Thirlwall Inquiry

THE THIRLWALL INQUIRY

RULE 9 QUESTIONNAIRE FOR NURSES

Name: Satasha Culshaw
Role as per Countess of Chester 2015-2016 Staff List: Bank Registered Nurse
Enclosed documents: No additional documents provided

Questionnaire

Nursing career and employment at the Countess of Chester Hospital (the "hospital")

1. Please provide a short summary of your nursing career. This summary should include at least the following information:

    a. when you qualified as a nurse, including the educational institute or awarding body;
    b. your nursing qualifications, including your nursing band from 2015 to the present;
    c. details of your previous and current employment.

I qualified as a Paediatric Nurse in April 2014, graduating from Edge Hill University with a 1:1. I went on to specialise in Neonatal Intensive Care immediately from qualifying, completing the QiS/405 in Intensive Care of the Newborn at the Liverpool Women's Hospital (LWH). In 2015 I was a Band 5, progressing to a Band 6 in 2018. I left LWH in 2022 to become a Nurse Lecturer at Edge Hill, then moved to Liverpool John Moores University where I currently work as Simulation Lead for the Faculty of Health.

2. What were your duties and responsibilities (including any management responsibilities) as a nurse on the neonatal unit (the "**NNU**") at the hospital in 2015 and 2016?

I worked as an Agency Nurse with Pulse on the Neonatal Unit during this time, taking ad hoc agency shifts that required cover. My duties and responsibilities were similar to my permanent role at LWH. I cared for babies across their level of need in Special Care or High Dependency at COCH, providing nursing care, observations and parental support in my role.

The culture and atmosphere on the NNU at the hospital in 2015-2016

3. How would you describe the quality of the management, supervision and/or support of nurses on the NNU between June 2015 and June 2016?

I was not involved with any management or supervision while I was covering agency shifts.

4. How would you describe the relationships between: (i) clinicians and managers; (ii) nurses, midwives and managers; and (iii) between medical professionals (doctors, nurses, midwives and others) at the hospital between June 2015 and June 2016?

i) I have no recollection of being aware of anything related to clinicians and managers.
ii) The staff I worked with all had a strong sense of teamwork, these were nurses and HCAs on the neonatal unit. I did not work with any midwives or managers from what I can recall.
iii) I felt that there was a good sense of teamwork between all members of staff that I worked alongside. I never got a feeling that there were any issues between colleagues.

Concerns or suspicions

5. Were you given any training on how to report concerns about fellow members of staff? When? If so, how were any concerns to be reported?

No, not from COCH as a member of agency staff.

6. Did you have any concerns or suspicions about the conduct of Lucy Letby ("**Letby**") while you worked on the NNU? If yes, what were your concerns or suspicions and did you raise them with anyone, either formally or informally?

No, none at all.

7. Were you aware of any suspicions or concerns *of others* about the conduct of Letby and, if so, when and how did you become aware of those concerns?

No.

8. What discussion or debrief was there (formal or otherwise) with or between nurses, or between nurses and doctors, after the death of a baby?

I was not part of this at COCH.

9. Were you ever aware or worried about the increase in the number of deaths on the NNU? If so, when was this and what did you think?

Yes, when one of the triplets was transferred to us at LWH. This was the first time any concerns were discussed amongst colleagues and we became aware of the increase in numbers of deaths at COCH.

Reflections

10. Do you think if the babies had been monitored by CCTV the crimes of Letby could have been prevented?

This is difficult to comment on as I am not fully aware of the actions that were taken to harm the babies. However, if there was CCTV and it was present in the drug dispensary or nurseries, then yes, it is likely that this could have deterred anyone from committing a crime, or the crime would have been caught on film. However, I would have concerns about CCTV being introduced into nursing environments.

11. What recommendations do you think this Inquiry should make to keep babies in NNUs safe from any criminal actions of staff?

Again, this is very difficult to comment on. As a neonatal nurse for many years, I cannot begin to comprehend why anyone would consider harming a baby or commit criminal action in an environment where we are supposed to be keeping people safe. The nature of the crimes of Lucy Letby aren't fully clear to me, so I wouldn't know specifically what to suggest to prevent them again in future.
Medication is always double checked already for all paediatric administrations, but perhaps a way of tracking the dispensing of other medications such as TPN – either CCTV in the pharmacy room or a logged way of checking out a bag of TPN. Babies in the NNU are constantly monitored unless they are ready for discharge home, so there wouldn't be a way to increase monitoring. Perhaps a higher ratio for staffing as standard to ensure that no one is left on their own in a room, and to reduce the need for staff to work extra shifts.

Request for documents

12. Do you have any documents or other information which are potentially relevant to the Inquiry's Terms of Reference? For example, any documents relating to concerns that were raised about Letby or the safety of the babies on the NNU in 2015 and 2016. If so, please itemise them and provide copies with your signed statement.

Not applicable.

Signed: Personal Data

Full Name: ____Satasha Jade Culshaw_____

Dated: ____26.02.24_____