

1 A. Yes.  
 2 Q. Very sad and very significant, as they all are.  
 3 Moving on, if we could, go to tile 3, please,  
 4 Mr Murphy. Events concerning [Child G] in  
 5 September 2015.  
 6 And then the death — events concerning [Child I]  
 7 throughout that summer and into the autumn and her death  
 8 in October 2015; do you see that?  
 9 A. Yes.  
 10 Q. We can take those down, please, Mr Murphy.  
 11 By the time we get to the beginning of February 2018  
 12 (sic) there was a clear association between deaths or  
 13 collapses and Lucy Letby, wasn't there?  
 14 A. There seemed to be, yes.  
 15 Q. And that's when you mentioned a thematic review that was  
 16 conducted?  
 17 A. That's correct.  
 18 Q. That was you and Dr Brearey and one doctor from another  
 19 hospital?  
 20 A. Dr Brearey asked one of the neonatologists from  
 21 Liverpool Women's Hospital, one of the tertiary centres,  
 22 to comment and conduct a review of the case notes of  
 23 these comments and unusual collapses.  
 24 Q. That review was conducted on or around 8 February?  
 25 A. That's correct. I wasn't actually part of that review

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1 meeting.  
 2 Q. No, but you were aware of it, weren't you?  
 3 A. Absolutely, yes.  
 4 Q. And by this time there was a concern amongst —  
 5 certainly between you and Dr Brearey that Ms Letby may  
 6 have been associated with these events as responsible  
 7 for them?  
 8 A. Not just myself and Dr Brearey, but other clinical  
 9 colleagues as well.  
 10 Q. Right. I'm asking about your state of mind though for  
 11 where we're going. By the time we get to [20] February,  
 12 the thought had crossed your mind, hadn't it, that she  
 13 may be deliberately harming babies?  
 14 A. Unfortunately, that unthinkable thought had crossed my  
 15 mind and other colleagues' minds as well.  
 16 Q. That's why you tell us you were feeling uncomfortable  
 17 that morning and why you went into nursery 1 —  
 18 A. That's correct.  
 19 Q. — because you wanted to see whether she could have been  
 20 causing harm, whether there was anything that's  
 21 consistent with that?  
 22 A. I wanted to reassure myself, because at this stage,  
 23 although we were thinking the unthinkable, we didn't  
 24 really want to believe that. I actually went in there  
 25 to reassure myself, basically, to use a colloquialism,

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1 give my head a wobble and then go back and sit down and  
 2 carry on doing what I was doing.  
 3 Q. There had been quite a lot of time spent looking at what  
 4 had gone on in your reviews with you and Dr Brearey,  
 5 hadn't there?  
 6 A. Yes.  
 7 Q. You'd looked closely at this?  
 8 A. Yes.  
 9 Q. And as you said, the belief was that maybe she was  
 10 deliberately harming babies?  
 11 A. That was one of the possibilities that we'd started to  
 12 consider at that point. It absolutely wasn't a fixed  
 13 belief, it must be that, but we'd pretty much looked at  
 14 all of the other possibilities and couldn't identify any  
 15 common themes.  
 16 Q. Right, so a high possibility that was what she was  
 17 doing? And indeed a high possibility, given what you  
 18 had looked at, that she was killing them?  
 19 A. Yes.  
 20 Q. Right.  
 21 The incident that took place on this morning, the  
 22 first incident we are looking at, is around about 3.45  
 23 to 3.50. It's difficult to be precise.  
 24 A. Yes.  
 25 Q. You agree around about that?

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1 A. I agree.  
 2 Q. We're going to hear from Joanne Williams and so perhaps  
 3 we're best dealing with what time she left the unit when  
 4 she said she left it. But we know — I'm going to  
 5 suggest it's around 3.30, by the way, but we have to  
 6 hear from her for that. We know you were on the  
 7 telephone around about 3.41. If we could put up  
 8 tile 76, please. Have a look at that just for the  
 9 timings. Go behind that, please, Mr Murphy.  
 10 If you look there, scroll down, we can see 03.41:  
 11 "Called Dr Jayaram back with the above plan."  
 12 Do you see that?  
 13 A. Yes.  
 14 Q. So 3.41 you're on the phone making arrangements for  
 15 [Child K].  
 16 A. Yes.  
 17 Q. We know, as it happens, that Nurse Williams comes back  
 18 on to the unit at 3.47. We know that from tile 98.  
 19 Could we put tile 98 up, please, and go behind that to  
 20 see the timing. We have it there:  
 21 "Maternity neonatal to labour ward."  
 22 What's happened since the last trial, what we've  
 23 identified, Dr Jayaram, is this has been reversed —  
 24 A. Yes.  
 25 Q. — it's actually labour ward into the maternity unit.

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