash, put him into ITU, can we agree on that?

A. Yes.

Q. Let's look at the population distribution, please. It's 87 of the [Baby Q] sequence. This is the beginning of the shift, isn't it?

A. Yes.

Q. What we see is that [Baby Q] was with you in Nursery 2, and YM was with Mary Griffith?

A. Yes.

Q. You had another child, BM, in Nursery 1, and [Nurse B] had 2 others.

A. Yes.

Q. One of whom was a baby called JA, wasn't he?

A. Yes.

Q. Do you remember JA, as a matter of interest?

A. Yes.

Q. Did you ever fill in a Datix form for JA?

A. I'm not sure about that.

Q. Right. Well, we'll come to that a little later. In Nursery 3 were three children, two of whom were being cared for by Mary Griffith?

A. Yes.

Q. And in 4, four children, three of whom being cared for by the band 4 Nicola Dennison, and your friend Mary also in there as well?

A. Yes.

Q. And so Mary was split, her attentions were split between three separate rooms?

A. Yes.

Q. Concentrating on [Baby Q], though, is it your case that staffing levels caused or contributed to [Baby Q]'s collapse?

A. No.

Q. Is it your case that mistakes contributed to his collapse?

A. No.

Q. Or that some form of medical or nursing incompetence made a contribution?

A. No.

Q. We'll see what we can agree. At the beginning, following his birth, do you accept or do you agree that [Baby Q] needed some respiratory support initially?

A. Yes.

Q. She was born on 22 June at 04:09 and was admitted to the NNU at 04:35, just to jog your memory. That, of course, was the day after [Babies O, P & R] were born, wasn't it?

A. Yes.

Q. Whilst you were still away, as a matter of fact.

A. Yes.

Q. [Baby Q] made good progress, didn't he, do you remember that?

A. Yes.

Q. He was off CPAP on day 2 of life, which was 23 June. Do you remember that?

A. I know he was on Optiflow by the time I was caring for him on this day, yes.

Q. Well, it may be a good idea to have a look, actually. Behind divider 22 in the second jury bundle, there's a very easy ready reckoner in the gas chart, isn't there, as to the position of [Baby Q]'s breathing support?

A. Yes.

Q. So we see a couple of CPAPs at 16.57 on the day he was born, followed by 00.55 on the 23rd. But after that, self-ventilating in air?

A. Yes.

Q. Back on to CPAP after what I'm suggesting was a collapse at your hands, at the beginning of the shift on the 25th.

A. Yes.

Q. So according to that at least, no breathing support?

A. No.

Q. It's just before you suggested that there was some form of breathing support.

A. I thought from my memory, but that's why I wanted to check.

Q. Okay. As long as we know. Now, can we go to tile 72, please. That gives us the observation chart which there is actually a hard copy as well in that same bundle, pages 2 and 3. That is a very encouraging picture, isn't it, until 9 o'clock, when these events unfolded?

A. Yes. Other than some temperature issues, but yes.

Q. On the night shift of the 23rd into the 24th, do you remember the evidence of Tanya Downes, who said that she got a 2ml bile and blood-flecked aspirate at 21.30?

A. Yes.

Q. His feeds were stopped, but we know, don't we, that [Baby Q]'s bowels were working well.

A. Yes, he had his bowels opened, yes.

Q. So that's the position on the 23rd into the 24th. On the day shift of the 24th, which was the day that Child P died, do you remember [Nurse D] was looking after him and told us that he was fine, albeit there were a few what she described as false bradys from a loose ECG lead?

A. Yes.

Q. On the night shift of the 24th into the 25th -- so this is the shift before you took over -- Samantha O'Brien looked after [Baby Q], do you remember?

A. Yes.

Q. She was getting aspirates but he was tolerating very small trophic feeds?

A. Yes.

Q. Half a millilitre every 2 hours?

A. Yes.

Q. His breathing was good, do you remember that?

A. Yes.

Q. And [Dr D], so this is tile 79, please, told us that at 06.58 there was a good blood gas. Scroll down. Thank you very much. It's the first blood gas on the 25th of the 6th. Do you see that?

A. Yes.

Q. Would you agree that that is a very good blood gas?

A. Yes.

Q. I think you said on the afternoon of 17 May, in answer to questions you were asked by your counsel, that to quote you directly, talking about this blood gas:

"I was aware this had not been as good as previously."

What are you referring to there?

A. So there has been a slight increase in the lactate.

Q. But essentially that's it, is it?

A. Well, his pH isn't as good. It's still a good gas, but it's not as good as the previous one, no.

Q. Do you agree that [Baby Q] was in good condition when you took him on at about 08:00 on 25 June?

A. No, there were concerns for his abdomen and his feeds.

Q. Who was concerned?

A. I was concerned.

Q. Anybody else?

A. I don't recall.

Q. Well, when you took handover, were concerns being expressed to you by anybody else about him?

A. So when I received handover, yes, I'd been informed that he'd had some large aspirates overnight.

Q. He was in good condition, wasn't he?

A. I don't think a baby having large aspirates is a baby in good condition, no.

Q. We've already established by looking at tile 87 that your other charge was BM in Nursery 1.

A. Yes.

Q. And when you were interviewed by the police you could still remember BM's name, couldn't you?

A. Yes.

Q. Yes. So several years, a couple of years later, you could still remember that particular child's name?

A. Yes.

Q. Do you remember when you were asked about [Baby Q] by your counsel on 17 May, your counsel asked you about [Baby Q]'s condition when you took him over, you said this:

"I don't recall there being any significant problems with [Baby Q]."

And then you were asked the same question again, and directed to the observation charts and you said:

"He was on the cold side, and in light of the aspirates on the charts I decided I'd prefer to have him reviewed before feeding him."

A. Yes.

Q. Okay. We've already established that Mary Griffith had several babies to look after in three different rooms, didn't we?

A. Yes.

Q. Right. I just want to look at Mary Griffith's movements immediately before [Baby Q] had his, what I will call, collapse. So we need to go to the black big file, please, the very last neonatal review. We're going to look at what you were doing and what Mary Griffith was doing. Okay?

A. Yes.

Q. At line 18, so it's page 2 of 7, we can see that you were doing an infusion for a child, JA, who was in Nursery 1 and you were doing that with [Dr A] and [Nurse B].

A. Yes.

Q. At 08.00 hours, so it's lines 27 and 28, you were doing observations and the neonatal fluid balance chart for [Baby Q].

A. Yes.

Q. At 08.30, lines 45 and 46, you went back to Nursery 1 to do observations and make an entry on the chart for the child BM in Nursery 1?

A. Yes.

Q. At 08.32, do we see that you were co-signing for medication with Mary Griffith for MB who was in Nursery 3?

A. Yes.

Q. At 09.00, lines 60 and 61, we see that Mary Griffith was doing observations for the child YM --

A. Yes.

Q. -- who is the other child in Nursery 2? What we also see, though, at line 59, is an unsigned entry timed at 09.00 hours for the child BM, who was your child.

A. Yes.

Q. But also, at line 55, just going up the page, we see that you are recording yourself as doing observations for [Baby Q] --

A. Yes.

Q. -- at 09.00. When you were doing those observations, were you interrupted by Mary Griffith?

A. I don't recall doing the observations. I don't recall being interrupted, no.

Q. I say interrupted, because if we go to the sequence of events, please, at tile 99, there's swipe data for Mary Griffith coming into the neonatal unit.

A. Yes.

Q. I'm going to suggest to you that whilst Mary Griffith was out of the unit, you had pumped [Baby Q] with some clear fluid.

A. That didn't happen, no.

Q. Of course, giving him milk wouldn't have been an option, would it, because he wasn't getting anything more than 0.5 of a millilitre every couple of hours?

A. That's right.

Q. And if he had vomited a large amount of milk, it would have been very obvious that something was wrong, wouldn't it?

A. Yes.

Q. And that's why you chose a clear fluid on this occasion, isn't it?

A. No.

Q. Is Mary Griffith right when she says that you were still in Nursery 2 when she started to feed YM?

A. I can't recall exactly what Mary was doing, but she was in the room with her baby when I left, yes. I don't know exactly what she was doing.

Q. Well, you see, at 09.04 you were certainly not in the room because you were signing for medications with [Nurse B] in Nursery 1. If we go to tile 97, please, and just scroll down.

Just concentrating on the 9 o'clock entries, why did you do half a job?

A. I can't explain why I haven't filled in the saturations.

Q. You were interrupted, weren't you, by Mary Griffith?

A. No, I don't know why I haven't filled that in.

Q. Do you remember the reason that you gave to the police as to why it was you left the room?

A. To go and check on the baby in Nursery 1.

Q. It wasn't quite that, was it?

A. To care for her.

Q. To do cares?

A. Yes.

Q. If we go to the third and final interview in the case of [Baby Q], here you're being asked about these events.

A. Yes.

Q. You can see at the top, the police put to you that you completed [Baby Q]'s observations and he was due a feed, but it was not given. You say that you didn't give him anything. They ask you whether it was air that you had administered, and then you were asked whether you deliberately left the room to blame the collapse on Minna and Mary.

A. Yes.

Q. Do you remember telling the police that you went to do cares?

A. Yes, my memory at that time was that I needed to go in to do cares on that baby, yes.

Q. Do you remember several of your colleagues have said that for babies in intensive care minimal handling is preferred?

A. Yes.

Q. And the child BM was one that you had had a fair bit of contact with in the hour or so immediately preceding [Baby Q]'s collapse?

A. Um... I don't know about that. I carried out observations, yes.

Q. Yes. If you go back to page 3 of the neonatal review.

A. Yes.

Q. Just to remind you, it can be difficult to keep a tab on all this, at 08.30, BM, observations and an entry on the chart.

A. Yes.

Q. So you'd had contact with this intensive care child about 30 minutes or 40 minutes before [Baby Q] collapsed --

A. Yes.

Q. -- and you left the room?

A. Yes.

Q. You were not leaving the room to do cares for that child, were you?

A. Yes, that was my memory at that time, yes, that I needed to go into Nursery 1 to see this baby.

Q. You've all probably spotted it on page fifteen, it's about a third of the way down. Do you see in the left-hand column it says 15:57:57 20 00:24:29?

A. Yes.

q. And it's actually just after -- ironically just after the question I read to you, and you said:
"No, the baby in Nursery 1 was due cares at that time."

A. Yes.

Q. And that just isn't true, is it, at 09.10 that baby was not due cares?

A. That's what I recalled at that time, yes.

Q. That's what you?

A. That's what I recalled, my memory being at the time of the interview, this was why I'd gone into Nursery 1.

Q. I know that's what you said to the police, but as a matter of fact it wasn't true, was it?

A. She didn't need a nappy change, no.

Q. What cares were you doing then?

A. I can't say for definite now what I was doing, but she was an intensive care baby, so I wouldn't have left her for too long a period of time without checking on her.

Q. Yes, but we've established, haven't we, that you started [Baby Q]'s observations at 9 o'clock?

A. Yes.

Q. You didn't complete them, so rather than completing one job, you then go to do another job that you haven't documented and there's no suggestion in the paperwork that you actually needed to do, so just explain that, please.

A. My memory at that time was that I'd gone to the nursery because that baby needed something. On reflection looking at all of this, possibly it was that I went to do medications with [Nurse B]. I can't say now. My memory at the time of the police interview was that I'd gone back to see BM because she was an intensive care baby that needed to be looked at.

Q. Because you had sabotaged [Baby Q], you were just looking for a reason to get out of the room when Mary Griffith appeared back in the unit, weren't you?

A. No.

Q. Do you remember when you were giving evidence on 17 May, you said that you'd told Mary Griffith and Minna Lappalainen that you were going to Nursery 1?

A. Yes.

Q. Why would you do that, leaving half a job done in Nursery 2?

A. I don't believe I have left the job half done. I agree I've not written down the saturation reading, but otherwise the job was done.

Q. Oh right, is this an error?

A. Yes, I think it's a mistake that any nurse could make and does make.

Q. So it just happens to be that a clerical error is made pretty much at the moment that the child has an acute deterioration?

A. Yes.

Q. And part of the clerical error, is you disappearing from the room just before the event?

A. That's not a clerical error, no.