

The Nurse's story

Many nurses make statements but just a few are called to give oral evidence. Almost all thought relations with fellow nurses and doctor were good in Chester. There was some natural strain when emergencies arose, but this was normal. That a nurse would harm babies was unthinkable.

Counsel asks witnesses to comment on emails they may have received from Letby...they were unusually clinically very detailed.

Nobody seemed to think she had been unprofessional.

We hear very different impressions of Letby. To one she was "cold" and did not have the warmth you might expect of a children's nurse.

Others thought her to be expert and professional. Parents seemed to like her one explained.

One witness reports Letby telling a colleague in an excited voice after a sudden death "you will never guess what has happened".

Unprofessional conduct in the view of one witness.

None believed she would harm babies. That was unthinkable.

Another recalls telling a colleague after another sudden death,

"If somebody is not careful they are going to think something untoward is happening here...because it is not".

You start to worry about your colleague's wellbeing she explained.

When Letby was moved to administrative duties at the insistence of the doctors nobody explained why.

She was a common denominator when sudden deaths were related to shifts but so was a doctor.

She had not been present at all sudden collapses. There was no evidence of her harming patients just conjecture by some doctors. Moving her on a temporary basis would help her recover her wellbeing and mental health said one who became her supporter.

We hear a lot about an incident when towards the end of a shift Letby had commenced a morphine infusion at the wrong pump rate.

The error had been spotted on the shift change. Letby was very unhappy when told that she should refrain from giving infusions with controlled drugs until there had been an incident review.

*In a no blame culture
this was just an error,
and no harm had been
done. Or was it an
early signal that had
been missed?*

Whilst some nurse managers simply did not believe that Letby could have harmed babies one was more direct;

"I do not understand why Lucy Letby was allowed to continue working in a clinical

*nhs*Managers.net - Briefing

area when the concern of medical colleagues had been escalated to senior managers”.

This gets close to the prime question the Inquiry must answer.

The neonatal ward manager, who believed in Letby’s innocence, talked about staffing on a busy unit. She had heard no evidence to support suspicions about Letby.

Was not the number of unexplained deaths not enough to justify an early reference to the police Counsel asked?

One is left wondering why senior professional leaders at the Trust did not get involved earlier and more decisively.

Their evidence is to come.
