

Witness Name: Sarah Jayne Murphy

Statement No.: 1

Exhibits: SJM01, SJM02

Dated: 3 June 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF SARAH JAYNE MURPHY

I, Sarah Jayne Murphy, will say as follows: -

Personal details

1. My full name is Sarah Jayne Murphy.

Nursing career and employment at the Countess of Chester Hospital (COCH or the Trust)

2. After studying at Chester University for a Diploma in Higher Education Nursing studies, I qualified as a registered children's nurse in February 2004. A few weeks after I qualified, I went to work on the Children's unit at the Countess of Chester Hospital (COCH) where I worked until September 2013. Whilst working at the Trust, I completed the Teaching and Assessing in Practice module enabling me to become a mentor and an assessor for student nurses. As part of the mentoring and assessing role, I became a sign-off mentor, meaning that I could work with students during their final placement assessments and OSCEs.
3. My day-to-day duties on the ward included managing the care of a small group of patients, assessment of patient needs, planning, implementing, and evaluating care delivery according to changing health needs. I worked collaboratively with the wider multi-disciplinary team to ensure health needs were met and contributed to the development of services for children and young people, supervision of others including being a shift leader, development, and education of student nurses.
4. In September 2013, I left the Trust to work as part of a nurse led community continence team with Wirral Community NHS Foundation Trust, where I worked for a further five years as a band 6 children's bladder and bowel nurse. During this time, I completed a BSc professional practice degree and the V300 Independent Non-Medical Prescribing modules.

5. I left Wirral Community Trust in September 2018 and came to work for Wirral University Teaching Hospital NHS Foundation Trust at Arrowe Park Hospital with the epilepsy team. Currently, I am a band 7 Children's Epilepsy Specialist Nurse. I am the lead nurse in a small team of nurses working closely with two paediatricians, who specialise in epilepsy. I am an independent nurse prescriber, run nurse-led first seizure and teenage clinics, gather clinical data for a national epilepsy audit and work to develop epilepsy services for children and young people locally and regionally. I continue to work at Arrowe Park Hospital in the same role.

Mentorship of nursing students

6. During the last year or so that I worked on the children's ward at the COCH, I became the link nurse for students. The role included planning student off-duty rotas, allocating each student with a named mentor, liaising with the university lecturers to ensure effective learning experiences for students. The Nursing and Midwifery Council (NMC) state that a mentor is a mandatory requirement for pre-registration nursing students. All student nurses were assigned a mentor and a back-up mentor and expected to work 40% of their placement time with their mentor. It was the responsibility of the mentor to get feedback from other nurses and professionals, who had worked with their allocated student.
7. I do not have complete recollection of assessment and grading of students during placement. Students had lots of paperwork to complete and were expected to arrange an initial meeting with their mentor to think about how their learning needs so that placement could be facilitated and to make a plan to achieve set practice placement outcomes. At the midway point, a second meeting would look at progress so far and what might still need to be achieved in the second half of the placement and where the student might need more support and learning to achieve outstanding outcomes. At the final meeting, the mentor and student would complete outstanding paperwork. The mentor would write a small report and if all outcomes were achieved, then sign-off the placement as complete. There was also a section of this documentation for the student to complete.
8. During a student's placement, their mentor would be expected to gather feedback from other nursing staff and nursing support staff that their allocated student had worked with. This might be done informally, for example, if your student had worked a night shift with a colleague, you might ask them for feedback at handover.
9. As registered nurses and mentors, we had support from Practice Education Facilitators (PEFs) and could speak to them for advice and support. This included if a student was failing to meet learning outcomes for the placement.
10. Students would have support from their mentor, from their peers and from university lecturers, who would make visits to the ward during placement.

11. As a sign off mentor, I worked with third year students in their final placement. A big part of the final placement and always stressful for student and mentor was the final placement OSCE (Observed Structured Clinical Examination). On the day of the OSCE, the student would be given a small group of patients to manage and would be expected to be involved in patient allocation, arranging of staff breaks, asking for updates from their colleagues about their allocated patients. A drug round was also part of the assessment when the student was expected to calculate dose, prepare, and administer medications.
12. I worked with a very capable third year student, who during her OSCE made a drug calculation error and failed the OSCE. We rearranged the OSCE for the following week and made use of lots of opportunities for drug calculation practice. On her second attempt the student passed and was signed off. This was an experience of failing a student that stands out for me. I can't recall failing other students during my time as a mentor.
13. I believe I was a nurturing and encouraging mentor. I believe that I am approachable and friendly but always maintained a professional relationship with students. I tried to maintain a mix of working closely with my students whilst facilitating and encouraging them to arrange their own learning opportunities, practice and improve clinical and interpersonal skills.
14. I cannot be certain, however, having now reviewed the RCN's guidance for mentors nursing students and midwives, I cannot say for certain whether this was the toolkit that I would have used. Having said that, I might have used a toolkit that the university directed the students to use. I would have used the NMC's standards to support learning and assessment in practice which I have included at Exhibit SJM02 [INQ00101117]

Mentorship of Letby

15. I mentored Letby in her first year as a student nurse. I believe it was her first ward placement. I can't recall the year. The nurse in charge of student allocation will have allocated Letby as my student. I can't recall who that was, but this was the usual process. I didn't mentor Letby again during her training until I was asked to work with her at the end of her third year when she had failed her final placement and still had 3 elements of practice proficiencies to complete. I monitored and assessed her over a 4-week period.
16. During her first placement, I remember Letby being quiet, and I thought shy. She did not show good interpersonal skills with children, parents, nurses, or the wider team. I believed this to be Letby's lack of confidence and experience as she was very young, an only child and away from home. There was a tendency amongst some students to 'hang around' the nurse's station and desk area. Letby was one of these students and often had quite an expressionless look. I and other staff members found her awkward and quiet. I think she felt comfortable working with me, but she remained quiet and never appeared particularly animated or to be enjoying herself. At the end of her first placement, I remember telling Letby that although she had passed the placement, it

- was important that she develop her communication skills, especially with the children and families. I had presumed that this would come with practice and experience. I can't recall Letby's reaction to my feedback. My conversation with Letby would have been documented in her student paperwork, which I presume is held by the university
17. In terms of my role as a mentor when working with Letby, I was responsible for ensuring that she had available to her the necessary learning opportunities and to ensure that she was able to achieve the required competencies and learning outcomes as part of the placement. Also, my role was to make sure that her off-duty rota allowed her to work at least 40% of her time with me. During the time when she was working with other members of the team, I would keep track of her progress by asking for feedback from those members of staff at handover, or other times. In terms of Letby's responsibilities, she was required to make sure and take the initiative to facilitate her own learning. For example, if a student nurse felt they would benefit from observing a ward round, then it would be their duty to ask for this to be arranged for them. In addition, it was Letby's responsibility to ensure that she proactively arranged the initial, mid-point and final assessment interview dates and times. Although the assessment date and times were often agreed between students and mentors, the student was required to communicate their schedule and availability with their mentors so that the arrangements could be agreed together.
 18. Letby did not work with me again until the end of her third year after she had failed her final placement with nurse Nicola Lightfoot (known as Nicky). As Letby had requested to work with me, I had concerns that she might not work equally as well and with confidence if asked to work with another member of staff. I do understand that we can't get along with everyone, but it is important professionally to be able to do this. I discussed this with one of the PEFs, I think it was Anita Hargreaves. We agreed that Letby would work a shift with each of two other colleagues, Anne Murphy, and Azra Eccles. Documentation from when Letby worked with me will be in her student paperwork, which will be held by the university. This will include my comments in the first year about her need to develop her communication skills and from when we agreed that she would work alongside two of my colleagues as part of her retrieval process. This was at the end of her first year. However, I do not have the documentation in my possession now. There would have been documents in relation to Letby's final assessment as well, but again, I do not have access to those documents.
 19. Nurse Lightfoot was already a very experienced and senior member of the nursing team when I joined the Trust in 2004. In her statement university lecturer, Ruth Sadik states that in her mentorship of Letby, Nurse Lightfoot was "*very supportive, but very forthright*". I would agree with this statement and while it is important to have high standards and expectations from students especially in the third year, I think that unintentionally Nurse Lightfoot may have been a little overwhelming or intimidating at times. This would not have been with Letby in particular.
 20. I do not have a good recollection of proficiencies passed and failed but looking at the documentation provided at [INQ0014042], Letby had 8 proficiencies still outstanding.

Five of these had been and progress made over the previous weeks but 3 were still outstanding when Letby began the retrieval process with me. I have set out the relevant proficiencies below and what they mean.

- A1 – Demonstrating professional integrity, working with patients and families to review and monitor progress and care. Timely documentation of care outcomes to ensure continuity of care
- D1 – Development of therapeutic relationships with child and family showing an appropriate level of communication. Employing interpersonal skills of effective listening and communication. Demonstrate evidence of being able to interpret verbal and non-verbal signs from patients and families. Able to reflect on performance
- J1 – Evaluate and document outcomes of nursing and other interventions. Working with the child and family to review and evaluate progress, ensure continuity of care for the patient. Documentation of actions, outcomes and progress.

21. The above is what was meant by the comments, *“Has made great progress in clinical practice and retrieved 5 proficiencies however still has 3 outstanding AI, DI, and JI”*.
22. I note my comments in my police statement included at **Exhibit SJM1 [INQ0014003]** where I stated, *“I believe that Lucy appealed Nicky’s decision to fail her, reasoning that there was a clash of personalities between the two of them. I felt awful as I had been approached due to Lucy requesting me to be her mentor for her final placement, as she felt that we had a good relationship during her first year placement”*. I have no recollection of the actual shift when Nurse Lightfoot failed Letby, but I was fully aware that this had happened and as some point was made aware that Letby had asked for me to be her mentor for the retrieval of the final 3 competencies.
23. I do not know how the appeal process works, and I do not know if it’s normal practice for students to be able to request a mentor.
24. I cannot recall who approached me about being a mentor for Letby’s retrieval placement. On reflection of events, I do not think that I would have been given a choice to refuse. I do not recall Letby herself discussing anything with me directly about being her mentor during her retrieval placement
25. In terms of my police statement where I stated I felt *“awful”*, I do remember being worried about this as the general feeling on the ward was that if Nurse Lightfoot (who was very experienced) had failed Letby then that decision should stand. I think at the time, I personally also believed that if Nurse Lightfoot had failed a student, that decision should stand. I can’t specifically recall the individuals who believed Nurse Lightfoot’s decision should prevail, however, I do think it was reasonable to hold that view. This is because Nurse Lightfoot was an experienced and professional nurse and regardless of her direct approach to dealing with certain matters, she would never fail a student without good reason.

26. I only have a vague recollection of my discussion with Anita Hargreave about postponing the retrieval process as I thought Letby may need time to process the events of recent days i.e. failing her final assessment. However, from the documentation provided at [INQ0009413], I can see that it was agreed with the university that the retrieval process would start the next day. I can't remember whether Letby spoke to me at all before those final few weeks that we worked together.
27. I do not think that it was common for students to fail in their final year. The student I mentioned earlier that failed with me had achieved all her competencies, it was just that the final OSCE placement was extremely stressful for students and sometimes mentors too. We were able to repeat after a few days with some drug calculation practice.
28. I don't remember conversations with Nurse Lightfoot and or Ruth Sadik with regards to concerns about Letby. I don't remember the exact nature of conversations with the PEFs, but I do remember feeling very supported by them.
29. Due to the lapse of time, I can't recall a conversation with Nurse Lightfoot or anyone else stating that Letby would not be ready to qualify as a nurse in four weeks' time, which was the length of the retrieval placement.
30. My concerns about Letby during her retrieval placement were whether she would be able to demonstrate the ability to work well with other members of the nursing team not just with me and so I arranged for her to work with Anne Murphy, who was the ward manager at the time and with Azra Eccles, who was working as a band 6 nurse in the children's assessment unit. I believe it is documented that I received positive feedback from, but I can't remember what that feedback was.
31. Letby worked with me and with other nurses when I was not on shift to achieve the 3 proficiencies documented above. I can't remember the action plans made for how these competencies might be achieved but I do know that I would have monitored Letby very carefully and asked for feedback both from her and from other nurses that she worked with. It would be usual for the retrieval placement to be documented but I can't remember exactly where or how. I would imagine the school of nursing have a record of documentation.
32. During her police interview, Ruth Sadik discussed her thoughts about when Lucy passed these final proficiencies, and her comments relate to a conversation that she had with me. She stated that, *"I spoke to Jane [to ask] why she was passing her, and Jane had a lot, a lot of soul searching, it, it wasn't something she did easily, but she felt she was right to do it. Now I, my personal thoughts at that time were that Jane was conflicted, that because Nikki's quite a powerful person, she wanted to please Nikki, but also that she, her conscience wouldn't allow her to, and she'd seen what she saw"*

33. I can't remember the conversation above with Ruth Sadik but I did feel conflicted at the time as Nurse Lightfoot had felt that Letby was not competent to pass the final placement but after observing and working with Letby for a number of weeks, I had felt that she had achieved the 3 outstanding proficiencies.

34. I can't recall a conversation with Ruth Sadik, but from my perspective, I was asked to assess Letby based on the 3 proficiencies and whether she had met those proficiencies. From what I had observed during my assessment, I could not say that she did not meet those 3 proficiencies. Also, I would like to reiterate that I sought feedback from other members of staff that she worked with and so I had no reason to believe that she was performing well only just during my assessments. If however, the feedback I received was negative and raised concerns about Letby, this would have of course impacted my assessment on whether or not she had passed the 3 outstanding proficiencies. I cannot recall what was meant by "*she'd seen what she saw*".

Friendship

35. I don't recall that Ruth Sadik and Letby were friends, and I am not aware that they socialised together.


36. My relationship with Letby was purely professional, I wouldn't count her as a friend or someone that I would socialise with. Louise Newman in her statement at [INQ0002001] talks about friendships on Facebook, which I don't use so I would not be aware of a friendship between Ruth and Letby.

Concerns or suspicions

37. I left the Trust in 2013, I was never made aware of any suspicions or concerns about the conduct of Letby at any time.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:  _____
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Dated: 03.06.2024 | 16:46:51 BST