20 April 2023 (Day 106)
Prof Owen Arthurs re Baby Q
Police Interviews - Babies A-H

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Thursday, 20 April 2023
(10.30 am)

(In the presence of the jury)

MR JOHNSON: My Lord, I recall Professor Arthurs, please.

PROFESSOR OWEN ARTHURS (recalled) (via video link)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Good morning, Professor Arthurs. Can you hear me clearly?

ARTHURS: I can, thank you.

JOHNSON: Thank you very much. Just for the sake of the recording, would you identify yourself again, please?

ARTHURS: Yes, I'm Professor Owen Arthurs from Great Ormond Street Hospital in London.

JOHNSON: Thank you very much, professor. We have but one child to ask you about today and he is [Baby Q]. I believe you wrote two separate reports or statements relating to his case; is that right?

ARTHURS: Yes, that's correct.

JOHNSON: Thank you. Was the first and in effect the substantive report dated 21 January 2020?

ARTHURS: Yes, that's correct.

JOHNSON: Did you subsequently sign a second statement, simply confirming the fact that you had been sent additional material and that that material had not changed your view on the case?

ARTHURS: Yes, that's correct.

JOHNSON: Thank you. If I can deal first, therefore, with the material that you received in [Baby Q]'s case. I'm looking at the updated list that is in effect appended to the second of the statements that you made. Did that consist of [Baby Q]'s medical records?

ARTHURS: Yes, that's correct.

JOHNSON: The radiographs, which we will deal with individually in a moment?

ARTHURS: Yes.

JOHNSON: Then the statement of Dr Bohin, dated 16 April 2019; the three statements of Dr Evans, dated 21 November 2017, 3 June 2018 and 25 January 2019; and a statement made by Professor Stavros Stivaros, who of course is the neuroradiologist, dated 26 October 2020?

ARTHURS: Yes, that's correct.

JOHNSON: Thank you. Can we start, please, with paragraph 4 of your report, dated 21 January 2020. Did you receive, amongst all that other material, ten individual radiographs taken of [Baby Q]?

ARTHURS: Yes, that's correct.

JOHNSON: The first was an abdominal image taken at 07.49 on the morning of 22 June?

ARTHURS: Yes.

JOHNSON: Just to put that into context for the jury, [Baby Q] had been born earlier that morning at 04.09, so this is a radiograph taken about 3 hours and 40 minutes after his birth.

ARTHURS: Yes.

JOHNSON: Were there then three chest X-rays or radiographs taken, the first on 22 June at 12.39, the second on 25 June at 11.52, and the third later that same day, 25 June, at 20.25?

ARTHURS: Yes, that's correct.

JOHNSON: Just to put those into a chronological framework, the second and third of those, in other words the two taken on 25 June, they are tiles 135 and 217 respectively, and the event,

the collapse of [Baby Q], had occurred at 09.10 hours that same morning. So putting that into sequence then, we have [Baby Q]'s collapse -- this is all on 25 June -- at 09.10, tile 101. The first radiograph after the collapse at 11.52, tile 135. And the second after the collapse at 20.25, tile 217.

Moving on then, was the fifth radiograph in the sequence an abdominal image taken the following morning, 26 June, at 05.05 hours?

ARTHURS: Yes, that's correct.

JOHNSON: Just so that we know a bit about what you're about to tell us, that is the one that you identified as showing an abnormality; is that correct?

ARTHURS: Yes, that's right.

JOHNSON: So again, just to put that into the chronological context, that image was taken about 20 hours after the event which the prosecution have identified as being relevant in this trial.

Then the final five images. Was the first taken the same day as the fifth, so this is the sixth in the total list, 26 June at 11.58?

ARTHURS: Yes.

JOHNSON: Followed by two images on 29 June at 07.41 and 08.55?

ARTHURS: Yes.

JOHNSON: And a single image of the chest on 30 June at 11.25 and then a lower leg radiograph taken several days later on 3 July?

ARTHURS: Yes, that's correct.

JOHNSON: So taking those five images together, does it come to this, that none of those show any abnormalities and in effect you make no further reference to them in your report?

ARTHURS: Yes, that's correct.

JOHNSON: Thank you. Moving on to the medical history, which you set out in your report, did you record the fact that [Baby Q] was born at 31 weeks' gestation on 22 June?

ARTHURS: Yes, that's right.

JOHNSON: That he was admitted into the neonatal unit, requiring some respiratory support?

ARTHURS: Yes, that's correct.

JOHNSON: Your understanding was that he had appeared well until he suddenly deteriorated --

ARTHURS: Yes.

JOHNSON: -- at the time we have identified? Thank you.

So moving then, please, to the body of your evidence, which is your review of the imaging. Did you conclude that the two -- the first two images in the list, those taken on 22 June, that they showed no abnormality?

ARTHURS: Yes.

JOHNSON: Moving then to images 3, 4 and 5, we have the two taken on the 25th in the aftermath of his collapse, which are tiles 135 and 217. I'm just going to remind the jury of what they looked like, Professor Arthurs, because it's been a while since we have heard this evidence. If Mr Murphy would help us with quickly showing us tile 135.

This is 2 hours and 40 minutes after the collapse.

Is there anything unusual about that image, professor?

ARTHURS: No. We can comment on the placement of the lines but I don't think they're relevant to the material that's being discussed in this case.

JOHNSON: Thank you. Moving then to tile 217, please. This is the image of 20.25 on 25 June. Do the same comments apply to that one?

ARTHURS: That's right. By this stage [Baby Q]'s been intubated and is being ventilated, but there's nothing else really to see on this radiograph.

JOHNSON: Thank you. So moving, please, to the fifth in the sequence, which is the radiograph taken on 26 June at 05.05 hours. This was in the case papers at page J24266, and you annotated this next image in your report, didn't you, professor?

ARTHURS: Yes, that's correct.

JOHNSON: Do we now see on the screen an image of your annotations?

ARTHURS: Yes, that's correct.

JOHNSON: If you could take us through this slowly, please. What can you see and explain to us that may be viewed as being abnormal?

ARTHURS: Yes. The top of the radiograph, where the writing "26 June 05.05" is, is effectively the diaphragm. So this is an image from below the diaphragm, so the abdomen. The arrows, the white and black arrows, show a single dilated loop of bowel, which is slightly abnormal in this context, and then the circle on your left-hand side shows another area where there could be abnormalities within the bowel called pneumatosis.

JOHNSON: Let's deal with what we can see in the circle then first of all. Pneumatosis, what does that mean in language that I'll be able to understand, please?

ARTHURS: Pneumatosis is where gas within the bowel actually goes up into the bowel wall. It's recognised to be an early feature of the bowel being abnormal itself and is recognised in necrotising enterocolitis or NEC. So pneumatosis is sometimes a sign of early necrotising enterocolitis.

JOHNSON: Yes. So is that pneumatosis or might it be pneumatosis or what?

ARTHURS: Yes, it could be pneumatosis and it's reasonable on the basis of this imaging to put a provisional diagnosis of NEC.

JOHNSON: Just remaining on the left-hand half of the image, we can see what appears to be a serpentine line running from the top down in an inverted L off to the left of the image. I'm sure everybody knows what that is, but could you just -- to remove all doubt, what is that, please?

ARTHURS: I think that's an ECG lead, actually.

JOHNSON: Okay.

ARTHURS: So that's external to the patient and has nothing to do with the bowel.

JOHNSON: No. Thank you. So moving across then, please, the image to where we see the three arrows centring in on what looks like a -- well, what we probably all now know is part of the bowel; is that right?

ARTHURS: Yes, that's right. It looks a bit like a sausage and the concern then -- if you think a sausage has two ends to it,

the concern is that maybe the bowel has twisted on itself or is just a single loop that's become abnormal and distended, both of which are recognised to be abnormal in this context, so could be again features of necrotising enterocolitis.

JOHNSON: That's a phrase that you have used now more than once, I think, "could be features of necrotising enterocolitis".

ARTHURS: Yes.

JOHNSON: In determining that particular question, can you, as a radiologist, take the answer any further than in effect what you've just given us?

ARTHURS: On a radiograph, you can't make a diagnosis of NEC unless the features are absolutely severe, which in this case are not, so these are sort of mild features. We also use the passage of time to diagnose NEC on X-ray, so subsequent radiographs are necessary to make a more convincing diagnosis. So on the basis of this alone, it would be reasonable to say that this could be early NEC and then you would need to correlate that with how [Baby Q] was behaving, temperature, how he was handling, et cetera.

JOHNSON: Yes, which presumably you would defer to clinicians?

ARTHURS: Yes, that's right.

JOHNSON: Just dealing with subsequent radiographs, as you've introduced them, we did earlier in our chronological list deal with the next two. They were taken the same day. The first was at 11.58, which puts us, in general terms, about 7 hours later, and the second was at 07.41, 3 days later. Did you see any similar suggestive images of NEC in either of those two radiographs?

ARTHURS: So the next radiograph in sequence, so the one at 11.58 on the same day, shows some of these similar features, but almost a little bit better. So they're resolving. But it's my understanding that it was on the basis of those two radiographs that he was transferred to Alder Hey again with a provisional or an understanding that he would need treatment for NEC.

JOHNSON: So, so far as the image 6 or 7 hours later, that produced a better, a more encouraging picture than the one we see here; is that right?

ARTHURS: Yes, that is the most severe, if you like, but even this in context is relatively mild.

MR JOHNSON: Thank you very much. Would you wait there, please? There may be some further questions for you.

Cross-examination by MR MYERS

MR MYERS: Can you see and hear me, Professor Arthurs?

ARTHURS: I can now, thank you, yes.

MYERS: Thank you. I'm just going to ask you about several of the radiographs you have just dealt with. The radiographs that were taken on 25 June, which we know is the day of the event the prosecution are looking at in particular, those were both principally chest radiographs, weren't they?

ARTHURS: That's correct.

MYERS: Right. I'm going to turn next then to the two radiographs we've just been dealing with, which are both on 26 June.

ARTHURS: Yes.

MYERS: Your opinion is that the one which is timed 5.05 displays features that could be features of NEC; that's correct, isn't it?

ARTHURS: Yes, that's right.

MYERS: And the radiograph that's timed 11.58 shows, you say, similar features but they appear to be resolving?

ARTHURS: Yes, that's correct.

MYERS: Right. We've approached them by looking at 5.05 first and then 11.58.

ARTHURS: Yes, that's right.

MYERS: It's a matter that we can confirm, but I seem to recall from the evidence we've had, 5.05 has in fact been identified at 5.05 pm, not am.

ARTHURS: Ah.

MYERS: If that's so, what we actually have with the two radiographs is a slight worsening in the condition of NEC, don't we, if it's that way round?

ARTHURS: If it's that way round, yes. So if that's 5 pm, that's possible. But then we should look at the X-ray which is next in

series, which is from Liverpool Alder Hey, which I think was taken at 20.22 in that series.

Can I ask why you think that that X-ray was done at 17.05 rather than 05.05? Because it's my understanding that the 05.05 timestamp is from the time that it was acquired in the hospital.

MYERS: So I should say that was my understanding initially and that's how I dealt with it, but I seem to recall, and we can confirm, that we've had evidence, it may be from Dr Gibbs, but I would like it confirm this, that in fact that X-ray of 5.05 is in the afternoon and not the morning. But in any event, if that is right, that would show a worsening, wouldn't it?

ARTHURS: That's right, yes.

MYERS: We'll confirm that. I would like it checking if there's any uncertainty as to that. But in any event, both X-rays that we've looked at from that day display features of mild NEC, don't they?

ARTHURS: Yes, that's right.

MYERS: And what you've identified is that to make a diagnosis beyond that, one needs to look at other features like how the baby -- how [Baby Q] was behaving on handling and any variation in temperature, things like that?

ARTHURS: Yes, the clinical features need to match with the radiographic features, that's right.

MR MYERS: Thank you very much, Professor Arthurs.

MR JOHNSON: Does your Lordship have any questions?

MR JUSTICE GOSS: Well, the professor did say one then needs to look at the next radiograph at 20.22 if that's 17.05 hours.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Just so we can clear it up.

Re-examination by MR JOHNSON

MR JOHNSON: When you refer to 20.22, Professor Arthurs, which of the radiographs are you talking about?

ARTHURS: When you read through my report, that related to all of the X-rays that were done at the Countess of Chester Hospital, which is correct in that series, but of course on the evening of 26 June I understand that [Baby Q] was transferred to Alder Hey.

JOHNSON: He was.

ARTHURS: And there is an X-ray taken at 20.22 on 26 June, so immediately on admission, which shows -- of [Baby Q]'s abdomen, which shows there is gas in the distal bowel and effectively things are settling. So if we are to assume that the 5.05 radiograph was in fact 17.05 then my understanding is there's an X-ray at 11.58 that day that shows mild features, then an X-ray at 17.05 that day that shows slight worsening, which has then improved significantly by the time [Baby Q] arrives at Alder Hey at 20.22. So that's the reason just to mention that if there is significance in that interpretation.

JOHNSON: Okay. So what you're saying is if the image that we have put up is 17.05 there is a further image that wasn't in the list that we dealt with earlier, taken 3 hours and about 10 or 15 minutes later, at Alder Hey, following the transfer, which shows a significant improvement?

ARTHURS: Yes.

JOHNSON: Is that what you said?

ARTHURS: So if [Baby Q] had NEC, it was very early, it was mild, and presumably resolved quite quickly.

MR JOHNSON: Yes. That's very helpful, thank you very much.

I'm sorry, my Lord, I omitted to deal with that.

Does your Lordship have any further questions?

MR JUSTICE GOSS: No, I don't, thank you.

MR JOHNSON: Thank you, Professor Arthurs. That concludes the evidence you're giving in this trial. Thank you.

MR JUSTICE GOSS: That's the case, Professor Arthurs.

Thank you very much for making yourself available, both in person on the occasions that you were here, and remotely. We're very grateful to you. That does complete your evidence. You won't be required again, thank you very much.

ARTHURS: Thank you, my Lord, I'm very grateful.

(The video link as terminated)

MR ASTBURY: My Lord, may I recall, please, Sergeant Stonier, and we'll return to the interviews.

MR JUSTICE GOSS: Certainly.

DC DANIELLE STONIER (continued)

Examination-in-chief by MR ASTBURY (continued)

MR ASTBURY: Sergeant Stonier, we dealt with, on the last occasion, the first interview concerning [Baby A], which took place on 4 July 2018; is that correct?

STONIER: Yes, that's correct.

ASTBURY: Just by way of reminder, if it's necessary, more than one baby was discussed on that date and the following day; is that right?

STONIER: Yes, that's right.

ASTBURY: But for presentation purposes we are dealing with or compartmentalising, if I can use that word, each baby in turn; is that right?

STONIER: Yes, that's correct.

ASTBURY: So rather than the next baby being discussed on 4 July, we're going to go to the next interview involving [Baby A]?

STONIER: Yes.

ASTBURY: Thank you. That should be behind divider 2, please. Hopefully everyone has the frontispiece and a page [document redacted] on the top right-hand corner.

These have been paginated in such a way that it's the baby but consecutive page numbers, so clearly the last interview was 23 pages but we've carried on the pagination individually for [Baby A].

We can see from the date, this is now 11 June 2019; is that correct?

STONIER: Yes, that's correct.

ASTBURY: So the next occasion upon which the defendant was interviewed about [Baby A]; is that correct?

STONIER: Yes, that's right.

ASTBURY: We heard some admissions on the last occasion to say that this was the next occasion upon which Lucy Letby was arrested by the police.

STONIER: Yes.

ASTBURY: Thank you. So if we can present them in the same fashion, please. I'll, as best I can, play the part of the police officers if you can give the answers that Ms Letby provided.

STONIER: Yes.

ASTBURY: Thank you.

We heard last time about the caution, so there was a series of introductions and caution; is that correct?

STONIER: That's correct.

ASTBURY: People state their name. There's a wording to introduce the interview and then the suspect is reminded of the caution; is that correct?

STONIER: Yes.

ASTBURY: Thank you.

The reply from Ms Letby.

STONIER: Yes.

ASTBURY: Okay, Lucy [says the officer], the first baby I'm going to talk to you about is [Baby A].

He then continues: Do you agree, Lucy, that it was actually you who noticed the colour changing to [Baby A]?

STONIER: I noticed the colour change, yes.

ASTBURY: Okay. Again, was it you, Lucy, who connected the fluids to [Baby A]?

STONIER: No, from my memory it -- it was Mel.

ASTBURY: And then in summary, Ms Letby was asked whether she was standing or stood by [Baby A]'s incubator when he collapsed. She replied?

STONIER: I was stood by the incubator carrying out my checks.

ASTBURY: Were you stood by his incubator when his monitor sounded?

STONIER: I don't recall exactly when his monitor sounded. If I was stood at his cot side then, yes, I would have heard the monitor. I agree I was stood at the incubator checking, carrying out my checks as I said before.

ASTBURY: But you don't remember the alarm sounding?

STONIER: I don't remember specifically, no. It was a long time ago. I don't remember what monitor went off when.

ASTBURY: Okay. But do you remember you think that it was Nurse Taylor who connected the fluids then?

STONIER: Yes, but that is only from my memory.

ASTBURY: It's a long time ago.

STONIER: Yeah. No, I agree, as in the fluids. She did sit at the computer writing her notes while I was checking the fluids and everything else.

ASTBURY: Is it at that point, Lucy, that you have caused harm to [Baby A]?

STONIER: No.

ASTBURY: Is it at that point, Lucy, that you have murdered [Baby A]?

STONIER: No.

ASTBURY: Lucy Letby was informed of the experts' view concerning air embolus, and she replied.

STONIER: Well, I don't know how he would have received a bolus of air. From which line? Does it say which line?

ASTBURY: How would that be of significance, Lucy?

STONIER: Um, because whoever did connect the fluids, either myself or Mel, they were connecting via a long line.

ASTBURY: Mm-hm.

STONIER: It'd be very hard to push air through a long line.

ASTBURY: See, you do know a little bit about it then, about air?

STONIER: I know how we -- no, but I know how you flush fluids through a long line and that's a very -- it's a hard pressure to push through. I don't know how you'd push air through a long line.

ASTBURY: So are you saying that this was an accident then, Lucy?

STONIER: No, I am saying I don't know how that occurred but I did not do anything deliberately and, yes, they've quoted me being stood at the incubator, but that does that not mean I was doing anything untoward to [Baby A].

ASTBURY: Was anyone else next to you by that incubator when the alarm sounded and stuff?

STONIER: From memory, Reg Harkness was in the room at all times.

He was with [Baby B] and Caroline Bennion, another nurse, from memory, was in and out of the room.

ASTBURY: So you remember that?

STONIER: From memory, yes.

ASTBURY: But you don't remember about the line? So you remember the line but you don't remember other issues about that particular collapse, do you?

STONIER: No.

ASTBURY: Did you deliberately inject air to [Baby A]?

STONIER: No, I did not.

ASTBURY: Did you see anyone else cause harm to [Baby A]?

STONIER: No.

ASTBURY: Do you have any explanation, Lucy, for [Baby A]'s collapse?

STONIER: No. My concern at the time with [Baby A] was whether they -- there had potentially been an issue with either the fluids or the line because it was so quickly after the fluids had been connected that there was a problem. Um, I know I had asked for all fluids to be kept, for the bag at the end to be checked. I don't know whether that was done or not. Do you know if --

ASTBURY: What can you tell me about air embolisms?

STONIER: I don't know a lot air embolisms. I know when we're priming lines we're always taught to prime the lines fully to make sure that the lines don't have any air in them because that would be dangerous to the patient.

ASTBURY: Mm-hm. But when were you taught that, Lucy?

STONIER: When I first very started doing fluids, when I started on the unit.

ASTBURY: Do you remember who told you that?

STONIER: Not specifically, no.

ASTBURY: Right. But that's something you clearly knew, you were aware of?

STONIER: Yes, it's something that all nursing staff -- we're very meticulous about checking the lines.

ASTBURY: And you'd be aware of the consequences of getting that wrong, would you?

STONIER: Yeah, I think all nursing staff would be aware of that.

ASTBURY: And what are those dangers, Lucy?

STONIER: Well, I don't know what it would cause, but you don't want air going into the bloodstream.

ASTBURY: Why?

STONIER: Because that's just not where air would go -- it's not the natural pathological of where air would be [as read].

ASTBURY: And what are the consequences then if air was in the bloodstream?

STONIER: I'm not sure. Would it affect the baby's perfusion?

I don't know exactly how it would affect a baby.

ASTBURY: And Ms Letby maintained and continued to maintain she was not responsible for the death of [Baby A].

Again, officer, I know we covered this last time, but these are summaries of what are longer interviews, simply reduced for the benefit of the jury; is that right?

STONIER: Yes, that's correct.

MR JUSTICE GOSS: They're in part summary and in part verbatim. It's the relevant extracts. That was a 51-minute interview, as you'll have seen from the beginning, and that's just what are agreed to be the relevant parts of that interview. Otherwise you appreciate we would be here for an awful lot longer.

I'm not going to point this out every time. You can see the record on the first page.

And we turn over, presumably now, Mr Astbury, to the next one, [document redacted]. You'll see the time of that one and, again, it has been significantly reduced.

MR ASTBURY: This is one of those occasions where other babies (sic) are interviewed in a longer interview but again it's just distilled to [Baby A] for these purposes.

STONIER: Yes, that's right.

ASTBURY: Thank you. So if we move on, we are now dated 10 November 2020; is that correct?

STONIER: Yes, that's correct.

ASTBURY: The next is the third occasion upon which Ms Letby was arrested --

STONIER: Yes, that's right.

ASTBURY: -- and a series of interviews took place. If we go in the same fashion again and we begin with a summary, which reads.

Following introductions and caution, officers recapped previous interviews concerning [Baby A].

The question is asked: Did you ever try pushing air through long lines, Lucy?

STONIER: No.

ASTBURY: Did you push air through [Baby A]'s peripheral line or his UVC?

STONIER: No.

ASTBURY: Is there any way that air could accidentally be inserted through the UVC?

STONIER: Not that I'm aware of, no.

ASTBURY: Would there be any visible changes to the skin, do you know?

STONIER: I'm not sure.

ASTBURY: Can you explain to me what internal effects this process would cause?

STONIER: If there was air down the line?

ASTBURY: Yes. And had been administered into a neonate.

STONIER: Like an air embolism, an air embolism?

ASTBURY: Do you want to elaborate what that is for me then, Lucy?

STONIER: I don't know exactly what it is, but when we were taught about lines and things, that's the things we were taught of: that you clear the line and don't -- you know, make sure you haven't got air -- any air in because that's what it could lead to.

ASTBURY: And you were fully aware of that throughout your time on the NNU and you were confident about that process?

STONIER: Yes.

ASTBURY: Lucy Letby was then informed of Professor Arthurs' opinion, he having viewed the radiographs and was asked: Is there anything you would like to say regarding that observation from Dr Arthurs, Lucy?

STONIER: No, I can't explain how that air got there.

ASTBURY: Lucy Letby was then informed of the opinions expressed by Dr Evans and Dr Marnerides, and asked: Is there anything you wish to comment regarding this?

STONIER: I did not deliberately give him any air.

ASTBURY: Okay, Lucy. So we're going to talk to you about some social media and Facebook accounts evidence, okay?

DC Stephen Owens has reviewed the data retrieved from the download --

MR JUSTICE GOSS: It says "received"; is it meant to say "reviewed"?

MR ASTBURY: That's my error, sorry, I was looking at "retrieved" instead of "received": DC Stephen Owens has received the data retrieved from the download and has provided analysis of searches made through your Facebook account. Can you describe your relationship with the parents of [Baby A]?

STONIER: There is no relationship with the parents.

ASTBURY: You have no relationship, there is no -- did you have any -- did you talk to them, did you?

STONIER: A professional relationship.

ASTBURY: Professional?

STONIER: But nothing outside of the unit, no.

ASTBURY: Was that the case with all the parents?

STONIER: Of the babies in the inquiry?

ASTBURY: Yes, yes.

STONIER: Yes.

ASTBURY: Did you have any contact with them outside of work, Lucy?

STONIER: No.

ASTBURY: How did you communicate with them if you needed to speak to them?

STONIER: It would either be in person on the unit or telephone calls.

ASTBURY: Any other means?

STONIER: No.

ASTBURY: And who instigated the contact? Who would instigate the communication?

STONIER: Well, it'd be either way. It would be if the parent phoned the unit or came to the unit and asked a question or if I had something that I needed to talk to the parents about.

ASTBURY: Did you use social media to research the parents, Lucy?

STONIER: I don't recall.

ASTBURY: You don't recall?

STONIER: No.

ASTBURY: I take it you remember having a Facebook account?

STONIER: Yes.

ASTBURY: Do you still have a Facebook account now, Lucy?

STONIER: No.

ASTBURY: Did you ever use Facebook to communicate with your friends and family?

STONIER: Yes.

ASTBURY: Did you use it to search for individuals?

STONIER: Yes, at times, yes.

ASTBURY: But you don't remember researching the parents and any of the babies?

STONIER: Not specifically, no.

ASTBURY: What device did you generally use when you were communicating with friends and family?

STONIER: Which device?

ASTBURY: With your Facebook account on.

STONIER: Usually a phone or a tablet.

ASTBURY: And where would these searches take place, generally?

STONIER: Searches?

ASTBURY: When you were searching for friends or family?

STONIER: Oh, I don't know. Anywhere. At home or out.

ASTBURY: Did you friend request any of the parents of these babies at all, Lucy?

STONIER: Not that I remember, no.

ASTBURY: Did they contact you at all through Facebook?

STONIER: I can't remember.

ASTBURY: So from our records, Lucy, [Baby A], who was born on 7 June 2015, and died on 8 June 2015, on four attempts, 9 June, 10 June, 25 June and 2 September 2015, you searched on your account for the name of [Mother of Babies A & B], which we know is the mother.

Can you give any explanation for that?

STONIER: No.

ASTBURY: Do you agree you made those searches on Facebook then now I've told you this?

STONIER: Yes. Yeah, if they're there, but I don't recall why or that I've pursued it any further in terms of asking them to be friends or messaging or anything like that.

ASTBURY: There was obviously three searches, Lucy, in June, pretty much after the birth and, obviously, the death of [Baby A] as well. When were you searching? What were you looking for?

STONIER: I'm not sure. I don't know that I was looking for anything.

ASTBURY: Okay. Then you -- the next search you did, the final search, was in September, the same year, 2015. Again, when you searched for [Mother of Babies A & B], what were you looking for on that occasion?

STONIER: To see if they -- to see how maybe [Baby B] was doing.

ASTBURY: Okay. And why did you do that?

STONIER: Because we think about the babies on the unit at times and we talk about then and wonder where they are now and what they are doing.

ASTBURY: Okay. What did you find when you did that search for [Baby B]?

STONIER: I don't remember.

ASTBURY: Okay. Do you recall what you saw?

STONIER: No.

ASTBURY: Did anybody else know you did that search for [Baby B]?

STONIER: No.

ASTBURY: Okay. So you said on that one for September you think potentially you were looking for [Baby B]. What about the ones you did in June then?

STONIER: I don't know.

ASTBURY: Okay. Did the mum know that you were looking for updates on [Baby B]?

STONIER: No.

ASTBURY: Okay.

And then she was asked: So it was nearly 6 weeks after [Baby B] had been discharged from the hospital and you were still looking to see how she was getting on, is that correct, 2 September 2015?

STONIER: Yes, if that's the date, yeah.

ASTBURY: Thank you.

That concludes this summary and indeed the three summaries for [Baby A].

STONIER: Yes, that's correct.

ASTBURY: My Lord, we'll move on to [Baby B], please, if we may. The same approach, officer, the three interviews for [Baby B] together rather than in chronological order --

STONIER: Yes.

ASTBURY: -- together with other babies. We have Lucy Letby and the date on this interview is 4 July 2018. We can see the total duration. If we turn the page for the summary, please. The jury will see this is obviously the continuation of an interview that's already started, I think in relation, on this occasion, to [Baby A].

STONIER: Yes.

ASTBURY: So it carries on but we put it separately for [Baby B]: So we're going to move on to [Baby B] now.

I think you've had a copy of the notes. I take it prior to the interview you've had a chance to discuss that with your solicitor?

STONIER: Yes.

ASTBURY: Do you remember [Baby B]?

STONIER: Yes.

ASTBURY: Do you remember obviously [Baby B] in relation to [Baby A] and the relationship there?

STONIER: Yes.

ASTBURY: Okay. Other than the notes that you've looked through, do you remember your involvement with the care of [Baby B]?

STONIER: No.

ASTBURY: Okay. So what we're going to do then, we'll just go through those particular notes that you've had a chance to look at and (inaudible: coughing) 9 June 2015, I think that says "nutrition prescription".

STONIER: Yeah.

ASTBURY: Okay.

My Lord, it might be one of those occasions when we could have the tile up so the jury know what's being discussed. If I can ask Mr Murphy to go to tile 213, please.

The question was asked: Perhaps you could just describe to us what that is and sort of who signed what?

STONIER: Yes, this is a prescription for TPN, which is parenteral nutrition that we give to babies and that consists of Babiven and lipids, which is two separate infusions. So this here is what has been prescribed at the rate here.

ASTBURY: And Lucy Letby explained the various information contained within the prescription, confirmed her signature and that of [Nurse A]. If we can scroll down, please.

So this is the document that's been discussed in this phase of the interview?

STONIER: Yes, it is.

ASTBURY: Okay: Can you just tell us the date and time that you commenced them?

STONIER: I believe that's 10 June 2015 at 00.05.

ASTBURY: Lucy Letby was then asked about the relevant fluid chart. She confirmed that it recorded a morphine infusion of 40

micrograms from a premade syringe, the volume was 4ml and was administered via a bolus, administered with a push, not via a pump.

Then it says: What time was that on there?

If we go to tile 241, please, Mr Murphy. The question was asked: Okay, so what time is that one on their (sic) page?

STONIER: 10 June 2015 at 01.08.

ASTBURY: Are we right in saying then, Lucy, that in respect of the first two entries you're involved with the care of [Baby B]?

STONIER: Yes, from a perspective, yes.

ASTBURY: Ms Letby was then shown the record of the infusion beginning, which is this document at 1.10 am, which followed the bolus.

STONIER: And that's myself and another nurse that has given that.

ASTBURY: Okay. Again, you signed it first there?

STONIER: Yes.

ASTBURY: Does that --

STONIER: So presumably, yes, I --

ASTBURY: Do you remember that?

STONIER: I don't remember, but usually whoever signs --

ASTBURY: Okay.

STONIER: The top is the person that has given it.

ASTBURY: Okay.

Then the interview moved on to the parenteral nutrition form and Lucy Letby described the various entries and how it would be checked.

STONIER: Then when we've done that, we sign with the lipid batch number and document that here and write the time that we've commenced it.

ASTBURY: Okay. When you say "we", is that somebody else's signature there?

STONIER: That's my signature.

ASTBURY: Yeah?

STONIER: But ideally it should have been co-signed by somebody.

ASTBURY: Okay.

I think this is going back to the prescription form, which had the reference to lipid. If we go back to that, Mr Murphy. The last tile was 213, please. Scroll down a little bit, please. Thank you: Okay, when you say "we", is that somebody else's signature there?

STONIER: Yes, that's my signature.

ASTBURY: Yeah?

STONIER: But ideally it should have been co-signed by somebody.

ASTBURY: Okay. At 00.05, that's your signature?

STONIER: Yes.

ASTBURY: So essentially your signature on there means what with regards to this, that it's you that's check it or you that's administered it?

STONIER: That I've checked it.

ASTBURY: The officers then asked Lucy Letby about the blood gas chart, which is at 232, please, Mr Murphy: Okay, so that's really just a record, isn't it, signed by you and dated?

STONIER: It's just -- yes.

ASTBURY: So what's that, that date there -- sorry, that time, is that a time or a date?

STONIER: 00.51.

ASTBURY: Time, okay. And again?

STONIER: So that I've written there, so this gas was taken during Neopuffing.

ASTBURY: Right.

STONIER: So the baby was being Neopuffed with a pressure of 30 over 6 in 100% oxygen.

ASTBURY: Okay. Is that an event there? Is that something happening that she's being Neopuffed?

STONIER: Yes.

ASTBURY: Lucy Letby was then shown the relevant observations chart, which is at 237, please, Mr Murphy: What does that say to you?

STONIER: So this is an observation chart.

ASTBURY: Yes.

STONIER: So we usually do hourly observations on the babies, so I've carried out observations at 01.00 hours.

ASTBURY: Okay.

STONIER: So I've documented her heart rate, her respiratory rate, and when it's a cross it means that it's a ventilator rate.

ASTBURY: Lucy Letby then explained the various other entries on the form. The officer said: Okay.

STONIER: I haven't done a temperature at that time because we don't always do temperatures hourly.

ASTBURY: Okay. Is there a reason [this is where we should perhaps focus on the form] there's nothing in the column before apart from the top, that part there, there's no signatures? Are you aware of any reason why that would be?

STONIER: No.

ASTBURY: Okay.

STONIER: In this column here --

ASTBURY: Yes.

STONIER: -- where it's not signed? No.

ASTBURY: And there's no values in it there -- well, there's a couple but some are missed off.

STONIER: No.

ASTBURY: Okay is there a reason why there you've only got one signature on that form, Lucy?

STONIER: I can't recall specifically, but sometimes you would do separate observations -- if the nurse caring for a baby was on a break you might cover for them or if they were busy doing something with the baby. Sometimes another member of staff would record the observations for them.

ASTBURY: Okay. Do you remember who the designated nurse was for [Baby B] on this --

STONIER: [Nurse A].

ASTBURY: How do you remember that clearly?

STONIER: I don't remember, I can just see from these signatures.

ASTBURY: From the notes?

STONIER: Yes.

ASTBURY: Okay, and who were you designated nurse for?

STONIER: I don't recall.

ASTBURY: Okay. Well, thank you for that. So on that particular shift then on 9 June into the 10th, do you -- do you remember the shift at all?

STONIER: Not with any clarity, no.

ASTBURY: Or any observations that you had with [Baby B] that caused you concern at all on that shift?

STONIER: I do remember that she had some mottling that looked a little bit similar to [Baby A]'s appearance the day before.

ASTBURY: Okay, and how did you become aware of that?

STONIER: One of the staff nurses had raised concerns and got the doctors to review her.

ASTBURY: Do you remember who that was?

STONIER: Who reviewed her medically?

ASTBURY: Who the staff nurse was.

STONIER: I think it was [Nurse A].

ASTBURY: Okay, and that mottling as you've described it, is it something you witnessed in [Baby B] yourself?

STONIER: Yes.

ASTBURY: You did? When was that?

STONIER: I don't recall at what point.

ASTBURY: And the circumstances around you seeing this mottling, who was there with you at the time?

STONIER: I think it was [Nurse A].

ASTBURY: Okay. Can you describe that mottling? Is it similar to that with [Baby A] or different?

STONIER: I remember -- I think she was more mottled as opposed to [Baby A] was paler -- [Baby A] was more pale centrally and --

ASTBURY: Okay.

STONIER: -- mottled peripherally and I think from what I recall [Baby B] was more mottled and that extended over more of her body rather than just her limbs.

ASTBURY: So was it a different colour?

STONIER: From what I remember it was just darker than [Baby A]. So [Baby A] was pale, whereas [Baby B] was more mottled, which is this sort of purply red --

ASTBURY: Right, okay.

STONIER: -- rash appearance.

ASTBURY: And any particular shapes to that?

STONIER: Well, usually mottling is sort of a patchy round appearance.

ASTBURY: So as the experienced nurse you are, what was that saying to you differently to [Baby A]? You -- what was going through your mind at the time when you saw this?

STONIER: I don't recall.

ASTBURY: Okay. When you saw that, did you take any action in the treatment of [Baby B]?

STONIER: Not that I remember, no.

ASTBURY: Do you recall whether [Baby B] was attached to a monitor at all?

STONIER: I don't recall specifically, but the majority of babies on the unit are attached to a monitor, so I'd assume that [Baby B] had been.

ASTBURY: Do you remember any alarm activation at all from a monitor?

STONIER: No.

ASTBURY: So you remember seeing this mottled effect on [Baby B], do you? Do you remember the event that took place just after midnight? Do you remember what happened to [Baby B] then?

STONIER: No.

ASTBURY: No? Were you aware later that something had happened to [Baby B]?

STONIER: Yes, I know something happened to [Baby B] but I'm not -- I don't remember specifically at what time or how that event happened.

ASTBURY: Okay. I'm just thinking in -- when you witnessed this mottling effect on [Baby B] whether or not it was shortly afterwards or before.

STONIER: It was -- it was before any resuscitation was being performed, I think.

ASTBURY: Right. Do you remember how long before?

STONIER: No.

ASTBURY: Okay. I take it when a baby is struggling, you know, the designated nurse would call out for help and assistance. Am I right in saying that?

STONIER: Yes.

ASTBURY: So in this particular instance, with [Baby B], do you remember any -- any calls at all from any of the nurses asking for help or assistance?

STONIER: No, I think from memory [Nurse A] alerted me to the rash -- well, to the mottling appearance. I don't recall after that how -- who came after that or who asked for further support.

ASTBURY: When she alerted you, what were you doing, what had you been doing just before that?

STONIER: I don't recall.

ASTBURY: Do you remember which baby you were caring for at that time?

STONIER: No.

ASTBURY: No? Do you remember if you were working in the same nursery at that time?

STONIER: No.

ASTBURY: Okay. But [Nurse A] (sic) called out to you to see this particular rash on the baby so --

STONIER: I believe so, yes.

ASTBURY: Okay. So would it be fair to say that you were in the vicinity of [Nurse A] (sic) or would have -- is it possible that she could have come to you in another room and asked?

STONIER: It's possible I was either in the room or maybe at the nurses' station. If somebody shouted from nursery 1 you would hear them from the nurses' station.

ASTBURY: Were you involved at all with [Baby B]'s parents? I know obviously when [Baby A] sadly passed away you were, but when [Baby B] was struggling, were you involved with the parents then at all?

STONIER: I believe I had conversations with them, but I don't recall specifics but I do remember seeing the parents.

ASTBURY: Okay. So it's fair to say then in regards to this particular episode for [Baby B] that you don't particularly remember the shift, you remember being called by [Nurse A] (sic) to have a look at this mottling on the abdomen of [Baby B], yeah?

STONIER: Yes.

ASTBURY: Do you remember any collapse event?

STONIER: I remember her requiring resuscitation, but I don't recall how -- how that transpired, how it got to that point --

ASTBURY: Right.

STONIER: -- or when that happened.

ASTBURY: But you became aware of that post-event? You weren't involved with the resuscitation yourself?

STONIER: I don't remember my role in the resuscitation, if I did play a role.

ASTBURY: Okay.

Then one officer asked the other: Anything you want to ask?

So the things that we've referred to here, do they constitute you giving [Baby B], in some capacity, care?

STONIER: Yes, if I delivered a medication.

ASTBURY: Okay and in -- under what circumstances would that be?

I know you referred to one that may be, maybe it was a break. Would that apply to all of them?

STONIER: Possibly, or if the nurse caring for that baby is doing something else with the baby then other members of staff may do their drugs for them or if they are preparing drugs --

ASTBURY: Right.

STONIER: -- for another baby anyway. Sometimes that person will carry on and do the drugs for --

ASTBURY: Okay.

STONIER: -- that baby.

ASTBURY: For those ones that we've talked about, do you recall when you had that contact with [Baby B], if you had any concerns for her?

STONIER: I don't recall having any concerns, no.

ASTBURY: Okay.

STONIER: I don't remember specifically the contact but I don't remember there being any concerns. But I'm not sure at what point.

ASTBURY: If you had have had concerns, what would you have done?

STONIER: Raised it to the nurse looking after her or the doctors.

ASTBURY: Okay. And from what you just said, it was [Nurse A] (sic) potentially that raised the issue with you about the mottling, it wasn't you that raised it, or you don't recall?

STONIER: I don't recall. I think it was [Nurse A] that alerted me to it.

ASTBURY: Okay. What was your understanding of the clinical position of [Baby B]?

STONIER: Prior to this event?

ASTBURY: Yeah.

STONIER: That there hadn't been any undue concerns expressed.

ASTBURY: And do you remember where [Baby B] was, which nursery [Baby B] was in?

STONIER: Nursery 1.

ASTBURY: Okay. And you don't remember whether you were working in there or not?

STONIER: No.

ASTBURY: Right. Did you have cause to handle [Baby B] at all?

STONIER: I would have handled her to an extent to give the medications and to attach those lines.

ASTBURY: And then we've summarised that Lucy Letby explained that she would not have needed to handle [Baby B] when attaching the bag to the long line. She would have gone to the baby, together with her colleague who connected it to the patient. Lucy Letby was then asked about the entry detailing the morphine bolus, which I think we've already looked at, at tile 241.

STONIER: Okay, so that's the morphine bolus, so that would seem that I would have given that to [Baby B].

ASTBURY: And physically, what do you do?

STONIER: Attach the morphine syringe to [Baby B] and give the volume. It says IV. I'm not sure which type of access [Baby B] had, whether it's a peripheral cannula, a long line or a UVC.

ASTBURY: So that's a physical pressing of a syringe into the baby via something?

STONIER: Yes.

ASTBURY: But you can't be sure what that was, what the apparatus was?

STONIER: I'm not sure which line it was delivered through, no.

ASTBURY: Okay. So that would be physical contact?

STONIER: Yes, to attach to the line, yes.

ASTBURY: And who's that there, sorry?

STONIER: Mary Griffiths (sic).

ASTBURY: So would Mary be with you on the signing out and the administration?

STONIER: Yes.

ASTBURY: Okay.

Then Lucy Letby explained that blood would have been taken by a heel prick from [Baby B], that a doctor would have been required for any other method: At that time then do you remember how [Baby B] -- how she was presenting?

STONIER: I don't recall at that time, but looking at this it was happening during Neopuff, so she was obviously being Neopuffed by somebody whilst I was taking the blood gas.

ASTBURY: Right.

STONIER: And the blood gases aren't great, so --

ASTBURY: So does that say to you that's post-collapse?

STONIER: Or during, yes.

ASTBURY: How did that sort of make you feel? You'd been involved with [Baby A]'s care the day before.

STONIER: The only concern primarily were the parents and how they were coping with that. Obviously they'd already lost [Baby A] and then to have to see [Baby B] go through resuscitation...

ASTBURY: You said you had a bit of contact with the parents following [Baby B]'s collapse. What was that, can you remember?

STONIER: No, I don't recall specific things, what was said or anything, no.

ASTBURY: So were you present at all when [Baby B]'s parents were asking questions, making requests following [Baby B]'s collapse?

STONIER: Yes, I was there in the nursery with them, yes.

ASTBURY: Was anyone else there with you?

STONIER: I don't recall ever being on my own with them.

ASTBURY: How come you recall that specifically, being with them after that in the nursery?

STONIER: Because I just remember how upset they were.

ASTBURY: Right. There's nothing else that sticks in your mind as a reminder?

STONIER: No, I think it's just that they were there again and saying they didn't want this to happen to [Baby B], what had happened to [Baby A].

ASTBURY: You must build up quite a rapport with the parents through the care of their babies, am I right in saying that?

STONIER: Yes, we get to know some of the parents quite well, yes.

ASTBURY: Is there anything particular about [Baby A] and [Baby B]'s parents that warmed you to them?

STONIER: Just I know they'd waited a long time for [Baby A] and [Baby B] and that they were much-wanted babies.

ASTBURY: Who told you that?

STONIER: It was known through the handover that we have. So when we have nursing handover you have a little bit of background as to the parents and the pregnancy and things.

ASTBURY: Does that sort of change the way you deal with them at all or affect the way you deal with them?

STONIER: No, I'd like to think that you treat all parents the same but obviously you just bear in mind what they've gone through to get to that -- to get to this point, but I think that the care you would give them and their babies would be the same as -- as any other parents.

ASTBURY: And following [Baby B]'s collapse have you kept in touch with them at all?

STONIER: No.

ASTBURY: Is that something you have done with other babies?

STONIER: No -- that have died?

ASTBURY: Any of them, you know, treated, cared for. Is that a process that you know you would do or not?

STONIER: No. I have done with -- there was one or two families from Liverpool Women's when I did my placement there.

ASTBURY: Okay. I've got -- when you gave your first account to us you said you think it was [Nurse A] that called for the doctors. What doctors attended, can you recall?

STONIER: No.

ASTBURY: Okay. So I presume you don't know where they were, if you don't know who it was that was called?

STONIER: No.

ASTBURY: Okay, thank you. Is there anything else that you would like to tell us about your care with [Baby B] and that particular day, that particular episode, anything that stands out you think, might think would be helpful for us?

STONIER: No, as I say I don't remember specifics with [Baby B].

ASTBURY: So it's fair to say you were on the periphery of the care for [Baby B] by the charts that you have signed and --

STONIER: Yes.

ASTBURY: -- some of the processes that you have undertaken?

STONIER: Yes.

ASTBURY: And it's fair to say you have seen this mottled effect on the baby but it was highlighted to you by the designated nurse, [Nuse A] (sic)?

STONIER: I believe so, yes.

ASTBURY: But -- yeah, but you don't specifically remember any, any collapse event on that particular shift?

STONIER: No.

ASTBURY: Okay, no. We'll end this interview. If we close, it's 3 minutes past midday.

So as we did with [Baby A], moving on to the second occasion when [Baby B] was discussed, this is 11 June 2019. We can see part of an interview that lasted 51 minutes.

STONIER: Yes, that's correct.

ASTBURY: Thank you: We're going to talk to you about [Baby B] now.

And then they continued: In your previous interview you remembered that [Baby B] needed resuscitation but you could not recall how that transpired. Do you remember that in your previous interview?

STONIER: Yes.

ASTBURY: Lucy Letby then confirmed her signature alongside the TPN bag and lipid syringe at 00.05 hours and that her signature at 00.15 hours on the blood gas record suggests that she was involved in [Baby B]'s care over that period: That was prior to her collapse at 00.30 hours, [Baby B]'s collapse some minutes later. Do you understand what we're saying here?

STONIER: Yes.

ASTBURY: Lucy Letby couldn't remember if she was allocated another baby in nursery 1: Okay, so we've got the situation here that [Baby B] collapses and you're there shortly before with the blood gas record.

We just looked at it so I'm not going to go back to it.

STONIER: Can [Nurse A] remember who took the gas?

ASTBURY: Well, I'm saying to you it is possible that it could have been you.

STONIER: It's possible, but have you asked her who took the gas?

ASTBURY: Well, I'm asking you if that is you taking the gas.

STONIER: I can't guarantee by what's written on there who took -- I've run that gas on the machine and written it down, I don't know whether I was the one that obtained the blood or with whether I just ran the gas for her.

ASTBURY: Lucy Letby was informed of the opinion of the experts as to [Baby B]'s collapse and was asked: Do you have any

explanation, Lucy, for the dislodgement of [Baby B]'s nasal prongs?

STONIER: No, I don't, no, and if we look here she's actually been weaning off CPAP so I'd be concerned, if she had managed 2.5 hours off CPAP, why dislodged prongs would cause such a deterioration.

ASTBURY: So you're saying that's a mistake then?

STONIER: What's a mistake?

ASTBURY: That the nasal prongs were dislodged for that length of time.

STONIER: No, I'm not saying that they weren't, I'm just saying that she had previously managed 2.5 hours off CPAP, so I would be concerned, if they were dislodged for few minutes, why she would suddenly deteriorate.

ASTBURY: Did you inject into [Baby B]'s long line at the time the TPN bag was being connected?

STONIER: No.

ASTBURY: Is there anything you want to say regarding [Baby B]?

STONIER: Yeah, I didn't -- I didn't do anything deliberately to [Baby B] to harm her.

ASTBURY: Okay. Are you responsible for attempted murder, Lucy?

STONIER: No.

ASTBURY: Then the interview was stopped.

The third and final interview in respect of [Baby B] took place on 10 November 2020.

STONIER: Yes, that's correct.

ASTBURY: It begins: Okay, so we'll move on to talk about [Baby B], Lucy.

They summarise the previous interviews concerning [Baby B] and ask: [Baby B] collapsed. Do you have any explanation for that?

STONIER: No, there's no explanation.

ASTBURY: Okay. Is there anything else you wish to add?

STONIER: No.

ASTBURY: Okay. When I did the introduction to the interview, Lucy, I said to you that we would be speaking to you about messages recovered from your mobile phone that was taken from you when you were last arrested.

Just pausing there, we've touched on the phones already, but on the first occasion of arrest in July 2018, that's the phone that was seized by the police; is that right?

STONIER: Yes, that's right.

ASTBURY: That's the phone that's given rise to the analysis and the contents that we have seen in a number of sequence of events charts?

STONIER: Yes.

ASTBURY: Thank you: So on 30 June 2015, at 21.49, [Nurse A] sent you a message that said:

"Yeah, there's something odd about that night and the other three that went so suddenly."

You immediately replied saying:

"What do you mean?"

You then said:

"Odd that we lost three in different circumstances?"

Do you recall that conversation?

STONIER: No, not really, no.

ASTBURY: Okay, well, we'll just move on. Okay. [Nurse A] replied saying:

"I don't know. Were they different?"

And she says:

"Ignore me, I'm speculating."

You then respond to [Nurse A], saying:

"Well, [Baby C] was tiny, obviously compromised in the utero. [Baby D] septic. It's [Baby A] I can't get my head around."

So my colleague's just asked you, do you recall having that conversation?

STONIER: No.

ASTBURY: Why did you respond asking her what did she mean?

STONIER: I don't recall this conversation other than obviously reading it there now. I think I'm asking what does she mean that there is something odd.

ASTBURY: Okay. She said that it was odd that you lost three different babies in different circumstances and you questioned whether they were different. What did you mean by that?

STONIER: I'm not sure.

ASTBURY: Okay. She said to you that she was speculating. Do you know what the speculation was about?

STONIER: No.

ASTBURY: So in response to her message, you responded that:

"Obviously [Baby C] was tiny, compromised in the utero (sic)."

As way of an explanation. Tell me what you meant by that?

STONIER: That I said that [Baby C] was tiny?

ASTBURY: Yes. "Compromised in the utero" (sic), what did you mean by that?

STONIER: That he was a baby that was born prematurely and unwell at the time.

ASTBURY: Okay. So "compromised in the utero" (sic) is that your explanation for that terminology given?

STONIER: Yeah, so he'd had all nutrients and hadn't grown as well as what we'd expect.

ASTBURY: And you said that you "couldn't get your head around [Baby A]". What was it that you couldn't get your head around?

STONIER: I don't recall saying that. I -- I can't comment.

ASTBURY: That concludes those interviews in respect of [Baby B]?

STONIER: Yes, that's right.

ASTBURY: Moving on then, please, to [Baby C], who we have just touched upon in that last interview. The first interview in respect of [Baby C], 4 July again, 2018.

STONIER: Yes, that's correct.

ASTBURY: We can see the interview began with introductions and caution.

STONIER: Yes.

ASTBURY: Ms Letby replied "yes": We're going to talk about [Baby C]. At 15.31 hours on 10 June 2015, [Baby C] was born to [Parents of Baby C] at 800 grams, and [Baby C] was transferred to the neonatal ward. [Baby C] died at 05.58 hours on 14 June 2015. Do you remember [Baby C]?

STONIER: Yes.

ASTBURY: Did you have an involvement with the care of [Baby C]?

STONIER: Just with his resuscitation from what I remember.

ASTBURY: Okay. Can you explain to us what your involvement was then, please?

STONIER: I'm not sure what my exact role was but I remember him requiring resuscitation.

ASTBURY: Okay.

STONIER: I remember that he'd not long had his first feed by one of the nurses and it wasn't long after that that he deteriorated, so I'm not sure what my role was with him in that resuscitation. I think I did chest compressions. I remember we waited for the vicar to call and we carried on resuscitation efforts until the vicar arrived. And then we withdrew care and [Baby C] lived for several hours after that, around in the parents' accommodation.

ASTBURY: Okay. Are you aware of why he required resuscitation?

STONIER: No, I don't recall the events leading up to that I just know that he had resuscitation.

ASTBURY: So you're not aware of what the circumstances of his collapse were?

STONIER: No.

ASTBURY: Had you had contact with him up to that point?

STONIER: Not that I recall, no.

ASTBURY: So in terms of that day in particular, do you know who his designated nurse was?

STONIER: Sophie Ellis.

ASTBURY: What kind of time of day was this?

STONIER: Nights. It was on nights.

ASTBURY: Your nights?

STONIER: Yeah.

ASTBURY: And who were you designated nurse for?

STONIER: I don't remember.

ASTBURY: So when did you first become aware of this requirement to resuscitate [Baby C]?

STONIER: I don't remember.

ASTBURY: Was it something that you discovered, for example, or was it something you were alerted to and you reacted to?

STONIER: I don't think I discovered it. I think I became a part of it afterwards.

ASTBURY: Okay.

STONIER: I think I'd been asked to help.

ASTBURY: You say you don't think, is that because you don't remember?

STONIER: I don't remember.

ASTBURY: Okay. So you said that whatever the event was, you said that it happened shortly after his first feed. Was that his first feed ever or his first feed on that shift?

STONIER: No, I think from memory it was his first feed ever.

ASTBURY: Okay, so tell me about what happens with a baby's first feed.

STONIER: So the doctors will tell you that they're happy for a baby to commence feeds and they will be fed via the nasogastric tube.

ASTBURY: Can you remember the feeding method specifically with regards to [Baby C]?

STONIER: I don't know what he was fed. I believe it was nasogastric, but we wouldn't feed him any other way.

ASTBURY: Right, okay. But do you remember that specifically, when you were in resus with him?

STONIER: No, not giving the feed, no.

ASTBURY: Okay. Were you involved with that first feed at all?

STONIER: Not that I remember.

ASTBURY: Okay. Any care of him at all other than resus?

STONIER: Not that I remember.

ASTBURY: So in terms of your role within the resus of him, tell us exactly what you did.

STONIER: I think I did chest compressions but I don't know for certain.

ASTBURY: What makes you say that you think you did chest compressions?

STONIER: Because I don't recall doing any drugs for him.

I wouldn't have the airway because the doctors usually have the airway, so I think if I was involved then I would -- the other role would have been chest compressions.

ASTBURY: How do you remember that you took part in his resuscitation?

STONIER: Because I can remember the family and the staff being there around [Baby C].

ASTBURY: Okay, so tell us about that then.

STONIER: I believe it was -- Dr Gibbs, the consultant, was there and mum came and I think dad was at home and he had to come into the hospital and, as I say, they requested for [Baby C] to be baptised and there was a little bit of a delay in getting the

vicar, so we carried on with the resuscitation efforts until the vicar could come to baptise him.

ASTBURY: But what else? Is there anything else that makes you remember him specifically in the circumstances?

STONIER: I just remember him because he was a small baby.

ASTBURY: Do you remember which nursery he was in?

STONIER: Nursery 1.

ASTBURY: So tell us about the other members of staff that were treating him during the resus during your contact with him?

STONIER: I think Sophie Ellis was there.

ASTBURY: Yes?

STONIER: I think Dr Gibbs was the consultant and I think it was Melanie Taylor and [Nurse B] that were the band 6s. And I don't think I remember anyone else.

ASTBURY: Lucy Letby then described the different roles undertaken during the course of a resuscitation and was asked: What would happen with the resus notes?

STONIER: So they're usually just written down in rough and then --

ASTBURY: Yes?

STONIER: -- they're transferred into the medical notes.

ASTBURY: What happens to the rough notes?

STONIER: They will be disposed of.

ASTBURY: Just prior to the collapse, Lucy, had you any cause to go into nursery 1 at all?

STONIER: I don't remember.

ASTBURY: Were you working in nursery 1?

STONIER: I don't think I was, but I don't recall which baby I was looking after.

ASTBURY: Okay. And you don't remember the process of how you ended up in nursery 1 with the resus?

STONIER: No.

ASTBURY: You've then said that [Baby C], you understood, after the first feed, had suffered a deterioration. Do you remember what that deterioration was?

STONIER: I think he dropped his oxygen levels.

ASTBURY: Right, okay. So you think or you know that he dropped his respiratory --

STONIER: I think.

ASTBURY: Is that from memory?

STONIER: Yes.

ASTBURY: How would you become aware of that then, Lucy?

STONIER: Either somebody alerted me or his monitor would alarm.

ASTBURY: Right. Do you remember somebody alerting you about that?

STONIER: I don't remember.

ASTBURY: Lucy Letby then explained that during resuscitation there had been a delay while the vicar attended to baptise [Baby C]: Right, you mean you mentioned about the parents being there. Were they there when you first arrived or did they come --

STONIER: No, I think mum came after and then dad was a little while after that.

ASTBURY: Okay.

STONIER: Because I think mum was resident upstairs on the ward so she came quite quickly but I think dad was at home.

ASTBURY: And you don't remember if anyone else was giving resuscitation to him?

STONIER: Not that I remember, no.

ASTBURY: Lucy Letby was asked about the decision to cease resuscitation: Right, and who has the -- well, makes the final decision?

STONIER: The consultant.

ASTBURY: And that was Dr Gibbs, was it?

STONIER: Yes.

ASTBURY: Okay. You say that then you withdrew care and [Baby C] was with his parents for several hours. Did you have -- apart from the resus did you have any interaction with them following that?

STONIER: Yes, I think I checked a dose of morphine because he was having morphine around the parents' accommodation.

ASTBURY: So the care essentially carries on, does it?

STONIER: He wasn't receiving active treatment, he was just having morphine for pain relief.

ASTBURY: Yes.

STONIER: He wasn't having any other, you know, respiratory support or anything like that --

ASTBURY: Okay.

STONIER: -- but he was having the morphine.

ASTBURY: And what was your knowledge of [Baby C]'s clinical position, obviously prior to the deterioration?

STONIER: I don't really recall.

ASTBURY: Okay. Just a couple of questions. Did you have cause to alter or deal with [Baby C]'s equipment that was attached to him at all?

STONIER: No.

ASTBURY: Or handle [Baby C] in any way? Did you have a need to handle him?

STONIER: I don't recall handling [Baby C]. I would have done to assist with the resuscitation. I don't recall handling him beforehand.

ASTBURY: When you came on duty, Lucy, you have told us that Sophie was the designated nurse for [Baby C]. Do you recall who you were working with on that day?

STONIER: No.

ASTBURY: Do you know if you were asked to look after any baby whilst a nurse was on her break at all, in particular [Baby C]?

STONIER: Not that I recall.

ASTBURY: Do you remember whereabouts in nursery 1 [Baby C] was?

STONIER: Yes.

ASTBURY: Then Lucy Letby was able to mark on a plan where [Baby C] had been situated: In relation to [Baby C]'s parents, did you have any contact with them at all? I know they were there when [Baby C] collapsed. Any other sort of contact with them at all?

STONIER: Obviously I know I went to [Baby C] when he was around in the family room with mum and dad.

ASTBURY: Right, okay.

STONIER: So I would have had some interaction with them then.

ASTBURY: Any prior to the collapse?

STONIER: Not that I remember.

ASTBURY: Okay. Again, I know it's another difficult time for you, Lucy, but how did you deal with that? How did you feel after looking after [Baby C]?

STONIER: I found [Baby C]'s quite hard because of the fact that he did live for several hours afterwards, which I hadn't seen before. A baby sort of gasping in the parents' room like that, and then Sophie was particularly upset.

I think it had been her first death as well and she was quite upset about it.

ASTBURY: And following [Baby C]'s death, do you -- were you involved with moving (sic) any of the equipment from him at all?

STONIER: Not that I remember.

ASTBURY: Was there any particular task that you were involved with after [Baby C]'s death?

STONIER: As I say, I think I checked some morphine, but I don't recall anything, any other role.

ASTBURY: Okay. You talked about the memory box previously on the babies. Were you involved with that at all?

STONIER: I don't remember. I think I may have done hand and footprints, but I can't remember specifically.

ASTBURY: Would there be a reason why you've done that? You weren't the designated nurse, were you, for [Baby C]?

STONIER: No, I don't know whether I helped Sophie with them.

ASTBURY: Okay.

STONIER: I can't remember for definite. I have a vague recollection of doing them whilst he was sat with mum and dad, but I can't remember for certain.

ASTBURY: What about giving [Baby C] a bath? Did you do anything like that?

STONIER: I don't remember.

ASTBURY: No? Were you involved at all with the post-mortem arrangements for [Baby C]?

STONIER: No.

ASTBURY: And I take it you didn't have any contact with the family afterwards following that?

STONIER: No.

ASTBURY: What about a debrief? Were you involved in a debrief?

Do you recall a debrief for [Baby C]?

STONIER: I don't recall a debrief, no.

ASTBURY: Again, you know, we talked about how you were dealing with these situations. Do you remember specifically with [Baby C] how you -- I don't know whether you spoke to any of your friends or family to try and ease your mind.

STONIER: I know Sophie and I had quite a long conversation.

Sophie and I were both living in the same area at the time, in nursing accommodation, and we had quite a lengthy conversation about it. And the girls that were on shift that night, we spoke about it. I don't recall who else I told specifically.

ASTBURY: Okay. Is there anything else you can help us with regarding [Baby C]?

STONIER: No, I don't think so.

ASTBURY: At that stage the interview regarding [Baby C] came to an end.

STONIER: Yes, that's correct.

ASTBURY: Thank you. Moving on, please, to the next interview.

The second interview.

MR JUSTICE GOSS: We'll just do this one and then we'll have the break. I know there is a third one, but the print is smaller on this one, it'll take a bit longer.

MR ASTBURY: Very good.

We move on to 11 July 2019 and we can see this is part of a longer interview: Lucy [it begins] I now want to talk to you about [Baby C]. Are you okay to carry on?

STONIER: Yes.

ASTBURY: Then the officers interviewing summarised the previous interview concerning [Baby C] and Lucy Letby was asked: Okay, Nurse Sophie Ellis has been spoken to, Lucy.

She was out of the room at the nurses' station when [Baby C]'s alarm sounded. She says that you had your own designated baby who was in nursery 3. Do you agree with that?

STONIER: No, as I've said before I don't remember who I was looking after on that shift. I would have to look and check.

ASTBURY: She goes on to say that when she was -- went into nursery 1 in response to the alarms, she says that you were standing next to [Baby C]'s cot as she entered.

Do you agree with that?

STONIER: I don't remember specifically when I entered the room or why I entered the room.

ASTBURY: Nurse Sophie Ellis says that you said, "He's just dropped his HR in saturations" (sic), or something similar. Do you recall saying that to Sophie Ellis?

STONIER: No.

ASTBURY: You were placed into nursery 3 during this shift and had your own designated baby to look after; do you agree with this?

STONIER: Not from memory. I'd have to check. If that's documented as being right then yes, it would of (sic).

I don't remember.

ASTBURY: Okay, Lucy, have you got any explanation as to why you were already in nursery 1 when [Baby C]'s alarms were sounding?

STONIER: I don't recall from memory. I may have been in there doing the checks that we do in the ITU room, I may have been getting a drug out of the cupboard, might have been using the computer. I might have heard his alarms, I don't -- I don't recall.

ASTBURY: Okay. What checks are they, Lucy?

STONIER: There's the resus trolley that's in the room and the ITU spaces were all checked each evening.

ASTBURY: Would you do all that whilst caring for other babies then?

STONIER: Yes.

ASTBURY: Had you been treating [Baby C] at this time, Lucy?

STONIER: Not that I remember.

ASTBURY: Have you got any explanation as to why you were stood at [Baby C]'s cot side as Sophie Ellis has told us?

STONIER: No. As I say, not from memory. I don't recall why specifically I was there.

ASTBURY: The comments that you've made to her, "He's just dropped his HR and saturations", or something similar to that.

Have you got any explanation as to why you made that comment to Sophie?

STONIER: That's what I must have witnessed alarming on the alarm and that's when she come in -- sorry, that's when she's come.

ASTBURY: You have got no explanation as to why you're in nursery 1?

STONIER: No. As I said, I don't recall.

ASTBURY: And then the next part of the interview is summarised.

The views expressed by Dr Evans and other clinicians concerning [Baby C]'s collapse were summarised.

Lucy Letby agreed that [Baby C] was stable prior to his collapse. Lucy Letby was asked about messaging, downloaded from her mobile telephone. If I can ask, please, Mr Murphy to go to tile 147 to begin with.

Lucy Letby was asked: So this is a conversation between you and Jen. Who would Jen be?

STONIER: Jen is a nursery nurse on the unit, used to be.

ASTBURY: What's Jenny's surname, Lucy?

STONIER: Jones.

ASTBURY: Okay. So you said there:

"I just keep thinking about Mon."

I presume there you're saying Monday. I feel I need to be in 1.

I think this is the next message, please, Mr Murphy.

If I simply read the messages.

MR JUSTICE GOSS: I think read the messages and just let Mr Murphy go along as best he can. Otherwise -- you interrupted that message. Go back to it:

"'I just keep thinking about Mon.' I presume you're saying Monday."

Then carry on from there.

MR ASTBURY: The jury will see that the tile numbers are there if they want to cross-reference.

MR JUSTICE GOSS: Exactly.

MR ASTBURY: "I feel I need to be in 1 to overcome it but [Nurse B] said no."

Jen's then responded minutes later:

"I agree with her. Don't think it will help. You need a break from full-on IT. U you have to let it go or it will eat you up. I know not easy and will take time."

Do you recall that conversation, Lucy, that you had with Jen?

STONIER: No.

ASTBURY: Can you tell me where you were when it took place?

STONIER: No, I don't remember the conversation.

ASTBURY: What do the messages relate to?

STONIER: I don't remember.

ASTBURY: What is it that you felt like you needed to overcome, Lucy?

STONIER: I'm assuming it's this, I'd had a previous bad experience in 1, I don't know what date.

ASTBURY: Okay. So this is 13 June, right?

Then Lucy Letby confirmed that with that date in mind, [Baby A] had died on 8 June 2015 and was asked: Is that what you could have been referring to, Lucy?

STONIER: Possibly, yes.

ASTBURY: You then went on to say to Jen:

"Not the vented baby necessarily, I just feel I need to be in 1 to get the image out of my head. Mel said the same and [Nurse B] let her go. Being in 3 is eating me up. All I can see is him in 1."

You've then gone on to say:

"It probably sounds odd but it's how I feel."

Jen replied:

"Well it's up to you but don't think it's going to help. It sounds very odd and I would be complete opposite. I can understand [Nurse B]. She's trying to look after you all."

Lucy Letby was then asked: Describe the image that you're referring to there, Lucy.

STONIER: I think it's the image of [Baby A].

ASTBURY: Okay. What do you mean by "eating you up"?

STONIER: It's very difficult. Whenever you see a dead baby, it's very hard to get that image out of your head.

ASTBURY: And explain to me why being in nursery 1 is going to help you deal with that image?

STONIER: Because I would see different babies in there, it'd be a different scenario to the scenario that I had that time when he died.

ASTBURY: How do you know it's going to be a different scenario?

STONIER: Well, if it's a different baby, it's different staff, it's a different night.

ASTBURY: You then went on to say:

"Well that's how I feel and when I've experienced it at the Women's, I have needed to go straight back and have a sick baby, otherwise the image of the one you lost never goes. Why send Mel if she's trying to look after us? She was in bits over it. Don't expect people to understand but I know how I feel and how I've dealt with it before. I've voiced that so I can't do any more. People should respect that."

Asked: When you say the image, how did it help it disappear?

STONIER: How did what help?

ASTBURY: The image. You've said:

"I needed to go straight back and have a sick baby otherwise the image of the one you lost never goes."

STONIER: Because I think when you go to the same incubator space and there's a different baby in there you sort of kind of let that other baby go. Until you go into the space you just always see that baby until there's another baby there.

ASTBURY: So is it the same space or the same nursery?

STONIER: Um, both, really.

ASTBURY: And you've said that -- you've voiced it:

"I've voiced it so I can't do any more. People should respect that."

Who did you voice it to, Lucy?

STONIER: I don't remember from memory. I'm assuming from reading that it was [Nurse B].

ASTBURY: Okay. At 23.01, you then went on to send a further text to Jen:

"Women's can be awful but I learnt the hard way you have to speak up to get support. I lost a baby one day and a few hours later was given another dying baby just born in the same cot space. The girls there said it was important to overcome the image. It was awful. By the end of the day I realised -- I realised they were right."

Which baby were you referring to there, Lucy?

STONIER: I don't remember.

ASTBURY: You then went on to say to Jen:

"Anyway, forget it. I can only talk about it properly with those who knew him and Mel not interested so I'll overcome it myself. You get some sleep."

Jen's then responded to you, Lucy, saying:

"That's a bit mean, isn't it? Don't have to know him to understand. We have all been there."

You have then gone on:

"I don't mean it like that. Just that only those who saw him know what image I have in my head. Forget it. I'm obviously making more of it than I should."

How did you feel at the time, Lucy, when (sic) Jen's response to what you were trying to tell her?

STONIER: Frustrated.

ASTBURY: Mm-hm. Is it fair to say that it appears that Jen didn't understand how you were feeling at this time?

STONIER: Yeah.

ASTBURY: And from looking at those messages and reading them, it appears that towards the end of the communication you're upset by the tone of Jen's messages. Is that how you were feeling?

STONIER: Yeah -- well, I -- I can't remember specifically, but I think I just felt that we weren't really getting anywhere with the conversation.

ASTBURY: Okay. Is it not the compassionate response that you were maybe expecting from her?

STONIER: Yeah.

ASTBURY: Okay. At 23.09, Lucy, is when you sent the final message, that final message, to Jen on that shift, on that day, 13 June, 23.09. And it was a night shift as you've already confirmed in your previous interview.

Where were you when you sent that message to her?

STONIER: I don't remember.

ASTBURY: Do you agree that you were at work?

STONIER: I don't -- was I on shift that day?

ASTBURY: Sorry [says the officer] and also in those text messages, Lucy, at 21.55, you've actually said, "Being in 3 is eating me up". So would that suggest that you were on the unit at that time at 21.55?

STONIER: I'm at work, yes.

ASTBURY: Yes.

STONIER: Yeah.

ASTBURY: And "being in 3" would suggest that you're working in nursery 3?

STONIER: Yes.

ASTBURY: Okay. Sorry. No, so where would you be then, using your mobile phone on the unit when you were working, Lucy?

STONIER: I don't recall specifically on that occasion. On nights we quite often have our phones out at the nurses' station.

ASTBURY: Okay. I'll just tell you something, Lucy, that might help you. So you sent that final text to Jen at 23.09 and [Baby C] collapsed at 23.15.

STONIER: Right.

ASTBURY: So 6 minutes after you sent that message, [Baby C] has collapsed.

STONIER: Right.

ASTBURY: What are your thoughts on that?

STONIER: I don't have any thoughts on that.

ASTBURY: So you sent a text to Jen at 23.09, [Baby C]'s alarm has then sounded, Sophie Ellis has seen you at his cot side, and he collapsed at 23.15 hours.

STONIER: Right.

ASTBURY: What are your thoughts on that?

STONIER: I don't recall where I was at that time that I sent that text. I might have been at the nurses' station and then I've gone into nursery 1 to do something else.

ASTBURY: Mm-hm. The text messages suggest that you were frustrated, Lucy, that you weren't working in nursery 1.

Do you agree? I'll just remind you what you said there --

STONIER: Yes. I think I felt that it would help if I could have been in nursery 1.

ASTBURY: "I just feel I need to be in 1 to get the image out of my head. Being in 3 is eating me up. All I can see is him in 1."

Yeah?

STONIER: Yes.

ASTBURY: And within 6 minutes, as my colleague said, you were in nursery 1?

STONIER: Yeah.

ASTBURY: Do you agree with that, Lucy?

STONIER: Yes.

ASTBURY: And within them 6 minutes, [Baby C]'s collapsed?

STONIER: Yes.

ASTBURY: Did you cause [Baby C] to collapse, Lucy, when you went into him 6 minutes after that conversation?

STONIER: No.

ASTBURY: You were the only staff member in the nursery at the time [Baby C] collapsed as well, weren't you?

STONIER: Yes.

ASTBURY: Yeah. And you were seen at his cot side when his alarm sounded, weren't you?

STONIER: Yeah.

ASTBURY: And at that time you were feeling frustrated and upset, which we've gone through, by the tone of your messages; do you agree with that?

STONIER: Yes.

ASTBURY: You've then gone on to attack [Baby C]?

STONIER: No, I haven't, no.

ASTBURY: Lucy, did you murder [Baby C]?

STONIER: No.

ASTBURY: Can you give us any explanation, Lucy, as to how [Baby C] died?

STONIER: No.

ASTBURY: I think we'll bring the interview to a close at that point. It is 18.35 and the interview is now stopped.

MR JUSTICE GOSS: Mr Myers?

MR MYERS: May I make one amendment to something that I said earlier while it's fresh, just for the purposes of clarification. When Professor Arthurs was giving evidence, I referred to the timing of the radiographs, the 05.05 and 11.58, and said it was with Dr Gibbs possibly that we'd established the timing. In fact, I'm grateful for the assistance I've received, it was with [Dr A] that we saw the timing and it was confirmed with him, in fact in re-examination, that in all probability it appears that 5.05 is the pm and 11.58 is am. So they were that way round.

I can give your Lordship the reference to that if it assists, but just to be clear it was [Dr A] that was dealt with, not Dr Gibbs.

MR JUSTICE GOSS: Thank you very much. I have a vague recollection of a doctor dealing with it, but I couldn't remember the identity of the doctor. It's a long time ago.

MR MYERS: I was grateful to be reminded as well, thank you.

MR JUSTICE GOSS: All right. We'll have a ten-minute break then, please, members of the jury, as usual, and then continue with the interviews. You'll appreciate this is going to take well beyond today going through these interviews. We'll have another break this afternoon as well.

(12.02 pm)

(A short break)

(12.12 pm)

MR ASTBURY: Officer, if we can move on to the third occasion, please, upon which Lucy Letby was interviewed about [Baby C]. If we're all in the right place, it should be [document redacted] in the top right-hand corner, please, behind divider 3.

We can see the date again, 10 November 2020. The names of those present. This section of the interview begins: Okay, Lucy, we're going to move on to [Baby C].

The officers summarised previous interviews regarding [Baby C]. Lucy Letby was asked: Is there anything you want to add regarding [Baby C] before we move on, Lucy?

STONIER: No.

ASTBURY: Okay. Dr Katherine Davis states that she tried to intubate [Baby C] on three occasions, which were unsuccessful, and she noted that [Baby C]'s vocal cords were swollen and blocking the route and was therefore unable to complete the procedure. Have you got any explanation for the trauma to [Baby C]'s airway?

STONIER: No.

ASTBURY: Did you cause that injury, Lucy?

STONIER: No.

ASTBURY: [Father of Baby C] is the father of [Baby C] and he states that whilst [Baby C] was dying in one of the nurseries, the nurses said to him words similar to:

"You have said your goodbyes now. Do you want to put him in here?"

Referring to a basket. He described how the comments shook him and upset his wife [Mother of Baby C] as [Baby C] hadn't died yet. Do you remember making that comment, Lucy?

STONIER: No. Was it myself that said it? I... I...

ASTBURY: So if it wasn't you, do you remember who it might have been?

STONIER: No, I don't recall that conversation.

ASTBURY: "Do you want to put him in here?", referring to a basket?

STONIER: It was -- it was a basket that they -- sorry, it was a basket that they go in, that they go and take round into the family room, so that they can have time with the baby, but we weren't taking [Baby C] away or anything in the basket.

ASTBURY: The parents obviously found the comment very upsetting at that time.

STONIER: Yeah, yeah, that's very sad.

ASTBURY: You don't recall saying it?

STONIER: No.

ASTBURY: [Nurse B], she said she was the nurse in charge at the time [Baby C] passed away and she gave the aftercare duties with the parents to Melanie Taylor. Do you know Melanie Taylor?

STONIER: Yes.

ASTBURY: She said she tried to send you back to JE [we've changed that to the initials, the baby is named in the interview].

STONIER: Yes.

ASTBURY: But for these purposes: She said she tried to send you back to JE, who you were responsible for in nursery 3. However, you kept trying to help Melanie. Is this true? Do you remember that?

STONIER: No, I can't remember.

ASTBURY: Why would you want to help Melanie when you had your own baby to care for, Lucy, if what [Nurse B] is saying is correct?

STONIER: Because as a unit we usually pull together and try and support each other on something like that.

ASTBURY: When the nurse in charge asks you to do something, wouldn't you do it?

STONIER: Yeah. I don't recall that I didn't.

ASTBURY: Okay.

STONIER: But I, you know, didn't care for my patient [as read].

ASTBURY: So in relation to social media, Lucy, as I've just informed you, [Baby C] was born on 10 June 2015 and he died on 14 June 2015. On 14 June, at 15.52 hours, you searched for both [Father of Baby C] and for [Mother of Baby C]. Do you remember making those searches on Facebook?

STONIER: No.

ASTBURY: Why would you have done these searches, Lucy?

STONIER: I'm not sure.

ASTBURY: Is there anything you wish to add regarding this?

STONIER: No.

ASTBURY: So as we said, [Baby C] was born on 10 June, died on 14 June, Lucy. I want to talk to you about the messages on your phone again.

That's the exhibit reference for the download for the phone, JD-13.

STONIER: Yes.

ASTBURY: What nursery was [Baby C] in on the night of the 13th, do you remember?

STONIER: Nursery 1.

ASTBURY: Prior to [Baby C] collapsing at 23.15 on the 13th, you were messaging Jen on WhatsApp, which started around 21.30 hours. There were 21 messages, messages between you, which both stopped at 23.09 hours. 21 messages in total. And you said [at tile 149] you needed to be in nursery 1 to get the image of the baby on Monday out of your head. You said that Mel had asked to move into nursery 1 and [Nurse B] had allowed her. Had you asked to move too into that nursery to care for --

STONIER: I don't remember.

ASTBURY: Did Mel not allow you to move?

STONIER: I don't remember.

ASTBURY: You said in one of the messages:

"From when (sic) I've experienced it at Women's I've needed to go straight back and have a sick baby, otherwise the image of the one you've lost never goes."

I question the fact Mel would not let you go into number 1. Do you remember saying that, Lucy?

STONIER: I can remember that. I don't remember the whole thing about where I was and what I'd asked Mel to do, but I do remember the -- above the -- that I mentioned the baby and needing to be in ITU, yeah.

ASTBURY: So if you wanted to get into nursery 1, how did you feel about not being allowed into nursery 1?

STONIER: I don't remember specifically. It's just something that when you experience being with a sick baby, me personally, to then go into another nursery and have special care babies, it makes it very hard again to go back into an ITU environment, so I prefer to sort of go straight back into it.

ASTBURY: And that really concludes what was said in that third interview in respect of [Baby C]?

STONIER: Yes.

ASTBURY: Thank you.

Moving on next, please, to [Baby D]. The first interview concerning [Baby D], as we can see on the next page, divider [redacted], took place on 4 July 2018; is that right?

STONIER: Yes.

ASTBURY: We can see the times of the interview and the persons present again. If we go to the text, the interview had commenced with [Baby C], so it's a follow-on from that first interview concerning [Baby C]?

STONIER: Yes, that's right.

ASTBURY: Okay [said the officer], I shall move on. We're going to talk about [Baby D]. At 16.01 hours on 20 June 2015...

And the officers then summarised what happened to [Baby D] on the NNU and the suggestion of skin discolouration leading to her death on 22 June 2015: Do you remember [Baby D] at all?

STONIER: No.

ASTBURY: Lucy Letby confirmed that she received a copy of the relevant notes. She was shown the neonatal infusion chart and the entry at 02.40 hours on 22 June. The reference there, my Lord, is to tile 227 if anyone wants to look. She confirmed the signatures were hers and Caroline Oakley's.

Lucy Letby was also shown the neonatal prescription chart, which appears at tile 237, and confirmed the same signatures, hers and Caroline Oakley's, appeared at 01.25 and 03.40 hours: Right, okay. You're the first signature on those.

From that do you presume then that you administered?

STONIER: Yes.

ASTBURY: Lucy Letby confirmed she'd also been involved in the administration of medication to [Baby D] at 02.39 hours that morning: Is there anything you can tell us about what happened to [Baby D]?

STONIER: I don't really remember [Baby D].

ASTBURY: Okay. At half past 1, we're talking about the half past 1 incident, which occurred on 22 June 2015, do you recall where you were working at that time?

STONIER: No.

ASTBURY: Did you have any observations of [Baby D] at all? Did you -- did you go into the ward where [Baby D] was, into the nursery that (sic) [Baby D] was?

STONIER: I don't remember.

ASTBURY: Do you remember that shift at all?

STONIER: No.

ASTBURY: Do you remember who the designated nurse was for instance?

STONIER: No.

ASTBURY: Or which nursery she was in, no?

STONIER: I believe she was in nursery 1, yes.

ASTBURY: What makes you think that?

STONIER: Because I remember drawing up the medications in there and I think I did draw up some medications in there.

ASTBURY: Right. Why would you be involved with the care of [Baby D] if you weren't the designated nurse?

STONIER: Because two people are needed to administer drugs.

ASTBURY: You were involved with the care somewhat but you can't remember being asked to help or --

STONIER: No.

ASTBURY: -- being approached by another nurse?

STONIER: No.

ASTBURY: Do you remember helping out with a break at all when a nurse went on a break?

STONIER: No, I really can't remember.

ASTBURY: Okay. In terms of these here that we've just spoken about, again when you say -- you talked about a flush?

STONIER: So a flush is where we give sort of millilitres of normal saline after giving the medication so that it's flushed through and not sitting in the end of the line.

ASTBURY: So is that a needle in like you were describing?

STONIER: It's a syringe attached to the end of the IV port, yes.

ASTBURY: So that's a physical act?

STONIER: Yes.

ASTBURY: Okay. And would that take two of you to do that or is it just the drawing of the medication?

STONIER: It wouldn't take two people to give it, no, unless it was given sterilely, but usually if you draw it up it would just takes one person to actually give it.

ASTBURY: So [Baby D] suffered three episodes before she sadly died and you can't remember any collapse of [Baby D], any involvement in the care for [Baby D] at that time?

STONIER: No.

ASTBURY: You can't remember being called to help or to -- either seeing [Baby D] struggling at all or any change of colour to her? You don't remember at all?

STONIER: I don't recall [Baby D], no.

ASTBURY: No. And that was the same at 3 o'clock: she started crying, she desaturated again, something you don't remember?

STONIER: No.

ASTBURY: And this discolouration to the skin, to the trunk, legs and arms and chin, you don't remember that on any of the babies on that particular day?

STONIER: Not enough to comment on, no.

ASTBURY: And obviously, sadly, [Baby D] passed away. Do you recall getting involved with the resuscitation at all of [Baby D]?

STONIER: Not that I remember. I think I drew drugs that day -- well, I did draw drugs that day.

ASTBURY: Okay, and again with the family, do you remember [Baby D]'s family?

STONIER: No.

ASTBURY: So other than the notes you signed, is there anything else that you can remember about that particular shift?

STONIER: No.

ASTBURY: So taking those notes away, you wouldn't have remembered [Baby D] at all?

STONIER: No, not enough to confidently say what happened, no.

ASTBURY: Pausing there, that's a reference to the notes that Ms Letby's been provided with to refresh her memory during the interview.

STONIER: Yes.

ASTBURY: Thank you: So which one of those procedures there would involve sort of handling [Baby D]?

STONIER: Well, all of them to attach the medication to the port.

ASTBURY: Okay.

STONIER: I don't touch the baby, you just have to connect the end of the fluid to the cannula or the line that they've got in place.

ASTBURY: Right, so you don't have to move the baby?

STONIER: I don't physically pick up the baby or move the baby, no, it's just connecting.

ASTBURY: Does that cause them to wake up or can they feel that?

STONIER: Sometimes they can feel the flush going through, yes.

ASTBURY: Right, but you don't recall any reaction to that?

STONIER: No.

ASTBURY: Is there anything else that you want to say about [Baby D] that you can recall or help us out with?

STONIER: No.

ASTBURY: Okay. So I think we might as well go to a break then.

It's quarter past 2 and the interview is at an end.

We move to the second interview, please, in respect of [Baby D], which takes place on 11 June 2019 and is at [document redacted] in the top right-hand corner.

It begins with introductions and caution; is that right?

STONIER: Yes, that's correct.

ASTBURY: Then: Okay, Lucy, we're going to talk to you now about [Baby D]. Okay?

STONIER: Yes.

ASTBURY: The officers summarise the previous interview regarding [Baby D]: You were working in nursery 1 together with Caroline Oakley on that particular shift and you were caring for another baby; is that correct?

STONIER: I don't remember who I was caring for on that shift.

ASTBURY: Do you remember calling Caroline Oakley back after [Baby D] collapsed, Lucy?

STONIER: No.

ASTBURY: Is it possible that you did?

STONIER: It's possible. I don't remember [Baby D]. I don't remember the exact events.

ASTBURY: Do you now recall being in nursery 1, Lucy, with what I've just said to you?

STONIER: No.

ASTBURY: In respect of the baby, if a baby is ill would a nurse go on her break if a baby was ill?

STONIER: It would depend how ill the baby was. If they were acutely unwell, then no. All staff would be needed on the unit.

ASTBURY: So in respect of [Baby D], do you think Caroline would have gone on a break if she thought that [Baby D] needed care or treatment?

STONIER: Not unless that had been handed over to someone to do in her absence.

ASTBURY: Is there any reason why you remember the administering of the medication and not the collapses, Lucy?

STONIER: No, I've only remembered the medication from looking through the notes and seeing that I obviously did sign for medications.

ASTBURY: Is it because you remember the administration of medication because that's when you took the opportunity to attack [Baby D], Lucy --

STONIER: No.

ASTBURY: -- and administer air?

STONIER: No.

ASTBURY: And the view of the experts concerning air embolus was put to Lucy Letby and she said...

STONIER: I did not deliberately do anything to [Baby D], no.

ASTBURY: Is there anything you wish to say about [Baby D]?

STONIER: No.

ASTBURY: We move to the third interview for [Baby D], which is [document redacted]. It took place on 10 November 2020; is that correct?

STONIER: Yes, that's correct.

ASTBURY: Usual set-up on the frontispiece. The previous interviews concerning [Baby D] were summarised by the officers. Lucy Letby confirmed that she still had no recollection of [Baby D]: As I said to you before, Lucy, [Baby D] was born on 20 June 2015 and died on 22 June, so 2 days later. On 25 June you did a Facebook search for [Father of Baby D] and on 25 June, again, you then searched for [Mother of Baby D]. Do you agree that you made those searches on Facebook, Lucy?

STONIER: I don't now recall doing it, but yes, I must have if they're there, yes.

ASTBURY: Explain why you made those searches.

STONIER: I can't explain. I don't remember doing it.

ASTBURY: Can you tell me what you were looking for, Lucy?

STONIER: No.

ASTBURY: Were you looking for photographs of the babies, Lucy?

STONIER: No.

ASTBURY: Are you saying that you definitely wouldn't be looking for photographs, you'd be looking for something else then?

STONIER: I don't know what I was looking for, but I wouldn't be looking for photos of a dead baby on their social media.

ASTBURY: Perhaps the baby when it was alive?

STONIER: No -- I don't know.

ASTBURY: You don't know what you were looking for?

STONIER: No.

ASTBURY: Okay. Regarding your mobile phone, Lucy, and the examination of messages that's been completed, at 8.41 on 22 June 2015 you messaged [Nurse A] about [Baby D]'s death and said:

"Messed about a couple of times and came out in this weird rash. Looking like overwhelming sepsis. Liz came in, re-screened, et cetera, and reviewing what ABX she was on, et cetera, in case it was sepsis."

Who said it was looking like overwhelming sepsis, Lucy?

STONIER: I don't recall. From that it looks as though they re-screened her, which is something that we do to indicate that there is an infection and so we would change her antibiotics to reflect that.

ASTBURY: Was it your opinion that it was looking like sepsis for [Baby D]?

STONIER: I don't recall.

ASTBURY: At 9 o'clock on 22 June 2015 you said:

"I think there is an element of fate involved. There is a reason for everything."

Tell me what you meant by that.

STONIER: Was it said in relation to [Baby D]?

ASTBURY: So that is -- obviously you send that first message at 8.41 to [Nurse A] and then 20 minutes later you then said to her again:

"I think there's an element of fate involved, there's a reason for everything."

So following on from that conversation.

STONIER: Well, I'm not sure in what respect that was said. You know, I don't know what I've been asked or what [Nurse A] has said to initiate that. But the opinion would be in that, you know, it's fate that the babies get unwell sometimes, that's -- but I would have to know the context in which I said it.

ASTBURY: Okay. So you say there:

"There's a reason for everything."

What did you mean by that?

STONIER: Again I'm not sure specifically without knowing what I was talking to [Nurse A] about.

ASTBURY: Well, you're talking to her, obviously, bout [Baby D]'s death there and you said there:

"I think there's an element of fate."

Why would you think that?

STONIER: Because sometimes things can't be changed or, you know, fully explained sometimes. That is fate, like, why is a baby born prematurely or, you know, born with something wrong with it. It's not always something that's within control, it's fate.

ASTBURY: Okay. So later the same day at 20.34, so 34 minutes past 8 in the evening, you messaged [Nurse A] that Yvonne Farmer said Liz Newby was suggesting it may have been meningitis. Do you recall if Yvonne said that to you directly, Lucy?

STONIER: No, I don't recall that at all.

ASTBURY: Had that ever been suggested before?

STONIER: I don't remember.

ASTBURY: Was it a case then that it was just your suggestion that it may have been meningitis for [Baby D]?

STONIER: I don't remember, so I can't comment.

ASTBURY: Okay. At 21.59 hours on 30 June you messaged [Nurse A] and said that [Baby D] was septic and she asked if it was definitely septic and did the PM confirm it. You replied that the full PM wasn't back yet. Do you recall where you got the information from that [Baby D] was septic?

STONIER: No. Having looked at that, I wonder if it was after some sort of debrief, but I -- I don't know for definite, no.

ASTBURY: Okay. And how would you have known if the full report wasn't back yet?

STONIER: Well, if I'd been told that by someone medical. We don't have access to records.

ASTBURY: Okay. On 26 June, again, the same year, 2015, you have a message conversation with Minna, so a colleague. Do you recall Minna?

STONIER: Yes, yes.

ASTBURY: Who suggested that you should have counselling, but you said that you couldn't do it, you said that you couldn't talk about it and you can't stop crying. Why could you not do the counselling, Lucy?

STONIER: I don't recall the conversation.

ASTBURY: Have you got anything else you wish to add in relation to those messages or anything else in relation to [Baby D]?

STONIER: No.

ASTBURY: The officer asks the other: Do you have anything you want to say? Do you remember at the time, around 26 June 2015, after [Baby D]'s death, were you particularly upset and disturbed by what had happened?

STONIER: I honestly can't remember.

ASTBURY: That concluded the interview concerning [Baby D].

STONIER: Yes.

ASTBURY: We move on to [Baby E]. We see, hopefully in the top right-hand corner, [redacted]. We can see, as far as [Baby E] was concerned, that the first interview took place on 4 July 2018.

STONIER: Yes. That's correct.

ASTBURY: The interview began, as we can see from the summary, with introductions and caution?

STONIER: Yes.

ASTBURY: So we're going to continue [says the officer], the same format as previously, Lucy, and we're going to go on to [Baby E].

STONIER: Okay.

ASTBURY: Okay. At 17.53 hours on 29 July 2015, [Baby E] was born to [Parents of Babies E & F]. At 23.40 hours on 3 August 2015, he suddenly deteriorated and at 01.40 hours on 4 August 2015 [Baby E] was pronounced deceased. I believe you've had the chance to go through the notes.

STONIER: Yes.

ASTBURY: Other than those notes, do you remember your involvement with the care of [Baby E]?

STONIER: Yes.

ASTBURY: Okay. Do you want to just tell us then in your own words what you do remember, please?

STONIER: So I remember the care of [Baby E], from memory.

I believe he'd been started on insulin earlier in the day. He was on an insulin infusion, but otherwise doing well and was starting to have enteral feeds. I remember after some of his feeds for me I was getting large aspirates back from his NG tube and when I consulted the doctor we omitted, I think, a feed and then his abdomen became distended and he was reviewed by the doctors and some medications were started and his abdomen continued to distend and become discoloured and ended up needing respiratory support and began bleeding and then he needed resuscitation.

ASTBURY: Is there anything else from your memory?

STONIER: And I remember caring for [Baby E] once he had passed away.

ASTBURY: Okay. So in terms of care given, when was the care given to [Baby E] by you?

STONIER: So I took over on a night shift and so it would have been from around 8 o'clock in the evening.

ASTBURY: Is that the 3rd into the 4th? So he died at 01.40 on the 4th, the morning of the 4th?

STONIER: So this was the 3rd, yeah.

ASTBURY: The 3rd into the 4th?

STONIER: Yes.

ASTBURY: Sorry, go on. In terms of sort of handover what did you understand to be his clinical position?

STONIER: From memory that he was stable and there was nothing sort of untoward other than the fact he was on insulin.

ASTBURY: Okay. In terms of caregiving, did anybody else have care for [Baby E] overnight on that shift?

STONIER: Not that I recall, no.

ASTBURY: Okay.

STONIER: It was just myself.

ASTBURY: In respect of the care, Lucy, where was [Baby E]?

STONIER: He was in nursery 1.

ASTBURY: Okay. Do you recall any other babies in nursery 1 at that time on that shift?

STONIER: Yes, I think his brother was in there as well, [Baby F].

ASTBURY: Were there any other members of staff there?

STONIER: When? At any point?

ASTBURY: On that shift on the night you were caring for [Baby E].

STONIER: I know another nurse was there, I don't know at what point she was in the room, Belinda Simcock.

ASTBURY: Okay. Was she caring for [Baby E]'s brother?

STONIER: I don't remember.

ASTBURY: So at what point do you remember Belinda being in there then?

STONIER: I think it was Belinda that was there when he -- when I asked for the help because he had blood back from his NG tube. I think it was Belinda that I showed it to.

ASTBURY: Is that something you think or that you remember?

STONIER: I think.

ASTBURY: Right. You've obviously mentioned her name and you obviously think that's the time. What makes you think it was her at the relevant time when the blood was there?

STONIER: Because I remember showing the blood to somebody and I think it was Belinda.

ASTBURY: Okay and what did Belinda say to that?

STONIER: That we discard that and not feed him and then get the doctors to review him.

ASTBURY: Okay. So you were his designated nurse, just to make that clear?

STONIER: Yes.

ASTBURY: Okay. So you then went on to say that he was doing well, having feeds, and you said something feeds and I didn't quite catch it. The name of the type of feeds?

STONIER: I think he was starting feeds, I think so.

ASTBURY: Okay. And how was he during the feeds on that evening?

STONIER: I think from memory he had one feed that I gave him that was okay and then on the next feed I was getting a large aspirate back from his NG tube.

ASTBURY: Okay. What about the sort of interventions, did he have the up-the-nose tubes?

STONIER: No.

ASTBURY: Lucy Letby explained that [Baby E] was attached to a Philips monitor, he had a nasogastric tube in place and was self-ventilating in air: Okay, so who puts the tube down?

STONIER: Nursing staff.

ASTBURY: Did you do that with [Baby E]?

STONIER: Not that I recall, no.

ASTBURY: The feeding charts might show us that, mightn't they?

STONIER: Yes, I don't remember putting the tube in on [Baby E], so I think he would have had it already in.

ASTBURY: So in terms of him doing well, what do you consider as doing well?

STONIER: That his observations were stable, that he was handling appropriately. I think from memory that his blood sugar levels were stable.

ASTBURY: Any concerns at all for [Baby E] at this point?

STONIER: No, not prior to that large aspirate, no.

ASTBURY: What about his colour?

STONIER: I don't recall there being a problem with his colour at that point.

ASTBURY: Okay. Anything before the aspirate? So you then said there was a large aspirate.

STONIER: I think it was a bile aspirate.

ASTBURY: I don't know what that is.

STONIER: Bile is a product that's produced by the liver that we get from the bowel.

ASTBURY: Okay.

STONIER: And usually it's a sign they're not digesting their feeds or there's potentially an infection. Bile isn't something we want to be getting back from the stomach.

ASTBURY: What is that suggesting to you then, Lucy?

STONIER: Then there's some sort of abdominal issue.

ASTBURY: Is it something you would escalate to a doctor, for example?

STONIER: So usually from my perspective as a band 5, you would ask a senior member of nursing staff, so a band 6 or the nurse in charge, and they would advise.

ASTBURY: Right. Is that what she is?

STONIER: Yes.

ASTBURY: And what was the advice?

STONIER: To discard that and omit the feed --

ASTBURY: Okay.

STONIER: -- I think from memory.

ASTBURY: Okay. Are there any circumstances where you would need to keep the aspirate, the bile-type substances?

STONIER: You could keep it to show the doctors, and that's what we usually do.

ASTBURY: Right.

STONIER: So we discard it from the baby in that we don't return it.

ASTBURY: Oh.

STONIER: But we usually keep the syringe to show a member of staff.

ASTBURY: Did you do that in this case?

STONIER: I don't remember.

ASTBURY: You then said that his abdomen was distended. How -- what kind of time difference is there here?

STONIER: I'm not sure from memory but I think maybe an hour, something like that. I don't think it was long.

ASTBURY: Okay. Had you gone away from [Baby E] and come back in the hour or were you caring for him throughout that period?

STONIER: I don't recall if I had another baby that I was caring for at that point, but I don't remember being with [Baby E] the whole time. Usually for a baby that's self-ventilating, we wouldn't need to be --

ASTBURY: Okay.

STONIER: -- at the cot side the whole time.

ASTBURY: Okay. So in terms of the -- his abdomen being distended, can you describe that further for me?

STONIER: So I noticed that his abdomen became fuller and rounder and then later on in the evening there was a discolouration area to part of his abdomen, like a purple discolouration.

ASTBURY: Okay. So this initial distended abdomen, what does that -- what do you -- what does that trigger within a neonatal nurse?

STONIER: So you'd be wanting to know why the abdomen's become distended, so usually we would get the senior nurse to -- or the medical team to come and review.

ASTBURY: Okay. So what did you do in this case?

STONIER: I believe I got the doctors to come and review him.

ASTBURY: Okay. Do you know who that was?

STONIER: I think it was Dave Harkness.

ASTBURY: So this distended abdomen was about an hour after the aspirate. And when did you request --

STONIER: You'd have to check. I -- I can't remember specific times because I know I got blood back from his NG tube at some point as well.

ASTBURY: Is that before or after Dr Harkness attended and reviewed him?

STONIER: I'm not sure from memory.

ASTBURY: Okay. And you said that he was then reviewed. What was the outcome of the review?

STONIER: So we started some -- I think he was reviewed twice but after we started some medications on [Baby E] because I believe he had antibiotics specifically for the abdomen and also a drug called ranitidine --

ASTBURY: Okay.

STONIER: -- that can help with bleeding.

ASTBURY: And was there any other issues causing any concerns with [Baby E]?

STONIER: Not that I recall from memory at that time, no.

ASTBURY: Sorry, you then went on to say that -- about the discoloured area. You've touched on that a little bit.

Tell me a little more about the discolouration?

STONIER: I noticed that there was becoming a discolouration to his abdomen, but I can't say exactly where but there was becoming a patch of sort of purpleness on his abdomen.

ASTBURY: And what did that indicate to you? What -- did that cause you concern with regards to [Baby E]?

STONIER: It caused concern, yes.

ASTBURY: Why? Why is that a concern?

STONIER: Because that's not something that is normal for a baby to have.

ASTBURY: So in terms of how big the patch was and its location and you know how long it was there for, what can you tell me about that?

STONIER: I think from memory it was towards the right-hand side, by his umbilicus, but I can't remember the extent or the size at the moment. We don't see many babies that have abdominal problems and things like that.

ASTBURY: What, the distension or the discolouration?

STONIER: The discolouration.

ASTBURY: Okay. What was that a sign of to you?

STONIER: There's an ongoing abdomen problem.

ASTBURY: Okay. Did anyone else witness that discolouration?

STONIER: I believe he was reviewed again by the doctors, yes.

ASTBURY: How long after the distension did the discolouration appear?

STONIER: Again, I can't be specific on times.

ASTBURY: Okay. If you just talk generally, whether it was a few minutes or a few hours, can you clarify more than that?

STONIER: I would say minutes rather than hours.

ASTBURY: Okay. Were you still with [Baby E] throughout these changes?

STONIER: I don't recall if I was there consistently or if I'd left at any point. I don't recall. I think he -- from memory he deteriorated and was desaturating and having apnoeas and needed some support with the Neopuff.

ASTBURY: Okay. How long after that, how long after the discolouration was that requirement?

STONIER: Again, I'm not sure.

ASTBURY: Can you say minutes as opposed to hours?

STONIER: I would say minutes, yes.

ASTBURY: Okay. So what action did you take at that point?

STONIER: I think we got the doctors to review him again.

ASTBURY: Okay, think or you know?

STONIER: Think.

ASTBURY: You think. So when you say we, who's we?

STONIER: I think Belinda Simcock was with me.

ASTBURY: Was anyone with you at the point of you realising that he required respiratory support?

STONIER: Not that I recall, no.

ASTBURY: Okay. How were you alerted to it?

STONIER: I don't remember.

ASTBURY: Lucy Letby, in summary, could not remember how she became aware that [Baby E] required respiratory support.

She confirmed that he was connected to a monitor at the time: Okay, but you don't recall whether the monitor alerted you to the --

STONIER: No.

ASTBURY: -- to the desaturation? Okay. So at that point you think that you obviously responded but Belinda was there and you that you did -- sorry, did you say you alerted the doctors?

STONIER: I think so, yes.

ASTBURY: And who responded to that?

STONIER: Dave Harkness.

ASTBURY: Do you know where he was when he was requested?

STONIER: I'm not sure where but he wasn't on the unit.

ASTBURY: He was or he wasn't on the unit?

STONIER: Wasn't.

ASTBURY: Okay. What's the process that you go through to alert him?

STONIER: I'm not sure because I'm not sure if I was the one who called him or if it was somebody else.

ASTBURY: Right, and how long after you realised that this deterioration was going on did he arrive?

STONIER: I can't be specific. I don't know.

ASTBURY: Okay. Then you stated there was bleeding. Tell me about that.

STONIER: So I was getting blood back from the NG tube and from memory I'm not sure at what point that came, that I first noticed that there was some blood coming from the NG tube.

ASTBURY: Okay. In how long after you recognising his deterioration did you see the bleeding?

STONIER: I'm not sure if the bleeding came before that or after.

ASTBURY: While we're talking about bleeding then, can you describe the, you know what, what colour, what the colour of that was? I know it's a strange question to ask, but --

STONIER: It was fresh blood.

ASTBURY: Okay. What was that suggesting to you then?

STONIER: That it's a fresh bleed, it's an active bleed, it's not old blood, it's new blood.

ASTBURY: So what could be going on with [Baby E] for this to happen?

STONIER: That he's bleeding in his abdomen.

ASTBURY: Okay.

Lucy Letby was then asked some questions about her notes, notes that she had in front of her presumably.

STONIER: Yes.

ASTBURY: In quotes, and it's at tile 126 if anyone wants to refer to it:

"At 22.00 a large vomit of fresh blood, 14ml of fresh blood. Aspirate obtained with NG tube. Reg Harkness attended."

Yes?

STONIER: Okay.

ASTBURY: Was that the first time that you'd seen blood?

STONIER: I think so, yes. I'd have to check the actual feeding chart because that's where I would document the aspirates.

ASTBURY: The officers then read the relevant note in full or that nursing note in full: Okay, had you seen any blood on [Baby E] prior to that large vomit of fresh blood?

STONIER: No, not from my notes and my charts, no.

ASTBURY: But if -- if you had would you have put it in the notes?

STONIER: Yes.

ASTBURY: Okay. When you saw that blood, was anyone there at that time with you?

STONIER: I think I showed it to Belinda. I'm not sure if she was there when I actually obtained it.

ASTBURY: Lucy Letby couldn't remember whether Belinda Simcock was in the room with her when she first saw blood: What about any of the family?

STONIER: I don't recall. I -- I know mum visited at some point but I'm not sure at which point the mum was there.

I know she was sat with him for a period of time.

ASTBURY: Okay. I presume that if she have been there she would have seen the blood herself then, would she?

STONIER: Yes.

ASTBURY: Okay. Do you remember whether or not the family saw blood?

STONIER: I don't remember that, no.

ASTBURY: Do you remember any conversation that you had with the family regarding the blood at all?

STONIER: Not from memory, no. I'd have to check my notes.

ASTBURY: What about updating the family regarding the blood?

STONIER: I believe mum was updated, yes.

ASTBURY: Who updated the family?

STONIER: I think myself and Reg Harkness.

ASTBURY: Do you remember when that happened then?

STONIER: I think it was after he'd been reviewed and we had started the medications.

ASTBURY: Okay. So Reg Harkness attended. What was his view of the blood? What was his feeling that was going on?

STONIER: I think he wanted us to start with the metronidazole and ranitidine, which is used to treat bowel conditions.

ASTBURY: Did he have a view of what the condition was for [Baby E]?

STONIER: I think there was mention of it being necrotising enterocolitis and I think he ordered an abdominal X-ray as well.

ASTBURY: Was there any issues with the NG tube at all? Was it correctly fitted?

STONIER: I don't recall there being any issues with it.

ASTBURY: In the correct position, was it?

STONIER: Without an X-ray the only way I would know is checking that -- when we document here the length that it's been inserted, that's what you would check --

ASTBURY: Okay.

STONIER: -- prior to aspirate and if the aspirate is an acidic aspirate then it indicates that it's in the stomach.

ASTBURY: So in relation to 14ml of fresh blood, which you put, is that a large quantity?

STONIER: Yes.

ASTBURY: Okay. But that was the first quantity that you measured with your treatment of [Baby E] that evening?

STONIER: Of blood. I'd had the bile aspirate prior to that.

ASTBURY: Yes, but that was not blood?

STONIER: No.

ASTBURY: You describe that bile aspirate as "mucky"; what did you mean by that?

STONIER: It's mucky, it's sort of dark, it's not pure bile -- so bile is bright green where mucky is sort of a bit darker.

ASTBURY: And that was prior to the 9 o'clock feed that you put in your notes, prior to the 21.00 feed, yeah?

STONIER: Yes, and that's the feed that I omitted.

ASTBURY: Then, in summary, Lucy Letby was able to confirm that she had not fitted [Baby E]'s feeding tube, he had been due a feed at 21.00 hours, but she had found the mucky aspirate before that and it had been omitted as a result. She took her times from the clock on the nursery wall: Would there be any -- at any time if you'd found blood on [Baby E] that you wouldn't have told a doctor?

STONIER: No.

ASTBURY: No, I take it you know the sign of fresh blood being vomited -- was that a sign there was something serious going on?

STONIER: Yes, I have not seen a baby vomit like that. I have not seen a baby have blood coming back like that before.

ASTBURY: Okay. Would that be something that you would tell the family or is it something that you, you know, you've dismissed, were you overly concerned at that point?

STONIER: I was concerned in that it was something that I hadn't seen before, but I don't recall the registrar being overly concerned.

ASTBURY: Right, okay. So it's not something that you would concern the parents with necessarily?

STONIER: I think it's something we would tell the parents, probably. I'm not sure without looking at my notes, notes in terms of them, what they were told.

ASTBURY: Okay. If you had told the parents about that would that have been in your notes, would you have put that in your notes?

STONIER: Yes, yes.

ASTBURY: You then go on to say:

"The abdomen was soft and non-distended, the SHO informed, and to omit feed."

Who checked the abdomen?

STONIER: Myself.

ASTBURY: Right. So you were happy at that point and you were not overly concerned?

STONIER: No, so I'm happy the abdomen was soft and non-distended and then got the SHO to review him.

ASTBURY: Okay. And this would have been after 9 o'clock, am I right in saying that?

STONIER: Yes.

ASTBURY: Okay. And the SHO, who was the SHO?

STONIER: I don't remember.

ASTBURY: Right. Did they actually attend or did they just give you advice regarding that? You've obviously got "SHO informed, to omit feed".

STONIER: I don't remember. I don't remember if they physically came or whether that was a telephone conversation.

ASTBURY: Right, but that doesn't remind you at all of who actually saw him or reviewed him over the phone?

STONIER: No.

ASTBURY: Okay. So after whoever it was that came, if they did come, and prescribed this to help [Baby E]'s tummy settle because of the mucky --

STONIER: Yes.

ASTBURY: Is that right?

STONIER: Yes.

ASTBURY: And then you've then co-signed it. Did you administer that as his designated nurse?

STONIER: I don't recall.

ASTBURY: So was [Baby E] showing any sort of signs or symptoms after the bile that was aspirated?

STONIER: Not that I remember, no.

ASTBURY: No, so there was no real change in his handling or anything?

STONIER: No.

ASTBURY: And Lucy Letby was then asked about the distinction between the vomit and the aspirate.

STONIER: So a large vomit is -- is a large amount that's come out of the mouth.

ASTBURY: In addition to the 14ml of fresh blood aspirate?

STONIER: Yes.

ASTBURY: Did he vomit prior to the aspirate?

STONIER: I'm not sure.

ASTBURY: If -- you know, how you've written it here, one and then the other?

STONIER: Oh sorry, yes, he's vomited, and then I've got blood back from his tube.

ASTBURY: Okay. But are we clear that it didn't occur before 10 o'clock though? You've got at 22.00 hours "large vomit". There is no blood loss --

STONIER: No.

ASTBURY: -- prior to that?

STONIER: No.

ASTBURY: That was the first time?

STONIER: Yes.

ASTBURY: Then the officer returned to the notes: Okay, and then a further 13ml of blood obtained by 11, 23.00 hours. Where was this obtained from?

STONIER: The NG tube.

ASTBURY: So at this point there's a total of 27ml of fresh blood in the period of an hour, is that right, together with the vomit of blood? Right, okay. So what was going through your mind at that time when another 13ml of blood were taken?

STONIER: I was quite concerned.

ASTBURY: Lucy Letby could not remember how soon after this further quantity of blood that [Baby E] deteriorated again. She thought Dr Harkness was there at the time.

She was asked: Around this time just prior to obviously his desaturation, what were your activities?

STONIER: What, for [Baby E]?

ASTBURY: Generally.

STONIER: I don't remember.

ASTBURY: Okay, because of the previous blood were you around [Baby E] all the time?

STONIER: I don't remember.

ASTBURY: Okay. You then go on to say:

"Oxygen given by a Neopuff, toes becoming white and [Baby E] cool to touch."

Like you say, Reg Harkness is present throughout. And then continues with the note.

"[Baby E] began to decline. At 23.40 hours he came bradycardic. A purple band of discolouration over the abdomen. Perfusion poor and a CRT in 3 seconds."

This purple band, can you describe that to us?

STONIER: As I said before, I don't remember it specifically, but I think it was a purplish area around his umbilical area.

ASTBURY: Okay. Was that the same one that you'd previously described?

STONIER: Yes.

ASTBURY: Okay. Because you obviously describe it as a band.

Why? What do you mean by a band?

STONIER: A band -- it was in sort of a line.

ASTBURY: Horizontal or vertical?

STONIER: I would read "band" as horizontal, from memory.

ASTBURY: And do you remember the width of that at all?

STONIER: No.

ASTBURY: And had you seen anything like that before?

STONIER: No, I don't think so.

ASTBURY: The officers read the notes of [Baby E]'s unsuccessful resuscitation and she was asked: Do you remember what your role was in the resuscitation?

STONIER: I think I carried out chest compressions at one point because I remember I was pressing down more, more blood came out of his mouth.

ASTBURY: So how were you feeling, Lucy, at that time?

STONIER: It wasn't nice to see.

ASTBURY: Do you remember what time the mother was present?

STONIER: Only from what I've written there, that was present at the start of the shift and then visiting again at 10 o'clock.

ASTBURY: Okay. Do you remember when she left then?

STONIER: After the 10 o'clock visit when --

ASTBURY: This is the note:

"Mummy was present at start of shift attending to cares. Visited again approximately 10 o'clock. So she's obviously there."

What time would you have come on shift in the morning -- sorry, in the evening?

STONIER: 8 o'clock.

ASTBURY: 8 o'clock. Do you remember what time she left before she returned?

STONIER: No.

ASTBURY: No, okay. Well, she did leave and she came back, you've put at 10 o'clock.

STONIER: Yes.

ASTBURY: Did anything happen to [Baby E] before she returned at 10 o'clock? I think in your notes that you got --

STONIER: When I look back --

ASTBURY: Yeah, you've got this.

STONIER: He had the mucky aspirate at 9 o'clock.

ASTBURY: Yeah, but no bleed at all before she returned at 10 o'clock?

STONIER: I think -- well, there was at 10 o'clock, so --

ASTBURY: Okay, not before 10 o'clock. We've got she returned at 22.00 hours and I think it was 22.00 hours when we had the large vomit. A large vomit of fresh blood, yeah. So prior to mum coming at 10 o'clock --

STONIER: No.

ASTBURY: No. Do you remember how that conversation with mum went regarding that bleed?

STONIER: I remember her being concerned.

ASTBURY: Okay. Do you remember what she said to you?

STONIER: Just that she would like us to contact her if there was any further decline or any update for her. She was resting upstairs at the time.

ASTBURY: Okay. Did she see the vomit as well because obviously the first one is at 22.00, "large vomit of fresh blood", and obviously aspirate obtained from the NG tube.

STONIER: I would assume that she was there then.

ASTBURY: During the vomit and the aspirate because it just -- on this communication, excuse me, it just says that she was aware that we'd obtained blood from his NG tube, not with reference to the vomit?

STONIER: No, so I'm not sure when he vomited then. I don't think he vomited prior her coming.

ASTBURY: So you think he vomited after her coming?

STONIER: Because I think I probably would have written -- explained that we'd had a vomit and blood from his NG tube if he'd vomited.

ASTBURY: Okay, so what does that make you think about the first lot of notes then where it's at 22, large vomit of fresh blood, and then the 14ml fresh blood aspirate obtained, and that's on the first page, though, you know at 22.00?

STONIER: That he's had a large vomit at 22.00.

ASTBURY: Yes, but obviously you're saying that she, mum, returned at 22.00.

STONIER: I've said approximately, so I don't --

ASTBURY: Right.

STONIER: I've written approximately 22.00.

ASTBURY: Okay.

STONIER: So I'm not sure.

ASTBURY: But obviously this must be post-vomit because that's when you got the blood from the NG tube because that's what you told her?

STONIER: Yes.

ASTBURY: I'm right in saying this -- and then I'm a bit confused, yeah.

Then there's some talking between the officers: I suppose the question is: how did she become aware?

Is it something that you've told her or something she's witnessed?

STONIER: About the blood from his NG tube?

ASTBURY: Mm-hm.

STONIER: I would read from this that I've told her because I've told her that we're starting medications to treat it.

ASTBURY: Okay, okay.

STONIER: So she visually saw it.

ASTBURY: So he must -- he must have vomited before then, mustn't he?

STONIER: I would assume so, yes.

ASTBURY: So would there be any reason why you wouldn't tell mum over the vomit of blood?

STONIER: No, not that I remember.

ASTBURY: What's the conversation that you had with her, can you recall?

STONIER: I'm not sure if it was myself that told her or somebody else and I'm writing that she's been told because I was there when somebody else told her. I'm not sure.

ASTBURY: Right, okay.

STONIER: And then just reading this, I've put that mum was updated by Reg Harkness.

ASTBURY: Yeah, okay.

STONIER: So I -- I think it was a joint discussion between myself and Reg Harkness to update mum.

ASTBURY: How were you feeling after [Baby E]'s death?

STONIER: It was upsetting, [Baby E]'s.

ASTBURY: Whose decision was it for you to bathe [Baby E]?

STONIER: The parents asked me to.

ASTBURY: Did you create a memory box for [Baby E] at all?

STONIER: Yes.

ASTBURY: On the instigation of who?

STONIER: What do you mean, who told me to?

ASTBURY: Yeah, yeah. Did you -- was that something you --

STONIER: It's just something that we do for babies. I don't think anybody told me to do it.

ASTBURY: Right. So is it something you would always do? Is it something the family would say, yeah, can you do that for me?

STONIER: No, we'd do it.

ASTBURY: Okay. As a matter of course?

STONIER: Yes.

ASTBURY: And again, did you stay in touch with the family at all following [Baby E]'s death?

STONIER: Only for the time that [Baby F] remained on the unit.

Not afterwards, no.

ASTBURY: Okay. And obviously another stressful day for you. How did you deal with it personally?

STONIER: I don't recall specifically. I know I found it very helpful to -- to have bathed him and had some time with him and dressing him. I found that quite a privilege that mum and dad wanted me to do that for them.

ASTBURY: Do you have any opinion as an experienced neonatal nurse as to what happened to [Baby E]?

STONIER: No, I'm not medically trained and I don't know exactly what happened to him, but I feel there was obviously some sort of bleed from his abdomen.

ASTBURY: Right, okay.

STONIER: And obviously I did feel that the registrar wasn't overly concerned and, I don't know, I was a little bit concerned but I felt reassured that he wasn't.

ASTBURY: Okay. And following deterioration, did you raise that -- your concerns with anybody?

STONIER: I think I discussed it with Belinda.

ASTBURY: Oh right. And what was the outcome of that?

STONIER: I'm not sure.

ASTBURY: Okay. And what were the concerns that you expressed at that time to Belinda?

STONIER: I think I spoke to her about that, that I'd not seen a baby bleed in that way before, and her being more experienced, had she seen it and what would potentially cause that, and was it something that maybe the registrar could have acted on differently or something that we could have done differently.

ASTBURY: Right. And do you know what her answer was?

STONIER: No, I don't remember.

MR ASTBURY: Right. We'll take a bit of a break, shall we, just 5 minutes? It's 6 minutes past 8.

MR JUSTICE GOSS: Right. That's a convenient point for us to have a break. Just slightly over the hour. It's just after 1 o'clock now, according to that clock. Can I say 2.05, please, to continue? Thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: I gather everyone's got the updated list and I'm told the jury have got it as well. I'll mention it at the end of today as well, the non-sitting days.

Thank you very much.

(1.03 pm)

(The short adjournment)

(2.05 pm)

MR JUSTICE GOSS: Yes.

MR ASTBURY: Officer, we had reached the second interview for [Baby E], which begins at [redacted] on our pagination.

It's an interview which took place on 11 June 2019.

Again we have the full interview times set out, but dealing solely with [Baby E], could we pick up, please, with the introductions and caution.

The officers recapped on the previous interview concerning [Baby E]. Followed with this question: In your notes you stated that:

"Prior to the 9 o'clock feed, 60ml of mucky slightly bile-stained aspirate was obtained and discarded, abdomen soft and non-distended. SHO informed to omit feed."

Do you recall, Lucy, which SHO you informed?

STONIER: No, I don't.

ASTBURY: Okay. Tell me what was discussed during that conversation.

STONIER: I can't remember whether it was a face-to-face conversation or a telephone conversation.

ASTBURY: Okay.

STONIER: I don't recall it specifically, I can't remember who it was with.

ASTBURY: Okay. Do you recall the content of that conversation?

STONIER: No, because I can't remember who it was with.

ASTBURY: Dr Chris Wood was the duty SHO on this day from 8.30 in the evening. He does not recall speaking to yourself as indicated in your notes. Do you recall if it was Chris Wood, Lucy?

STONIER: I don't recall who it was, no.

ASTBURY: If he was the duty SHO on from half 8 in the evening is it likely it would have been him who you spoke to?

STONIER: Yeah, him or his registrar, yeah.

ASTBURY: Mm-hm. And doesn't have any contact until this is via the crash call system --

STONIER: Right.

ASTBURY: -- and says he arrives at around 00.37 hours.

STONIER: Reg Harkness that reviewed the baby?

ASTBURY: Say again, sorry?

STONIER: Reg Harkness reviewed the baby at some point.

ASTBURY: Okay, but in your notes it says "SHO informed".

STONIER: Right.

ASTBURY: That's what I'm --

STONIER: Okay, I don't recall specifically speaking to an SHO so I can't confirm that it was him or not him.

ASTBURY: He would have been the only one, there's only one SHO on duty.

STONIER: Yeah.

ASTBURY: If it was the registrar that you informed, Lucy, would you have written registrar in your notes and not SHO?

STONIER: Yes, unless I have just done it as an oversight.

ASTBURY: Because obviously using the word "informed" would suggest that you wrote this after you had spoken to them?

STONIER: Yes.

ASTBURY: Do you agree with that?

STONIER: Yes.

ASTBURY: Okay. A statement's been obtained, Lucy, from [Mother of Babies E & F], the mother of [Baby E]. She's given us an account of this night, 3 August 2015 going into the 4th. She says:

"I expressed some milk and took it to the neonatal ward at around 9 pm."

Tell me what you remember about [Mother of Babies E & F] arriving on the ward at around 9 o'clock, Lucy.

STONIER: I can't remember. I'd have to look at what I've documented.

ASTBURY: So Lucy Letby was provided with her note and asked: Okay, so do you recall her arriving on the ward at 9 o'clock?

STONIER: No, not that specific time, no.

ASTBURY: Okay. Do you recall [Mother of Babies E & F] --

STONIER: Yes.

ASTBURY: -- the mother of [Baby E]? Do you recall if she was expressing milk?

STONIER: I don't remember.

ASTBURY: Is it common for mothers to express milk and bring --

STONIER: Yes.

ASTBURY: She goes on to say:

"When I arrived [Baby E] was crying and really upset. He had blood coming out of his mouth."

Do you recall that, Lucy?

STONIER: No.

ASTBURY: Tell me about the blood around [Baby E]'s mouth at this time.

STONIER: I can't remember specifically what time I saw the blood or didn't see blood. I don't remember it.

ASTBURY: Okay, so from your notes in your previous interview you commented that [Baby E] had a large vomit of fresh blood at 10 o'clock on 3 August. I'll give you a copy. If you just have a look at your notes there, Lucy.

STONIER: Yes.

ASTBURY: Can you see there the 10 o'clock that you discussed in your first interview?

STONIER: That the mum is visiting again at 10 o'clock?

ASTBURY: Yes.

STONIER: Yeah.

ASTBURY: Yes, can you see where you've documented that in your notes?

STONIER: Yes, yeah.

ASTBURY: Do you recall [Mother of Babies E & F] visiting now you have had a chance to look at your notes?

STONIER: Yes, I remember she came down.

ASTBURY: Okay, so --

STONIER: I don't remember details of the visit.

ASTBURY: But when you say she came down, where did she come from, Lucy?

STONIER: Post-natal ward.

ASTBURY: Tell me what you remember of her coming to the neonatal ward then?

STONIER: I know she came down. I think she sat with [Baby E] for a bit and I think at some point she was updated by a registrar, maybe about [Baby E], I don't remember.

ASTBURY: Okay. Just confirm the time that you put down there, Lucy, for us, that that's happened?

STONIER: 22.00 hours.

ASTBURY: Okay. Do you recall, Lucy, when [Mother of Babies E & F] attended the ward that [Baby E] had blood on him?

STONIER: No, I don't remember.

ASTBURY: Do you have any recollection of [Mother of Babies E & F] arriving and seeing [Baby E], her son, crying and being really upset?

STONIER: I can't remember what [Baby E] was like when she visited.

ASTBURY: Do you recall any conversations with [Mother of Babies E & F] about the blood around [Baby E]'s mouth, Lucy?

STONIER: Not from my memory now, no.

ASTBURY: Okay. She goes on to say:

"I tried to use the containment technique but it did not work. I was really alarmed and instinctively knew there was a problem. Lucy, the nurse on duty, told me not to worry."

Do you recall that?

STONIER: No.

ASTBURY: She said that you said to her it would just be his feed, his feeding tube, irritating his throat, and the registrar would be along to see him soon. Do you agree you said that to her, Lucy?

STONIER: I don't remember saying that, no.

ASTBURY: She says you told her to go back upstairs. Do you recall that?

STONIER: No.

ASTBURY: She says there that you told her it would just be his feeding tube irritating his throat. Explain to me what made you believe it was his feeding tube?

STONIER: I don't know, I don't know why I would say it was the feeding tube irritating his throat. That's not a normal reason for a baby to have blood in its mouth. I don't know why I would have said that.

ASTBURY: Okay. Had you contacted the registrar at this point, Lucy?

STONIER: I don't remember.

ASTBURY: Is it in your notes, Lucy?

STONIER: I've documented she was updated by Reg Harkness and contained [Baby E] so I'm assuming that's around the time at 10 o'clock when she visited. She was referring to offering containment holding.

ASTBURY: You're clear with the time there, Lucy, aren't you?

STONIER: I've documented 22.00 hours, 10 o'clock, yeah.

ASTBURY: Is there anything there in your notes about [Baby E]'s feeding tube irritating him?

STONIER: No.

ASTBURY: Is there anything there, Lucy, in your note about [Mother of Babies E & F] arriving and [Baby E] crying and being really upset?

STONIER: No.

ASTBURY: Okay. [Mother of Babies E & F] says that you told her it was the feeding tube irritating his throat. Why did you tell her to go back upstairs if it was just an irritation?

STONIER: I don't think I told her definitively she needed to go and leave the unit, we just often advise parents at night to go and get some rest.

ASTBURY: Okay.

STONIER: So I think it was said in that intent rather than saying she had to leave.

ASTBURY: Okay. At 9 o'clock?

STONIER: No, I've documented it at 10 o'clock.

ASTBURY: It was explained to Lucy Letby that [Mother of Babies E & F] had obtained her mobile telephone records and insisted that her visit was 9 pm: What time have you got that [Mother of Babies E & F] had attended?

STONIER: Approximately 8 o'clock, 10 o'clock.

ASTBURY: In fact it's in 24-hour, so it says 20.00 and then 22.00.

STONIER: Yes.

ASTBURY: Okay.

STONIER: And that she was here, present at the start of the shift, attending to cares.

ASTBURY: Okay.

STONIER: And I'm not sure how long she stayed for after attending to the cares.

ASTBURY: Is there any reason, Lucy, that what you've documented in your notes could be incorrect?

STONIER: No. So did mum come down again at 10 o'clock? I put that she visited at the start of the shift attending to cares. I haven't put when she left.

ASTBURY: Okay. Is that something you would document in your notes if a baby has blood round its mouth?

STONIER: It would be documented somewhere, either on the fluid chart or in the notes.

ASTBURY: Lucy Letby was shown the telephone records and reminded of the reasons that [Mother of Babies E & F] said this took place at 9 pm. She was asked: Do you agree, Lucy, that that paints a different picture to what's recorded in your notes?

STONIER: On the notes, yeah. Can I just have a look at the fluid chart?

ASTBURY: Yeah, of course you can.

STONIER: Okay.

ASTBURY: Okay.

Can I pause there: was the fluid chart shown to Lucy Letby at that point?

STONIER: Yes, I believe so.

ASTBURY: Okay, I'll ask the question again: does that account differ from what is documented in your notes?

STONIER: Yeah, so I haven't written about any blood coming from [Baby E]'s mouth in the notes.

ASTBURY: Okay.

STONIER: I haven't documented on his chart either until 21.00 hours.

ASTBURY: Can you explain that to me?

STONIER: I've made an error. I've put "approximately 10 o'clock"

and it must have been before that.

ASTBURY: Then one officer asks the other: Do you want to ask anything?

If you have witnessed blood as [Mother of Babies E & F] describes, what would your action be?

STONIER: To give suction to suck the blood out of the mouth.

ASTBURY: Who would you inform?

STONIER: Another member of staff or doctors.

ASTBURY: Would you look at that as a serious situation?

STONIER: It depends how much has come out. I don't know if this is a mucousy amount of blood that would look a lot that isn't a large amount. I don't recall.

ASTBURY: It upset [Mother of Babies E & F], didn't it, because she then goes and calls her husband?

STONIER: Yes. I can understand any -- any amount of blood would be upsetting to a parent, yeah. I'm really sorry that she feels that way.

ASTBURY: But if you saw lots of blood coming out of a baby's mouth, what would you do? What would be your --

STONIER: To suction that blood to clear the airway and then escalate it.

ASTBURY: Escalate it. So when you talk about escalation what is that then Lucy?

STONIER: To the -- a band 6 or the nurse in charge.

ASTBURY: Okay, and ultimately the doctor?

STONIER: Yes.

ASTBURY: Okay. From the evidence that we have read out to you, Lucy, you were at [Baby E]'s cot side when his mum, [Mother of Babies E & F], walked in when he had blood around his mouth. Do you agree with that?

STONIER: From [Mother of Babies E & F]’s recollection, yes.

ASTBURY: Do you agree, having spent time looking at them, that the time on your notes is incorrect?

STONIER: Yes, I've written an approximation of 22.

ASTBURY: Mm-hm.

STONIER: And that it seems the event was before that, yes:

"Aware that we've had blood and was starting different medications."

She was updated by Reg Harkness so to me that reads that by the time he had been on to the unit.

ASTBURY: By what time, sorry?

STONIER: Approximately 22.00. Do we have the time that Reg Harkness came?

ASTBURY: Lucy Letby was informed that Dr Harkness' note recorded 10 pm. And she was asked: Did you make any attempts to clean up the blood?

STONIER: I don't remember, but I don't think I would have left him with blood in his mouth.

ASTBURY: Why didn't you escalate it then, Lucy, like you've just said that you would have done?

STONIER: I don't remember that. I don't know whether I did escalate it or not. I thought Belinda Simcock was involved at some point but I don't know at what point I escalated or what I was escalating. I'm not sure when I called the reg though. Does it say I called him before that? Do we have a bleep time? It may have been that he attended, couldn't come straightaway.

ASTBURY: Your notes have given the time on them, Lucy.

STONIER: Yes, the time that he attended the unit and reviewed him.

ASTBURY: Mm-hm.

STONIER: It may have been that I contacted him prior to that.

I've put that:

"[She] came down again at approximately 22.00 hours, aware that we've obtained blood from his NG tube and was starting different medications. She was updated by Reg Harkness."

So at that point the registrar had been and started new medication.

ASTBURY: Mm-hm.

STONIER: I'm not sure at what time he was called.

ASTBURY: Why haven't you noted the bleeding in the notes then?

STONIER: I'm not sure.

ASTBURY: But there's nothing to support what [Mother of Babies E & F] is saying about the event at 9 o'clock?

STONIER: No, at 9 o'clock I've documented that there was 16ml mucky aspirate, not blood.

ASTBURY: There's a bit of a difference though, isn't there, Lucy, between a mucky aspirate and blood around the mouth?

STONIER: Yes, yes.

ASTBURY: And that's the mucky aspirate, Lucy, that you have documented in your notes that "SHO informed", yeah?

STONIER: Mm, you see I don't remember contacting, whether it was done by a telephone call, in which case it wouldn't have been documented --

ASTBURY: Mm-hm.

STONIER: -- that he told me over the phone to omit the feed.

ASTBURY: But he says he doesn't recall speaking to yourself.

STONIER: No.

ASTBURY: Can you explain to me, Lucy, why the bleed which [Mother of Babies E & F], [Baby E]'s mum, witnessed was ignored?

STONIER: As I say, I don't specifically remember that bleed and I think if it had been anything of the volume she is stating then it would have been escalated. I wouldn't have just left him bleeding. I can imagine that any amount of blood, however small, would be very concerning to a parent --

ASTBURY: Yeah.

STONIER: -- whether that a tiny amount or what they view to be a lot.

ASTBURY: Is this because you intentionally caused harm to [Baby E], Lucy?

STONIER: No -- have I caused this bleed?

ASTBURY: Yes.

STONIER: No, no.

ASTBURY: Is it that [Mother of Babies E & F] has walked in whilst you're attacking him?

STONIER: No.

ASTBURY: Is that why you told [Mother of Babies E & F] to go back upstairs, Lucy?

STONIER: I don't recall definitively telling her to go upstairs. I believe my advice was to go upstairs and get some rest and we will contact you if there are any changes.

ASTBURY: Lucy Letby was informed that Dr Marnerides view was that the cause of death was unascertained and she replied...

STONIER: No, I believe at the time with -- he was -- the consultant felt it was necrotising enterocolitis that he had died from.

ASTBURY: What are your thoughts on that?

STONIER: Well, that's what the consultant and doctors at the time felt that it was. Babies with necrotising enterocolitis do get discolouration of the bowel.

ASTBURY: Mm-hm.

STONIER: They can bleed as a result.

ASTBURY: Is there any explanation you can give, Lucy, as to why the bleed witnessed by [Mother of Babies E & F] was never

recorded and why you didn't take any immediate action to seek help from anyone?

STONIER: No.

ASTBURY: That part of the interview then concluded.

STONIER: Yes.

ASTBURY: We can move on to page 40 of [Baby E]'s interview summaries. It's the third interview in time and it takes place on 10 November 2020.

It begins with the officers summarising events surrounding [Baby E] and what Lucy Letby had said on the last occasion she was interviewed. Then the question is asked: Is there a reason why [Mother of Babies E & F] couldn't visit [Baby E] when she was -- when he was being cleaned, Lucy?

STONIER: No. We might advise the parent not to be there but would never ask, you know, shut the door and say they can't come through, no.

ASTBURY: So if a parent wanted to be there at that time you would allow that?

STONIER: I would personally, yeah. I don't see why the others wouldn't either.

ASTBURY: Dr Harkness, he's provided a statement. He states that at 22.00 hours he was asked by you to review [Baby E]. Do you remember showing an aspirate to Dr Harkness around that time?

STONIER: I remember the aspirate, yes, yeah.

ASTBURY: Was that aspirate that you showed to Dr Harkness from [Baby E], Lucy?

STONIER: Yes.

ASTBURY: Tell me about the photograph you took of [Baby F] once [Baby E] had passed away. Do you remember?

STONIER: If I took any photographs of [Baby F]?

ASTBURY: Yes.

STONIER: I don't recall. I think -- I think I did separate photos, but they didn't want photos of them both together.

ASTBURY: So do you remember taking a photograph of [Baby F] with a teddy bear?

STONIER: I don't remember specific photographs, no. I know that I did -- I think I did take some photographs of [Baby E].

ASTBURY: The officers then turn to telecommunications: At 9.06 hours on the 4th, you've messaged [Nurse A] and said:

"He was IUGR and REDF plus prem and query Down's, so guess he was very high risk. It was just awful because he was bleeding from everywhere during resus. Got him back but gas incompatible. Parents completely distraught. I feel numb."

Do you remember that conversation?

STONIER: Yeah.

ASTBURY: Was that accurate, what I've just gone through there, Lucy, from what you recall?

STONIER: Yes.

ASTBURY: Was he bleeding from everywhere?

STONIER: Yeah.

ASTBURY: Where exactly was he bleeding from, can you remember?

STONIER: His nasogastric tube, his mouth and I think he passed some rectally as well.

ASTBURY: Is that description that you've said in your message reflected anywhere in the clinical or nursing notes that you can recall?

STONIER: I'm not sure.

ASTBURY: But why was he high risk, Lucy?

STONIER: Because he was a premature twin with other risk factors.

ASTBURY: What does "gas incompatible" mean?

STONIER: That he has had a blood gas but it -- it's not really compatible, there's not a lot we can do to reverse it, which means ultimately he will pass away.

ASTBURY: At 20.09 hours on the 4th you've had a message conversation with Jen and said:

"He had massive haemorrhage. Could have happened to any baby."

Do you recall that message?

STONIER: No.

ASTBURY: Was that right, that it could have happened to any baby?

STONIER: Yeah, I think any baby could have a haemorrhage, yeah.

ASTBURY: A massive haemorrhage in the way you've described it in that previous text?

STONIER: I would think so. You know, I'm not a doctor, but --

ASTBURY: You went on to say that it was an abdominal bleed. How did you know that Lucy?

STONIER: Because we were getting blood back from his NG tube and I think he passed blood rectally, which would indicate that it was an abdominal issue.

ASTBURY: Okay.

And that was the conclusion of that part of that interview.

If we move on to the next interviews, please, in respect of [Baby F], [Baby E]'s brother. We see the first interview beginning [redacted], which in fact took place on 10 June 2019, so the second occasion upon which Lucy Letby was arrested.

STONIER: Yes, that's correct.

ASTBURY: Again, is it right this is part of a longer interview that this has been distilled from?

STONIER: Yes.

ASTBURY: It begins insofar as this document is concerned: So we're going to move on to [Baby F] and we're going to talk to you about him now. He was a baby boy, it's the second of identical twins born at 17.54 hours on 29 July 2015. His sibling, [Baby E], died the following day and is also part of this inquiry.

That's in fact an error it wasn't the following day: [Baby F] was on parenteral nutrition which was administered intravenously and at 00.25 hours on 5 August the bag was changed. Immediately afterwards [Baby F] experienced a sudden rise in heart rate,

became tachycardic, and the results of blood glucose tests suggest he suffered an unexpected hypoglycaemic episode.

[Baby F]'s blood glucose levels rapidly improved when the parenteral nutrition was stopped and he left the Countess of Chester Hospital on 13 August 2015.

Lucy, did you inflict an injury to [Baby F]?

STONIER: No.

ASTBURY: Do you remember [Baby F], Lucy?

STONIER: Yes.

ASTBURY: What do you remember about him?

STONIER: I just remember him more as being the surviving twin of [Baby E].

ASTBURY: Is there anything you can tell me about your involvement with [Baby F]?

STONIER: No, I don't recall the incident other than looking at the notes there.

ASTBURY: Okay, right. Are you aware of any other person inflicting injury to [Baby F], Lucy?

STONIER: No.

ASTBURY: Lucy Letby confirmed that she had the relevant notes.

She was asked: Okay, what we talk about now, is that going to be from your memory or is that from the notes you've been provided?

STONIER: Notes provided. I don't recall this, this day at all.

ASTBURY: Okay. Were you the designated nurse for [Baby F] on this day, Lucy?

STONIER: No.

ASTBURY: Could you describe what that form is to me, please?

STONIER: So this is a TPN chart for his fluids and myself and another nurse have signed for that bag.

ASTBURY: I wonder if Mr Murphy could put tile 147 up: Could you describe what that form is to me, please?

STONIER: So this is a TPN chart for his fluids and myself and another nurse have signed for that bag.

ASTBURY: I wonder if perhaps Mr Murphy could just scroll down.

I'm not going to refer specifically to it but if everybody refreshes their memory from the form: If you go down to the ingredients, what's in there?

STONIER: Well, this is a standard bag, so we would check it against the label that's on. There's a label on the actual bag that would reflect this. So we'd check the values against what was actually in on the bag.

ASTBURY: Okay. Then moving down to the next session, where it starts "feed log", what does that say?

STONIER: That's what they've worked out as being within the bag, so the log that's done by the pharmacy.

ASTBURY: Okay.

STONIER: And again we would check that against the label that was on the bag.

ASTBURY: Okay. So this parenteral nutrition, where would it be kept?

STONIER: In -- in the locked fridge.

ASTBURY: So this is the locked fridge that you were describing to us in the previous interview?

STONIER: Yes.

ASTBURY: Next to the nurse's station in the equipment room?

STONIER: Yes.

ASTBURY: Sorry that was her answer, I'm jumping ahead: Yes, okay. So this is the same key that's passed around with the nurses to gain access to that fridge?

STONIER: Yes.

ASTBURY: Okay. Is there a particular shelf this would be kept on?

STONIER: Yeah, the TPN is usually all kept together near the bottom of the fridge, I think.

ASTBURY: Okay. You said this is prescribed, so would it have had the name of the baby on it?

STONIER: Yeah, it would have had "Twin 2 [Surname of Babies E & F]" on it.

ASTBURY: What other information would be on that label, the bag?

STONIER: All the information that's here, so the baby's date of birth, the ward, the CC number, and all these figures that we see here.

ASTBURY: Okay. And that TPN bag or the TPN bags where would they be kept in comparison to the insulin that we discussed before?

STONIER: To insulin?

ASTBURY: Yes. Would that be in the same fridge?

STONIER: Lower down in the fridge.

ASTBURY: Lower down in the fridge?

STONIER: The bags are lower down, yeah.

ASTBURY: Okay so the insulin's at the top of the fridge, is it?

STONIER: Yes.

ASTBURY: Okay and who would have access to that fridge other than the nurses? Anyone else at all? You're saying the key is being moved around between the nurses.

STONIER: Mm-hm. Sometimes the nursery nurses might go into the fridge. The pharmacist would have access. Doctors would occasionally go in if we gave them the keys.

ASTBURY: Right, but it would all come through the same key, would it?

STONIER: Yes.

ASTBURY: There isn't another set of keys that someone else has?

STONIER: Not that I'm aware of, no.

ASTBURY: Okay. And this TPN bag, what -- could you describe to me what it looks like?

STONIER: So it -- it's a bag of fluid and it's yellow in colour and then it's got a red bag over the top of it with another label on with this information.

ASTBURY: Okay. Is there a reason why there's another bag over it at all?

STONIER: It's to protect it from the light.

ASTBURY: So it's light-sensitive?

STONIER: Yeah.

ASTBURY: What effect does light have on it if it is to get in?

STONIER: I'm not sure what effect it would have. We're just told that we always need to keep it covered.

ASTBURY: Okay. You say it's yellow in colour. Is there any port to this particular bag to add things to it?

STONIER: No, there's the end valve that you'd break off to attach a syringe. I don't think there's anything else.

ASTBURY: Right. And is it something that you can add things to if needs be?

STONIER: No, we don't add to TPN.

ASTBURY: No?

STONIER: That's -- it's made by the pharmacy and it's a secure bag. We don't.

ASTBURY: Right. Is there any reason at all at any time you would add anything to the TPN bag?

STONIER: No, not that I'm aware of no.

ASTBURY: No. But is it designed, if someone wanted to add something to it, would it be -- is it designed for that purpose, is there an access port?

STONIER: Not sure. I can't remember if that one has got a port or not.

ASTBURY: Okay. Is there a -- can you explain to me the process of actually obtaining and administering this nutrition?

STONIER: So it's -- the specific bags for the patients are prescribed on a set TPN form, so that gets sent over to the

CIVAS unit in pharmacy and then they make up the bag according to what's written on that form.

ASTBURY: Okay. That bag then is obviously taken to the fridge somehow. Who does that?

STONIER: It's brought up by the pharmacy technicians in the day.

Sometimes either they put it in the fridge or a member of staff will take it from them and they put it into the fridge.

ASTBURY: Okay. Do you remember who actually obtained this nutrition from the fridge for [Baby F]?

STONIER: No, I don't, no.

ASTBURY: No, but you signed and dated that, yeah?

STONIER: Yes.

ASTBURY: What does that actually mean then, the fact that your name's against that particular form?

STONIER: That I've checked that bag with that person.

ASTBURY: Right. So are we saying that you've administered this particular bag or not?

STONIER: I don't recall from memory. I don't know.

ASTBURY: All right. Who else has signed that prescription, Lucy?

STONIER: [Nurse A].

ASTBURY: Okay. And you described before to my colleague about the nutrition being kept in these bags, you told me.

Tell us about it coming in a red bag as well. That red bag, is it sealed?

STONIER: No.

ASTBURY: Is it delivered in those red bags to the unit?

STONIER: Yeah.

ASTBURY: And then is the TPN stored in the fridge with those red bags?

STONIER: Yes, and then we take it off to check the bag underneath matches the details on the label.

ASTBURY: Okay. And?

STONIER: So it should be a three-way check, so you're checking the chart, the bag, and the red bag.

ASTBURY: Okay. And tell me where those checks take place?

STONIER: Usually at the bedside -- well, in the nursery of the baby, either at the bedside or wherever you're drawing up the fluid.

ASTBURY: So it comes with a red bag on top of it. Does that man that there's a label or a prescription label on that red bag as well as the TPN bag itself?

STONIER: So there's -- yeah, there's a label like this, of this half up on the red bag [as read]. It's specific to that patient, yes.

ASTBURY: Right okay. Can you just go through the process, Lucy, of how you would connect this bag to a baby?

STONIER: So it depends if you -- if you're starting it fresh you would have to get a new giving set and insert a giving set into the bag, run the fluid through, and then connect it to the baby. Or sometimes we just do a fluid bag change so the bag would literally just be unscrewed from the existing line and the new one put on.

ASTBURY: Okay. Is that done with someone or?

STONIER: Yes.

ASTBURY: It is all the time?

STONIER: Well, we try to, yeah.

ASTBURY: Does it automatically start then? Is there a process you have to do for it to start?

STONIER: No. If we were starting it from scratch, we would have to put up the giving set through the pump and set the pump.

ASTBURY: Right.

STONIER: Or if it was just a bag change then the pump would already be programmed and you'd just change the bag.

ASTBURY: Right, okay. You discussed before about protecting from infection and stuff. Is that a similar sort of process where one -- there will be a --

STONIER: It's sterile, yes.

ASTBURY: Sterile, okay.

STONIER: Yeah.

ASTBURY: Then you talk about the pump. How's that sort of controlled?

STONIER: So the pump -- if I'm setting it up or if I'm doing a bag?

ASTBURY: If you're setting it up.

STONIER: So if I was setting it up then you'd have two people there, you'd run the giving set through the pump, and you'd both check the volume that was being infused, set a volume, an hourly rate, and a volume to be infused, and then you'll both connect that to the baby and start it.

ASTBURY: Okay. And if it was being simply replaced with or for another one?

STONIER: You wouldn't need to touch the pump other than to pause it just whilst you're changing the bag.

ASTBURY: And how is that done, how's it paused?

STONIER: There's a button on it.

ASTBURY: Right. This particular bag that you've -- there's a signature for a time, 00.25. Do you remember any involvement with connecting that bag at all to [Baby F]?

STONIER: No, I don't sorry.

ASTBURY: Right. Is there no sort of system that would suggest whether you connected that or you wouldn't have to physically put in the notes to say that "I've connected this bag"?

STONIER: No. So say it's usually -- it's the first signature usually is the person that's giving it, but not -- it's not a set policy, that's just how other people tend to do it.

ASTBURY: Right. In relation to that prescription, Lucy, do you specifically recall your involvement?

STONIER: No.

ASTBURY: Lucy, is there a policy in respect of these bags and reconnecting old bags at all, if need be? Are you allowed to do that if --

STONIER: Reconnect an old bag?

ASTBURY: Yeah.

STONIER: No, you shouldn't do because you've broken the line. So once that bag's disconnected it's potentially open to the air, so it's --

ASTBURY: Right.

STONIER: It's not a sterile unit then.

ASTBURY: Are there any circumstances where you'd connect the same bag?

STONIER: Take the bag off and reconnect it?

ASTBURY: Yes.

STONIER: No.

ASTBURY: What would happen to that bag?

STONIER: It just gets disposed of.

ASTBURY: Okay. Is that in the room or --

STONIER: Yeah.

ASTBURY: Okay.

STONIER: Well, some people do it in the room. You're supposed to go to the sluice and do it and put it in the dirty sink in the sluice.

ASTBURY: Lucy Letby confirmed that her signature appeared on [Baby F]'s observations chart at 5 am. She explained she may have been helping out a nurse who'd gone on their break.

Can we move to page 2: Lucy, explain to me what that page refers to.

If we can put up tile 152, please.

STONIER: So this is the intensive care chart, so we've got as part of those observations I've read -- done a drip reading at 5 am and a blood sugar and I've also documented his respiratory support as well.

ASTBURY: Okay. And are any of those readings of concern to you at all?

STONIER: Well, those are -- his respiratory settings have remained the same. Looking here, his blood sugar's 2.9 I'm not sure what it had been prior to that. That's potentially a little bit low.

ASTBURY: Is that something you would expect in a baby?

STONIER: It's unusual for a baby that's on full fluids.

ASTBURY: Okay. So this is -- what's this a sign of to you then?

STONIER: That I'm not sure what his sugars were prior to that.

Potentially something's changed.

ASTBURY: Okay, so if you have a look at the 11 o'clock. I know your signature is not next to it, but it's got the word "off".

STONIER: Yeah.

ASTBURY: What would that mean to you?

STONIER: That somebody's turned the fluids off.

ASTBURY: Okay. And why would that --

STONIER: To fill that hour, the pump hasn't been running.

ASTBURY: Why would that happen? Why would that be done, do we know?

STONIER: I'm guessing it's because there's been an access issue.

Sometimes if they haven't got a cannula to run it through, if that's tissued or leaking, then he would have been without fluids.

ASTBURY: And obviously that sugar level at 2.9 there, have you done anything or given anything to [Baby F] to try and increase that sugar level?

STONIER: No.

ASTBURY: And can you explain what updates you would have given the designated nurse on return from her break?

STONIER: So I would have informed her what the blood sugar was.

ASTBURY: Okay.

STONIER: And informed her of these observations and that I have decreased the incubator temperature in response.

ASTBURY: Why -- explain why you would have updated her about those.

STONIER: Because I've made a change to her baby while she's not been there.

ASTBURY: Can you just move to page 3 for me, please, Lucy. What is that chart?

If we pause there and go to tile 191, please.

STONIER: So this is a fluid chart.

ASTBURY: Okay. If you look at the three highlighted sections, I take it that would have been on her copy that she was given?

STONIER: Yes, it was, yes.

ASTBURY: Can you confirm that's your signature there for me?

STONIER: Yes.

ASTBURY: And the times for those, please?

STONIER: 03.50, 04.10, 04.20.

ASTBURY: All for 5/8, am I right in saying, 2015?

STONIER: Yes.

ASTBURY: Okay. What are you actually giving at that point?

STONIER: So a glucose bolus, a saline bolus and then 10% dextrose commenced.

ASTBURY: Okay. And is there a reason for this -- for these medications?

STONIER: Because he's got low blood sugar I've given a bolus.

ASTBURY: Okay. So this is all to try and bring that blood sugar up to now, yeah?

STONIER: Yes.

ASTBURY: Okay and your signature appears at the top of the first one and at the bottom of the next two; is that correct?

STONIER: Yes.

ASTBURY: As you explained before, it does not mean that any of those were administered by yourself or by --

STONIER: No, I can't conclusively say who -- who gave those.

ASTBURY: Do you recognise the other signature for those three?

STONIER: I think it's [Nurse A].

ASTBURY: So the readings that you had taken there, the low blood sugar and then administration of dextrose on a couple of occasions, it's a sign that [Baby F]'s not doing so well? Am I right in saying that?

STONIER: Yeah. I would say something's changing.

ASTBURY: Okay.

Lucy Letby was then shown the blood gas record chart, which is tile 181, please: Okay. Can you explain to me off that chart there the rapid decrease in glucose from the reading obtained at 01.54 on the 5th? Do you see how we've got the glucose referrals of 3.8, 5.5, and then on 5 August there's a space and it drops to 0.8?

STONIER: No.

ASTBURY: What is that a sign to you -- what do you think is happening there with [Baby F]?

STONIER: Something's happening for him to drop his blood sugars.

ASTBURY: That's extremely low, isn't it, 0.8?

STONIER: Yes.

ASTBURY: Is that dangerously low?

STONIER: Yes.

ASTBURY: Okay, but you don't know what has happened to [Baby F] to cause those blood sugars and what's going on inside him to cause those --

STONIER: No.

ASTBURY: -- blood sugars to drop like that?

STONIER: No.

ASTBURY: In your experience have you ever seen a baby with such low blood sugars?

STONIER: Yes.

ASTBURY: You have and what was the cause of that?

STONIER: We've had a few babies on the unit that have had a hyperinsulinaemia, which is what I spoke about before at the end, a crying condition (sic) that they're born with.

ASTBURY: Right, okay.

STONIER: And they've had very low blood sugars and we've had to use a lot of dextrose and they've ended up being taken to Alder Hey.

ASTBURY: Okay. There's just one more, sorry. If you can go to page 5 of the chart, that's another prescription chart, isn't it?

STONIER: Yes.

ASTBURY: That's tile 146, please, Mr Murphy.

My Lord, if we can just pause there. If we go back up, and we'll check, but the second reply down, the "crying condition", we're wondering if that should say "endocrine", which of course is to do with the insulin and the hormonal system. We'll double-check that. It doesn't seem to be a crying condition.

MR JUSTICE GOSS: This will have been an audio typist listening to the recording of this and typing what they thought they could hear.

MR ASTBURY: And I'm afraid I missed it up until now. We'll double-check that.

MR JUSTICE GOSS: I will just make a note of that.

Thank you.

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MR ASTBURY: Thank you.

So if we scroll up a little bit, please, Mr Murphy.

Th officer says again: So that's another prescription chart, isn't it?

STONIER: Yes.

ASTBURY: Do you recognise that signature?

STONIER: Yeah, that's mine.

ASTBURY: And what's that prescription for?

STONIER: So I've signed for a lipid syringe. The syringe number's there, and I've signed for that.

ASTBURY: Can you tell me what lipid -- what's the purpose of that?

STONIER: Lipid accompanies the TPN as part of their nutrition, so it -- it's fats, basically, lipid.

ASTBURY: Right. So?

STONIER: And that's run as a separate syringe to the TPN.

ASTBURY: Okay. Is that kept in the fridge?

STONIER: Yeah, it's kept in the same bag usually as the TPN.

It's a white syringe.

ASTBURY: Right. So it's kept with the TPN, yeah --

STONIER: Yes.

ASTBURY: -- in the same fridge?

Okay. Do you remember that particular drug when you signed for it? Is that something you remember going to the fridge for at all?

STONIER: No I don't, no.

ASTBURY: Again so would this suggest that you might have or you might not have administered that particular lipid --

STONIER: Yes.

ASTBURY: -- to [Baby F]; is that right?

STONIER: Yes.

ASTBURY: But you -- it's clear that you're involved in his care at that particular time?

STONIER: Yes.

ASTBURY: Okay. And there's no other signature there, is there?

STONIER: No.

ASTBURY: Is there a reason for that?

STONIER: It might just be an oversight. Ideally, you would have it signed -- when you checked the TPN bag, you would do -- sign both syringes, you'd sign up here for the TPN and the lipid.

ASTBURY: Lucy, you said before that it's kept in the same bag.

Explain what you mean by that.

STONIER: So it's prescribed for a baby which this is -- it comes up in a pack with the red bag, the TPN, and then a syringe comes up as well with a giving set on it, the lipid syringe.

ASTBURY: So that's tucked inside the red bag or?

STONIER: No, it's not in the red bag, it's in -- in a clear bag with --

ASTBURY: Right.

STONIER: So the TPN is with the red bag and there's a lipid syringe and that's within a bag.

ASTBURY: Right. And inside there is the syringe and the red bag?

STONIER: Yes.

ASTBURY: Tell me how long the lipid would last for?

STONIER: 24 hours I think it is --

ASTBURY: Okay.

STONIER: -- normally.

ASTBURY: And how long would the TPN last for?

STONIER: The TPN is 36.

ASTBURY: Okay.

STONIER: It's different, I think, from memory.

ASTBURY: Were you aware, Lucy, of the concerns for [Baby F] regarding his blood sugar levels at the time?

STONIER: No.

ASTBURY: It's not something that sticks in your mind or was discussed amongst staff members or with doctors?

STONIER: Not that I recall, no.

ASTBURY: No?

STONIER: I don't know. I don't remember this day. I don't remember a doctor being there.

ASTBURY: Do you remember any involvement with [Baby F] after 5 August?

STONIER: No, I know I've -- I've looked after [Baby F] before he went home. I don't -- I don't recall the specific dates.

ASTBURY: Are you responsible for the attempted murder, Lucy, of [Baby F] on the 5th?

STONIER: No, no.

ASTBURY: Did you cause him any significant harm on 5 August?

STONIER: No.

ASTBURY: Are you aware of anybody else causing him significant harm?

STONIER: No.

ASTBURY: Did you unintentionally cause him harm on 5 August?

STONIER: Not that I know of, no.

ASTBURY: We talked about insulin and the effects of insulin, didn't we, on blood sugar levels? Did you inject insulin into [Baby F]?

STONIER: No. Can I just ask a question about this, in terms of the bags and everything?

ASTBURY: Yeah.

STONIER: I'm assuming they were -- they haven't been kept or checked, you know, post-events?

ASTBURY: Would they be? Would they be kept somewhere? You said that they might be.

STONIER: No, it would be disposed of. That's what I'm saying, we've got no bags.

ASTBURY: Well, if you -- the date of it is 2015.

STONIER: Yeah.

ASTBURY: Is it likely that the bags would be kept --

STONIER: No.

ASTBURY: -- for that long?

STONIER: No.

ASTBURY: You've asked the question. So are there occasions when they might be?

STONIER: I -- if there's a baby that there's been a concern about we would keep the bag usually and ask somebody to check that bag or check the pump.

ASTBURY: Okay.

STONIER: If there's an unexplained...

ASTBURY: Are you aware if that was the case with [Baby F]?

STONIER: No, no, that's what I'm asking, if anything was kept.

ASTBURY: Right. Would you know where they would keep that?

STONIER: If there's a concern it would usually be kept in the sluice.

ASTBURY: Right. Okay, is that on the neonatal unit?

STONIER: Yes.

ASTBURY: Would that have been recorded anywhere if there was a reason to keep any equipment?

STONIER: Mm, no, it was just -- they'd usually just write on the bag, you know, can we have this bag checked, and the shift leader would pass it on to the next member of staff.

ASTBURY: Okay. Is there a reason why you've asked that question?

What's going through your mind?

STONIER: When something's happened in that time you're asking me if I have given him insulin. I'm wondering if there's an issue with something else.

ASTBURY: Right, okay. Obviously we'll look into that but I doubt 4 years down the line --

STONIER: No.

ASTBURY: And that concluded the interview so far as [Baby F] was concerned on that date.

STONIER: Yes.

ASTBURY: Thank you. A second interview for [Baby F] took place on 12 June 2019.

STONIER: Yes, that's correct.

ASTBURY: Again we can see the time set out on the form and the persons present. The officers summarised the earlier interview regarding [Baby F]. Then began with the question: At 00.10 hours on 3 August, Lucy, a TPN bag has been changed and there was only one signature on the prescription, which you stated was an oversight; do you agree?

STONIER: I think that was on the lipid chart, was it?

ASTBURY: There's a copy there. I think it was. Just have a little look. Yeah, it was one signature; yes?

STONIER: Yes, for the lipid yes.

ASTBURY: In fact that first question should read 4 August, shouldn't it?

STONIER: Yes.

ASTBURY: Thank you -- in fact, no, that's the first bag, isn't it?

STONIER: Yes.

ASTBURY: So that is right, the 3rd.

STONIER: And then --

ASTBURY: At 00.25 on 5 August, two signatures were on the prescription and you confirmed that the order of prescriptions did not reflect who connected the bag; do you agree?

STONIER: Yes.

ASTBURY: Okay. Did you attack [Baby F], Lucy?

STONIER: No.

ASTBURY: Did you intentionally administer insulin into [Baby F] --

STONIER: No.

ASTBURY: -- knowing that it would cause his collapse --

STONIER: No.

ASTBURY: -- and potentially cause him to die?

STONIER: No.

ASTBURY: Did you attempt to murder [Baby F]?

STONIER: No.

ASTBURY: Did you administer --

STONIER: No.

ASTBURY: -- insulin into the bags of TPN, Lucy?

STONIER: No.

ASTBURY: Then she carried on.

STONIER: Was his TPN bag checked?

ASTBURY: When?

STONIER: After the event. You're saying that the insulin was put in there. How do we know that insulin was put in there when we've checked the bag?

ASTBURY: It's some time since the event, isn't it?

STONIER: Yes.

ASTBURY: And I ask the question again to you: did you administer insulin?

STONIER: No.

ASTBURY: The police continue to suggest someone had administered insulin to [Baby F] and Lucy Letby replied...

STONIER: I didn't.

ASTBURY: You did?

STONIER: No.

ASTBURY: Did you attempt to murder [Baby F]?

STONIER: No.

ASTBURY: That interview then concluded.

Moving to the third interview in respect of [Baby F], beginning at [redacted], we can see that that began at 16.58, or this portion of it did, the interview began earlier, on 10 November 2020.

STONIER: Yes.

ASTBURY: And it began: Okay. We'll move on to [Baby F], [Baby E]'s twin Lucy. [Baby F] was the second of the identical twins and was admitted to the NNU after birth.

It was recorded that [Baby F] had an abnormally high level of insulin, 4,657 picomoles per litre. The insulin C-peptide level was very low, less than 169.

Do you want to say anything about that summary of him, Lucy?

STONIER: No, I don't know what those figures mean or anything.

ASTBURY: The statement of Shelley Tomlins states that at 7 pm she connected a 15% dextrose infusion along with [Nurse C] and [Baby F]'s blood sugars normalised rapidly.

I don't think, in fact, there was an answer to that question --

STONIER: No.

ASTBURY: -- if it was in fact a question: So would you say that that's expected, that you'd expect that to happen, or do you say that's inconsistent?

STONIER: No, I'd expect them to rise because we've given a bolus of sugar, so he should respond to that.

ASTBURY: Okay, so looking at your social media, Lucy, for [Baby F] and [Baby E], you've completed searches for their mother, [Mother of Babies E & F], on 6 August 2015 -- these are all in the same year -- 23 August, 14 September, 5 October, 5 November, 14 November, 7 December, then Christmas Day, 25 December, and then again on 4 January 2016, and then on 10 January 2016.

As I say, they are searches that you've done on Facebook for [Mother of Babies E & F] and his -- and [Father of Babies E & F] as well. Do you remember making those searches?

STONIER: No.

ASTBURY: There's ten searches altogether -- nine for [Mother of Babies E & F], one for [Father of Babies E & F] -- going from August through to December and then, like I say, two in January.

Have you got any explanation for why that number of searches were made for those parents?

STONIER: Only if it was to see if there was anything to see how [Baby F] was doing.

ASTBURY: Why would you want to know how [Baby F] was doing?

STONIER: Because as a member of staff you care about what happens to the babies and obviously they've been through a really difficult time.

ASTBURY: And do you recall if you found anything, Lucy?

STONIER: I can't remember.

ASTBURY: Was anybody else aware that you were making these searches for the parents?

STONIER: No, I don't think so.

ASTBURY: Okay. So if you were looking to see how a baby was doing, would you be looking for a specific part of that account, comments that were being made or how would you --

STONIER: Well, like, their profile photos of them, you know, with the baby.

ASTBURY: Right. I think I asked the question before about looking for a photograph of the baby, so is that a possibility then?

STONIER: Yes.

ASTBURY: I take it you had success in accessing [Mother of Babies E & F]'s account for you to --

STONIER: I don't recall.

ASTBURY: -- search on all these other dates? If it was blank on the first one, then you wouldn't be going back looking on the additional ones, would you?

STONIER: No.

ASTBURY: Do you know the point I'm trying to make?

STONIER: Yeah, but if it was just the profile picture that was -- that you could see --

ASTBURY: Right.

STONIER: -- maybe I was looking to see if those had changed each time.

ASTBURY: Okay.

STONIER: I don't remember.

ASTBURY: So are we saying that [Mother of Babies E & F]'s profile picture would possibly be with her son?

STONIER: Yes.

ASTBURY: And that's what you would be looking for when you said to see how he was getting on? So you're saying by looking at the photograph you would know how her son was doing?

STONIER: Well, only visually just so to see that they were -- I don't know.

ASTBURY: Is there -- were you obsessed with this particular family, Lucy?

STONIER: No.

ASTBURY: [Baby F] was discharged on 13 August 2015 and [Baby E] died on 4 August 2015. Five months later you are still searching the family. Is there anything you want to comment on that?

STONIER: No.

ASTBURY: Looking at your mobile phone, Lucy, and messages exchanged in relation to [Baby E] and [Baby F], on 5 August 2015 at 8.53 in the morning you messaged [Nurse A] who had looked at [Baby F] and night and you told her that his sugar reading was 1.8 at 8 o'clock in the morning. Is that low, a low reading?

STONIER: Yes.

ASTBURY: Do you recall how you found that out?

STONIER: I don't recall off the top of my head, no. I'm assuming it's from looking at his charts.

ASTBURY: And do you know why you -- why did you find out what his sugar reading was?

STONIER: No, I don't know.

ASTBURY: Why did you do that? Why did you then send her the message?

STONIER: I don't remember. I don't think it was to report and blame. It was just to keep her updated.

ASTBURY: And that was where that particular interview concluded.

STONIER: Yes.

MR JUSTICE GOSS: That's probably as good a point as anyway because the next interview is more substantial, and we're moving on to another baby.

MR ASTBURY: Yes.

MR JUSTICE GOSS: So a bit early, but we'll have the ten-minute break now, otherwise we're going on until quite late.

(In the absence of the jury)

MR JUSTICE GOSS: Is this the point at which some sheets have to be changed?

MR ASTBURY: Yes.

MR JUSTICE GOSS: I thought it was. It was another reason for breaking off then?

(Handed)

MR JUSTICE GOSS: I'll leave you just to explain this to the jury when we come to it.

MR ASTBURY: Thank you.

MR JUSTICE GOSS: I don't know whether you want to do it before we start or --

MR ASTBURY: I will. It's easier that way.

MR JUSTICE GOSS: Thank you very much. Ten minutes, please.

Mr Murphy, juror number 9's iPad, please.

(2.55 pm)

(A short break)

(3.07 pm)

MR ASTBURY: Hopefully everyone has the first interview of [Baby G] open in their ring binder file with the page reference [redacted]. Before we begin that particular interview, my Lord, there is a formatting error on two pages.

MR JUSTICE GOSS: Right.

MR ASTBURY: So I'm going to ask, please, if everybody wouldn't mind turning to page 11, [redacted], and to remove pages 11 and 12, please.

MR JUSTICE GOSS: So [redacted], [redacted] to be removed?

MR ASTBURY: Yes, please. If we get those out of the way to avoid any confusion.

MR JUSTICE GOSS: Could you pass them up to the end, please?

Two pages, each of you, [redacted] and [redacted].

(Pause)

You're going to get substitutes now.

(Handed)

Because they're also [redacted] and [redacted], you'll see the reason you got rid of those ones first, so you couldn't muddle them up.

MR ASTBURY: Can I ask everyone to go back to [redacted], please, and we'll start the interview, officer, the first interview in which the case regarding [Baby G] was discussed with Lucy Letby. This took place on 5 July 2018?

STONIER: Yes, that's correct.

ASTBURY: We can see the times that this particular tape was running and that the interview began with the usual introductions and a caution; is that right?

STONIER: Yes.

ASTBURY: If we turn the page, please. The question begins: So in June 2015 there were three deaths and one serious collapse. [Baby E] was in August of the same year and then obviously (inaudible: coughing) about [Baby I]...

That's a reference to [Baby I], who had already been discussed, I think, in the interviews at this stage but we haven't reached her because we're dealing with the babies as they appear on the indictment?

STONIER: Yes.

ASTBURY: Okay: ... who had a multiple collapse [it should say "multiple collapses"] and passed away in September. So that's all those cases bar [Baby B], who survived. All in that really short period of time. What were you thinking during that period?

STONIER: That it was a shock to have that many deaths.

ASTBURY: Even just those first four collapses and three deaths, all within, I mean, a couple of weeks in June, all in one month.

STONIER: Yes.

ASTBURY: It must -- it must have been devastating.

STONIER: Yes.

ASTBURY: And Lucy Letby was then asked to describe how she coped with deaths on the unit in June 2015.

STONIER: You just have to find a way to deal with it and carry on to provide the job and care that we do give.

ASTBURY: Okay. Did any -- at any stage you think, what on earth is going on here?

STONIER: Yes, in terms of what we'd suddenly had a spike like that. Not in terms of why they had died, just that we were getting that number of babies in a short space of time.

ASTBURY: Did any of the staff sort of almost question with the hospital or with colleagues where the spike was coming from, maybe what could resolve it, what investigations needed to be made?

STONIER: Not that I'm aware of, no.

ASTBURY: Did you yourself?

STONIER: No.

ASTBURY: Okay. Why didn't you question the spike, this one that we've -- the babies that we've spoken about up to now?

STONIER: In a formal way?

ASTBURY: Yeah.

STONIER: Because I didn't feel that anything -- there was anything that needed to be -- maybe looked into. It was just a shock for everybody.

ASTBURY: Okay. Lucy, you dealt with all of these as well, didn't you?

STONIER: Yes.

ASTBURY: What do you put that down to, bad luck?

STONIER: Yes.

ASTBURY: And then Lucy Letby was asked questions about what happened to [Baby G] in the early hours of the morning and 7 September 2015: Okay. Do you remember who the designated nurse was for [Baby G]?

STONIER: [Nurse E].

ASTBURY: Okay. How do you remember that?

STONIER: Because I remember that I -- that [Nurse E] was on her break when this happened with [Baby G].

ASTBURY: Do you remember where [Baby G] was in the unit?

STONIER: Yes, in nursery 2.

ASTBURY: Do you remember what the clinical position was for [Baby G] at this point when you came on duty?

STONIER: I don't remember there being any concerns.

ASTBURY: Okay. And whether or not [Baby G] was attached to any monitors at all?

STONIER: I don't remember.

ASTBURY: You don't recall? Okay. Do you remember who you were the designated nurse for on this particular day?

STONIER: No, I don't remember.

ASTBURY: Okay, were you working in the same nursery?

STONIER: I don't remember.

ASTBURY: Okay. If you carry on through the notes there, Lucy, it says that:

"[Baby G] had a large projectile milky vomit at 2.15. Continued to vomit ++. 45ml of milk obtained from NG tube with air ++."

What can you tell us about that?

STONIER: So I found that [Baby G] was vomiting.

ASTBURY: Okay. Can you tell us any more about that particular episode?

STONIER: I just remember that there was a lot of vomit and that she was projectile vomiting.

ASTBURY: Okay. At this point in time who was responsible for [Baby G]'s care?

STONIER: I believe [Nurse E] was the nurse looking after [Baby G] for that shift.

ASTBURY: Okay. Just going back to that first line, we've got:

"Care given from 02.00 to present."

Is there a reason why it's 02.00?

STONIER: I must have taken over the care at that time.

ASTBURY: Okay. But you don't remember that?

STONIER: I don't remember it, the exact time that I took over, no.

ASTBURY: What was your involvement with [Baby G] --

STONIER: Okay.

ASTBURY: -- in that quarter of an hour period when you took over?

STONIER: I don't remember.

ASTBURY: Sorry, do you remember how [Baby G] presented when you took over then at 2 o'clock? Were there any issues or concerns with [Baby G] at that time?

STONIER: Not that I remember, no.

ASTBURY: Okay, do you physically remember that or has that just come from your notes?

STONIER: No, I do remember her vomiting.

ASTBURY: So can you describe -- when you've called it a large vomit, can you describe that to us? Where did it go?

What colour was it?

STONIER: From what I remember it was a milky coloured vomit and it was a large volume that was going into the bed and down [Baby G]'s clothes.

ASTBURY: What was that saying to you in your profession?

STONIER: I'm not sure. Sometimes babies do vomit.

ASTBURY: Okay.

STONIER: But it's in -- it's not very often that it's projectile.

ASTBURY: So is that what you're saying it was? If we call it projectile, what do you mean by that?

STONIER: A forceful vomit.

ASTBURY: Okay. Right. Can you give an explanation of why that might have occurred in [Baby G]'s case?

STONIER: I'm not sure. Had she just been fed prior to that?

ASTBURY: Were you involved with the feeding of [Baby G] at all?

STONIER: Not that I remember.

ASTBURY: Okay. You put there as well:

"... obtained from the NG tube with air ++."

What's the significance of that, Lucy?

STONIER: So there's air in her abdomen that -- sometimes when babies vomit they can take on air as well if they're gasping with the vomiting.

ASTBURY: So you got ++, what's that suggesting?

STONIER: It was a larger volume of air than just the general amount that we would usually obtain.

ASTBURY: Okay. And your thought was that was because of the vomit?

STONIER: Yes.

ASTBURY: Is there any explanation of why [Baby G] might have this large amount of air?

MR JUSTICE GOSS: "Any other explanation."

MR ASTBURY: Sorry.

STONIER: I'm not sure. Sometimes air can just accumulate in the abdomen.

ASTBURY: For what reason?

STONIER: If there's some sort of bowel issue or infection.

ASTBURY: Okay. But at the beginning of shift, everything was okay, yeah? And then within quarter of an hour she deteriorated somewhat. When [Baby G] was sick, was anyone else present at the time?

STONIER: Not that I remember, no.

ASTBURY: Did you highlight this to anyone?

STONIER: I believe I asked for the doctors to review her, yes.

ASTBURY: Was that the first sign to you that something was wrong with [Baby G]?

STONIER: I think so, yes. Although she'd been a baby that had been backwards and forwards to different units at other times.

ASTBURY: And you know when you said "air ++ from the NG tube", how did you measure that amount of air? How did you come to that conclusion?

STONIER: So when I've withdrawn the 45ml of milk, air came out with it.

ASTBURY: But what determined in your mind to put ++ in your notes?

STONIER: That it was a large amount. I haven't measured the volume.

ASTBURY: You described the sick -- the vomit as forceful.

Exactly how forceful was it?

STONIER: From memory, I think it went into the cot and [Baby G], down [Baby G]'s clothing.

ASTBURY: What was her position in the cot at that stage?

STONIER: I think she was on her back.

ASTBURY: You think or you know?

STONIER: I think.

ASTBURY: Okay. So immediately prior to this vomit, where had you done and what were you -- where had you been and what were you doing?

STONIER: I don't remember.

ASTBURY: So at the point of the vomit what exactly were you doing?

STONIER: I don't remember.

ASTBURY: Okay. But you were present at [Baby G]'s cot?

STONIER: I think I went into her into because she was vomiting.

I heard her vomiting.

ASTBURY: So did you see the vomit or did you not see the vomit?

STONIER: I did see her vomiting.

ASTBURY: So why did you go in to her?

STONIER: I don't remember. I don't know if I went in because I heard her vomiting and then when I arrived she was still vomiting, I don't remember.

ASTBURY: So just to be clear, you believe that you may or may not have been present when she was vomiting and it may be that you were -- you went into her because you heard her vomiting?

STONIER: Yes.

ASTBURY: But you don't know where you were?

STONIER: No.

ASTBURY: Okay. At the point you took over at 2, were there any concerns for [Baby G]?

STONIER: No, as I say I don't remember why I took over.

I thought I took over her care because she needed further intervention and moving to another nursery, which the other nurse couldn't care for her.

ASTBURY: At the start of the interview you said that you remember that her designated nurse was on a break.

STONIER: Yes, I think so.

ASTBURY: Is that why you took over her care at 2?

STONIER: Usually if we take over care for somebody on a break we don't document it anywhere, we would just carry out any task that needed to be done whilst that person wasn't on the unit. We don't usually write that we've taken over care.

ASTBURY: Okay. Were you the first person to treat [Baby G] following the vomit, tend to her?

STONIER: Yes, I think so yes.

ASTBURY: Okay. Moving on in the notes, I think you've got them there in front of you:

"Abdomen noticed to be distended and discoloured. Colour improved. Colour improved a few minutes after aspirating tube. Remained distended but soft."

Who noted this, do you remember?

STONIER: Myself.

ASTBURY: You physically remember that, do you?

STONIER: From my notes I remember.

ASTBURY: Okay. This discolouration, can you describe that any further to us and from the notes?

STONIER: No, I don't remember clearly the discolouration.

ASTBURY: Okay.

Lucy Letby confirmed that Dr Ventress attended, but then was called away to the labour ward and the plan was to start fluids: Okay. You then go on to say:

"At approximately 03.15 [Baby G] had a profound deterioration to 20%, marked colour loss with apnoea, bradycardic to the 50s, Neopuffed in 100% oxygen."

How soon after did that occur from when the doctor left to go to the theatre?

STONIER: I don't remember.

ASTBURY: You said you remember her going off to the theatre.

Can you give us any sort of idea? Was it shortly afterwards, some time afterwards?

STONIER: I really don't remember.

ASTBURY: Okay. So who was present when this profound desaturation occurred?

STONIER: I don't remember.

ASTBURY: Do you remember where you were when this occurred?

STONIER: No.

ASTBURY: Where were you prior to when it happened? What were you doing?

STONIER: So I'm not sure whether I was going to get fluids ready.

I don't know if I was in the nursery or whether I was out of the nursery to go and get the fluids ready.

I really -- I don't remember specifically.

ASTBURY: Okay. Do you remember the colour loss? This colour loss, can you describe it in any further to us [as read]?

STONIER: No.

ASTBURY: Lucy Letby then confirmed she took over [Baby I]’s care after she'd fallen ill and that a nurse would not ordinarily endorse the notes if they were just covering whilst the designated nurse...

(Pause)

That should be [Baby G], not [Baby I]. Thank you.

Would not ordinarily endorse the notes. Can I just ask everyone perhaps to change that before we move on?

(Pause)

A nurse would not ordinarily endorse the notes if they were just covering while the designated nurse went on his or her break: And following [Baby G]'s collapse did you have any involvement with the family at all?

STONIER: I think the parents attended the unit, yes, but I can't remember specifically if they did or if I spoke to them.

ASTBURY: Okay. We're going to move on to 21 September 2015 and the second episode that [Baby G] suffered. There's a few pages of notes that we're going to show to you, similar to the last time.

Lucy Letby was then provided with the relevant notes.

STONIER: So this is a feed chart. I fed [Baby G] at 9.15 on 21 September and I fed her breast milk of 40ml via an NG tube.

ASTBURY: Could we put tile 47 up, please, Mr Murphy? Just while we're talking about the documents.

STONIER: So this is a feed chart, I fed [Baby G] at 9.15 on 21 September and I fed her breast milk of 40ml via an NG tube. And I've written:

"30ml discarded and two milky projectile vomits."

She's had her blood sugars taken at that time, which was 9.2, and I've written that she had a large bowel movement that was loose and watery and green and I have written in the comments box that she was reviewed by the doctors.

ASTBURY: Yes. So this obviously is 21 September, some 2 weeks after the first episode, which we've just discussed. Do you remember this particular shift, Lucy?

STONIER: Yes, vaguely.

ASTBURY: Can you remember your involvement with the care of [Baby G] on this day?

STONIER: I think from memory [Baby G] was down in nursery 4 and I looked after her for a period of time in the morning and then someone else took over later on in the morning.

ASTBURY: Right. Is there anything else you can remember about that?

STONIER: I remember it was a busy day and I think I had several other babies as well as [Baby G].

ASTBURY: Who was the designated nurse for [Baby G] on this shift?

STONIER: Myself.

ASTBURY: Okay. You've already said that you were caring for other babies.

STONIER: I think I may have been split between nursery 3 and nursery 4 but I don't remember specifically.

ASTBURY: Okay. And in relation to the unit, what is nursery 3 and 4 compared to the other two?

STONIER: So they're special care nurseries with just babies that require special care.

ASTBURY: So as far as their general sort of well-being, are they in a better place than babies that would be cared for in the other nurseries?

STONIER: Yes.

ASTBURY: Would [Baby G] have been attached to any equipment at that time?

STONIER: Yes, I think she was still on a Masimo monitor.

ASTBURY: What was the care plan in place for [Baby G] at this time?

STONIER: I don't remember.

ASTBURY: Okay. Do you remember how [Baby G] was handling?

STONIER: No, I don't remember.

ASTBURY: Were there any concerns for [Baby G] from you at this time in the health of [Baby G]?

STONIER: I think from memory mum had maybe said that she was quieter than usual.

ASTBURY: Do you remember when she said that to you?

STONIER: I don't remember an exact time, no.

ASTBURY: Okay. What did you do about that?

STONIER: I don't remember without looking at my notes.

ASTBURY: If you follow the notes with me, Lucy [and this is tile 65, I don't think we need to go to it, my Lord]:

"[Baby G] nursed in her cot. [Baby G] appears pale. Temperature 36.4. Hat in situ and well wrapped. NG tube feed. Expressed breast milk given. AWT at 09.00 as [Baby G] asleep and due immunisations."

Why have you noted that she appeared pale? What was your view of that?

STONIER: I don't remember from memory.

ASTBURY: Okay. Did anyone else comment on that at all?

STONIER: I think her mum may have.

ASTBURY: Do you remember this particular feed for [Baby G]?

STONIER: No, not clearly.

ASTBURY: Lucy Letby explained how [Baby G] would have been fed by gravity via her NG tube when she was asleep: Okay, and on

this particular occasion at 09.00 did everything go swimmingly, according to plan?

STONIER: I don't remember without reading my notes.

ASTBURY: That's fine.

STONIER: So from reading my notes there it would appear there wasn't an issue with that 9 o'clock feed.

ASTBURY: Okay. At 10.15:

"x2 large projectile milky vomits. Brief self-resolving apnoea and desaturation to 35% with colour loss."

What can you tell me about that?

STONIER: I don't remember it clearly.

ASTBURY: Do you remember being present when this occurred?

STONIER: I don't remember.

ASTBURY: There's nothing you remember about that event? Did the monitor activate?

STONIER: I don't remember.

ASTBURY: Can you remember if anyone else was present at the time?

STONIER: No, I don't remember.

ASTBURY: Or what you did?

STONIER: I don't know if mum was there. I don't remember.

ASTBURY: What did you think was going on with [Baby G] at this time?

STONIER: I don't remember my thoughts on that day.

ASTBURY: There are 30ml of undigested milk discarded. What's that saying to you, that it's undigested?

STONIER: That he hasn't digested the milk that was given to her at 9 o'clock.

ASTBURY: And in your opinion is there a reason for that?

STONIER: She'd only been fed an hour prior to that so it's not unusual that she would still have undigested milk in abdomen, her stomach.

ASTBURY: And you then go on to say:

"Temperature remains low, tachycardic, greater than 100 beats a minute since vomit [180]. Mum states that [Baby G] does not appear as well as she did yesterday."

Do you remember at what stage she actually said that to you?

STONIER: No, I don't remember.

ASTBURY: The way your notes read would suggest that's post, post-vomit. Is that the way you look at it?

STONIER: Yes.

ASTBURY: And then the next activity date:

"12.52. Mummy telephoned this morning. Arrived shortly after 10 [10 o'clock]."

Do you remember who telephoned her?

STONIER: It says there that mum telephoned the unit.

ASTBURY: Okay. Do you remember who spoke to her?

STONIER: No. Usually the designated nurse would try to speak to the parent if they've phoned. I don't remember.

ASTBURY: Did you have any dealings with the family after [Baby G] had left?

STONIER: Discharged [Baby G]?

ASTBURY: Mm-hm?

STONIER: No.

ASTBURY: That interview then concluded; is that right?

STONIER: Yes.

ASTBURY: Thank you.

We then go on to the second interview centring on [Baby G]. It took place on 11 June 2019.

STONIER: Yes.

ASTBURY: Following introductions, Lucy Letby confirmed that she was okay to continue; is that right?

STONIER: Yes, that's correct.

ASTBURY: Okay, Lucy, I want to talk to you about [Baby G]. When you were interviewed about [Baby G], Lucy, in relation to the collapse on 7 September, you stated that you remembered her because [Nurse E], who was [Baby G]'s designated nurse, was on a break when this happened with [Baby G].

STONIER: Yes.

ASTBURY: Do you recall that?

STONIER: Yes.

ASTBURY: You also confirmed that you (inaudible: coughing) [Baby G] when she projectile vomited; can you remember that?

STONIER: Yes.

ASTBURY: Do you agree, Lucy, that [Baby G] was stable at this time that [Nurse E] had gone on her break?

STONIER: Yes, I don't remember there being anything concerning with her.

ASTBURY: Okay. Do you also agree that [Nurse E] wouldn't have gone on her break if there were issues with [Baby G]?

STONIER: No, [Nurse E] wouldn't have left her, no.

ASTBURY: Lucy Letby was then informed of Dr Evans' opinion: Would you agree, Lucy, that [Baby G] must have received more than the required 45ml of feed if this amount was aspirated following a collapse given that her vomiting was described as projectile?

STONIER: Yes, either that or she's not digested the milk from the previous feed.

ASTBURY: It's just -- sorry, is there a test that you do to see if that's the case before you do a feed, Lucy?

STONIER: Yes, so usually the tube is tested between -- after -- before each feed to see how much is in.

ASTBURY: So you would aspirate to see what's --

STONIER: We always test the tube. We don't always pull back to see the full volume, but you'd always take a little bit to test the pH of the --

ASTBURY: Right. And if that test would indicate that the feed hadn't been digested, would you still continue to feed the baby the full amount of the following feed?

STONIER: Um, it would depend on the baby's circumstances but no, not necessarily, no.

ASTBURY: So under what circumstances, if the milk hasn't been digested, would you still give a full feed?

STONIER: I'd ask for advice from somebody else.

ASTBURY: Okay. So in your experience, Lucy, would you give a baby a full feed if the milk from the previous feed hadn't been digested?

STONIER: No.

ASTBURY: At any point while [Nurse E] was on her break have you overfed [Baby G], causing her to vomit?

STONIER: No.

ASTBURY: Did you administer air to [Baby G] at this time, causing her to collapse?

STONIER: No.

ASTBURY: In your previous interview, Lucy, you said that you obtained a larger volume of air from the NG tube than just the general amount you would usually obtain.

STONIER: Yeah, I'm not sure at what point I did aspirate the tube and find that air. Was it when she vomited?

ASTBURY: Yeah, you said after a vomit you took over her care as a designated nurse and you obtained a larger volume of air from the NG tube than just the general amount you'd obtained.

STONIER: Yeah.

ASTBURY: Would you agree that she must have received a bolus of air from the feeding syringe?

STONIER: Air has got there somehow, yes.

ASTBURY: Do you have an explanation, Lucy, as to how the air could have got there?

STONIER: No.

ASTBURY: Are you responsible for the attempted murder of [Baby G] on this day, 7 September, Lucy?

STONIER: No.

ASTBURY: Okay.

Looking at the 21 September, Lucy, [Baby G] was stable.

You stated that you carried out observations on [Baby G] at 9 am and at 11 am and that you fed her at 09.15 hours, 40ml via her NG tube. I'll just show you the feeding chart for that day.

STONIER: Yes.

ASTBURY: That verifies what I have just said to you; do you agree with that?

STONIER: Yes.

ASTBURY: You were then asked, Lucy, about [Baby G] suffering two milky vomits at 10.15. However, you couldn't recall if you were present for those. You confirmed that you aspirated 30ml, which is shown in the feeding charts following the two vomits. Looking at those feeding charts, Lucy, can you tell me if there was any undigested milk in [Baby G]'s stomach prior to giving her that 9 o'clock feed?

STONIER: There, 30ml of milk that was discarded.

ASTBURY: Okay. So that's in line with that entry there at the top. What can you tell me about that?

STONIER: That 30ml of milk was found --

ASTBURY: Mm-hm.

STONIER: -- on aspiration --

ASTBURY: Mm-hm?

STONIER: -- and it was discarded.

ASTBURY: Okay. And have you still -- have you then still gone on to feed [Baby G] 40ml at 9 am?

STONIER: Yes. It would look like that, yes.

ASTBURY: So prior to that feed, can you confirm that [Baby G]'s stomach would have been empty, having discarded that 30ml?

STONIER: Yes.

ASTBURY: Okay. And you've then emptied her stomach of the 30ml, you've fed her the 40ml, and then she's suffered the two projectile milky vomits?

STONIER: Yes.

ASTBURY: Do you agree, Lucy, that [Baby G] was fed far more than 40ml for her then to suffer two large milky projectile vomits?

STONIER: No. I think she could have projectile vomited on 40ml.

ASTBURY: Lucy Letby was then informed of Dr Evans' opinion that [Baby G] had received excessive volumes of both milk and air.

STONIER: I didn't overfeed her.

ASTBURY: Did you administer air to [Baby G] via her NG tube, Lucy?

STONIER: No.

ASTBURY: Lucy Letby indicated she could not say where any air came from. And she was asked: Are you responsible for the attempted murder of [Baby G], Lucy?

STONIER: No.

ASTBURY: Have you got any further explanation as to how this could have happened to [Baby G]?

STONIER: No.

ASTBURY: Moving on to the third interview in respect of [Baby G]. We can see, officer, that took place on 10 November 2020.

STONIER: Yes.

ASTBURY: And the portion that we're about to read or the summary was part of a longer interview, the times of which are set out below the date?

STONIER: Yes.

ASTBURY: Thank you. So looking at this summary: The next baby I want to talk to you about, Lucy, is [Baby G]. On your previous interviews regarding [Baby G], Lucy, you denied being responsible for the attempted murder of [Baby G] on the 7th and then on 21 September 2015. Is there anything you wish to say, Lucy?

STONIER: No.

ASTBURY: Okay. We've got a statement from Dr Ventress. She stated that at 3.30 hours, while she tried to ventilate [Baby G], she noted bloodstained fluid coming up from the trachea and through the vocal cords at the back of her throat. Dr Ventress reconnected [Baby G] to the ventilator and things then improved. Do you recall that?

STONIER: No.

ASTBURY: Do you know the cause of [Baby G]'s injury to her throat?

STONIER: No.

ASTBURY: At 06.05 hours [Baby G] had another episode. She said that she changed her breathing tube. When this was removed she noted there were thick secretions in [Baby G]'s mouth and a blood clot at the end. Can you explain the thick secretions and the blood clot?

STONIER: No.

ASTBURY: Do you know or can you give any explanation, Lucy, as to how this would have happened?

STONIER: No, unless it was -- the clot might have come through intubation maybe. I don't know. Trauma in the tube.

I don't know what makes secretions thick.

MR JUSTICE GOSS: It actually says "this would have been caused", not "how this had happened". I'm only correcting you because people who don't have access to the records may be making notes of it.

MR ASTBURY: Sorry. Nearly done.

MR JUSTICE GOSS: I know, you've had a long day.

MR ASTBURY: Have you ever seen thick secretions within a baby before?

STONIER: Yes.

ASTBURY: And what was the cause for those?

STONIER: I think sometimes it's an infection, but sometimes babies just have thick secretions.

ASTBURY: So how can trauma be caused by putting the tube in then?

STONIER: I'm not sure, but it's -- it's a doctor's role, but they quite often say sometimes that, you know, it was a difficult -- it was a tight airway or they've, you know, it's been difficult to pass the tube. So if that can cause a little bit of abrasion or something, and sometimes we do get bloodstained secretions back from the tube and with the suction and the doctors will say, oh, that's because it was traumatic to get it in.

ASTBURY: Okay. We've got a statement from [Nurse B], Lucy.

Do you remember [Nurse B]?

STONIER: Yes.

ASTBURY: Okay. She's provided evidence as to doctors attending to [Baby G] on 21 September and placing screens around her so they could fit a cannula and describes [Baby G] as being on the procedure trolley with her Masimo monitor switched on. She states that at some point she left [Baby G] with the doctors so she could attend elsewhere on the unit and a short time later she heard you shouting for assistance. She says you were providing ventilation breaths and she noted that [Baby G]'s Masimo monitor was switched off. Do you recall that event that [Nurse B]'s describing?

STONIER: Parts of it. Yeah, I recall going to [Baby G] and finding her behind the screen --

ASTBURY: Okay.

STONIER: -- on the procedure trolley, which we wouldn't -- we'd never leave a baby unattended on the procedure trolley.

ASTBURY: And in relation to the Masimo monitor being switched off, do you recall that?

STONIER: No.

ASTBURY: Is it bad practice to switch the monitor off during a situation as described by [Nurse B] there?

STONIER: Yes. But I am not sure when I came in to her whether she had the monitor on or not.

ASTBURY: And then colleague: You said, Lucy, then in your first response that with regards to being left on the procedure trolley, you'd never do that.

STONIER: No, we'd never routinely leave a baby alone on a procedure trolley.

ASTBURY: So has someone made a mistake there, do you think?

STONIER: Yes.

ASTBURY: Okay. So?

STONIER: And we also wouldn't leave a baby behind the screens either. It should be --

ASTBURY: Right?

STONIER: -- in view of whoever attended.

ASTBURY: So looking at social media, Lucy, and Facebook, just as a reminder so you can correlate the dates, [Baby G] was born on 31 May 2015 and you completed numerous searches for [Baby G]'s mother [Mother of Baby G]. You searched for her on 21 September 2015, 5 November 2015, 14 November 2015, 23 January 2016, 12 February 2016, and then 1 September 2016. Do you agree that you made those searches on Facebook?

STONIER: Yes.

ASTBURY: Do you remember making them?

STONIER: No.

ASTBURY: Have you got any comments you wish to make about those searches, Lucy?

STONIER: No.

ASTBURY: Okay. In relation to your mobile phone and text messages, in relation to the event to [Baby G] that happened on 21 September, at 9.20 in the evening of that date you messaged [Nurse A] and said:

"Looked rubbish when I took over this morning. Then she vomited at 9 and I got her screened."

Why did you make that comment and send that message to [Nurse A]?

STONIER: I'm not sure.

ASTBURY: Do you recall sending it, Lucy?

STONIER: No.

ASTBURY: When you said "looked rubbish", can you explain what you meant by that?

STONIER: I don't remember.

ASTBURY: Okay. The time by my watch is 5.38 and the interview is suspended.

So that was the conclusion of that third interview with [Baby G] --

STONIER: Yes.

ASTBURY: -- concerning [Baby G]. Thank you.

So we move on to [Baby H].

MR JUSTICE GOSS: This will be the last baby for today.

It's just so that people know where we go to. It's only 13 pages in total. It'll only be 15 or 20 minutes, then we'll finish for the day. Otherwise everything amalgamates into one, so to speak, and it becomes difficult. So this will be the last baby and it's relatively short in terms of interviews, just so that people know.

MR ASTBURY: [Document redacted], all being well, being the page that's now open. We can see the date of interview, the first interview involving [Baby H], 5 July 2018.

STONIER: Yes.

ASTBURY: It began with introductions and caution?

STONIER: Yes.

ASTBURY: Okay, as I said, this is a continuation of interviews and the baby that we are going to speak about now is [Baby H]. Are you happy that you've had chance to read the notes prior to the interview?

STONIER: Yes.

ASTBURY: Okay. Any notes as before are here and available for you to look at if that helps your memory, okay, and you can do that.

STONIER: Yes.

ASTBURY: Then in fact, Ms Letby's solicitor asked:

"Do you want to have the notes in front of you?"

And she replied?

STONIER: Yes, please.

ASTBURY: Okay. Just to summarise, [Baby H] was born at 18.22 on 22/9/15. At 03.22 hours on 26/9/2015, [Baby H] collapsed.

She also collapsed a second time on 27/9/2015. Okay?

STONIER: Yes.

ASTBURY: Okay. Generally, with regard to [Baby H], and specifically the collapses that I have just mentioned, do you have memories aside from the notes?

STONIER: Yes.

ASTBURY: Okay. So tell me what memory you have.

STONIER: I remember caring for [Baby H]. She had chest drains in and chest drains aren't something that I've looked after a lot or see a lot of on the unit.

ASTBURY: Okay.

STONIER: So I remember her predominantly in that aspect of having chest drains.

ASTBURY: So specifically what about the collapses?

STONIER: I remember on one of the collapses we needed to insert another chest drain and there was some delay in obtaining the equipment because it wasn't something that we use a lot on the unit and I think she had two different types of chest drain and so they're cared for in different ways.

ASTBURY: The officers confirmed that Lucy Letby had read her notes and then took her...

Let's go to your entry. If you look at 3.22:

"Profound desaturation and colour loss to 30%."

STONIER: Yes.

ASTBURY: Okay. Tell us about that.

STONIER: I only remember via my notes that she had a desaturation and colour loss. Um, Neopuff was commenced. I assume that was by myself and I would have summoned help at that point. I think I do remember that there was a lot of fluid coming out of her drains at the time.

ASTBURY: Okay. So up to this point of the desaturation, how was [Baby H] handling?

STONIER: I don't remember.

ASTBURY: Okay. So how were you alerted to this particular desaturation?

STONIER: I would assume from her monitors alarming.

ASTBURY: Do you remember?

STONIER: No.

ASTBURY: What monitors was she on?

STONIER: All ventilated babies would be on a Philips monitor, which is a full monitoring system.

ASTBURY: Okay. So you don't recall where you were at the time that this desaturation occurred. You don't know whether you were present --

STONIER: No.

ASTBURY: -- or whether it was the monitor that alerted you?

STONIER: No, I don't remember.

ASTBURY: Okay. Was anybody else given (sic) her care at this time?

STONIER: Not that I remember. If we're giving medication, somebody else would have checked those with me. I don't recall any other care.

ASTBURY: Okay. But from your notes you were designated nurse?

STONIER: Yes.

ASTBURY: Okay. So with regards to the colour loss to 30%, explain that to me.

STONIER: I don't remember it specifically for [Baby H], but profound desaturation, colour loss to 30 -- colour loss would be sort of a -- would be sort of a blue pale appearance.

ASTBURY: Okay. All over or in certain areas?

STONIER: It would usually be all over. I don't remember specifically for [Baby H].

ASTBURY: Where you said, "Good chest movement and air entry" --

STONIER: Yeah.

ASTBURY: -- "colour change on CO2 detector", what does that mean?

STONIER: The CO2 detector would be something that we put on to the end of the ET tube and when that changes colour it shows that there's -- that the tube is retaining CO2, which shows the tube is in position.

ASTBURY: Okay. Then you put:

"Serous fluid ++."

Can you see that entry?

STONIER: Yes.

ASTBURY: Okay, "From all three drains".

So you mentioned previously there was a lot of fluids coming from the chest drains.

STONIER: Yes.

ASTBURY: So tell me about that, your observations.

STONIER: The drains were connected and some of them were going into additional sort of tube inputs and I remember a lot of secresive (sic) looking fluid coming out of these drains.

ASTBURY: What's serous-looking fluid?

STONIER: Serous fluid is sort of like a yellowy milky colour.

It's serous fluid from inside the body.

ASTBURY: And then obviously she's become:

"Bradycardic. Doctors crash called and resus."

Who did that, who did the crash call?

STONIER: I don't remember.

ASTBURY: Okay. So from 03.22 when you've noted the profound desaturation to the crash call, do you recall how long that was, what time period?

STONIER: No.

ASTBURY: On the 26th do you recall the resus of [Baby H] on this occasion?

STONIER: No.

ASTBURY: Can you recall what role you played?

STONIER: No, not without looking.

ASTBURY: Then can I just ask one question, so from your notes there:

"[Baby H] desaturating ++ on handling."

Is that to say that [Baby H] started to go downhill when you were with her?

STONIER: So that means [Baby H]'s desaturating when she's being handled, yes.

ASTBURY: So prior to that were there any concerns for [Baby H]?

STONIER: Prior to the desaturation?

ASTBURY: Yes.

STONIER: And the handling?

ASTBURY: Yes.

STONIER: The desaturation?

ASTBURY: Yes. The point I'm trying to get across is, did [Baby H] start to desaturate when she was in your possession?

STONIER: Yes, I've written that she's desaturating on handling, so minimum handling was observed when possible.

ASTBURY: Okay, but you -- it was you that was handling [Baby H] at the time?

STONIER: Yes.

ASTBURY: Can you remember what you were doing?

STONIER: No.

ASTBURY: Okay. So next there's an addendum, 05.21.

STONIER: Yeah.

ASTBURY: "Conversation with myself, Dr Gibbs and the parents, explaining [Baby H]'s deterioration. Parents concerned re brain damage. Support and information given. Aware that [Baby H] is poorly and may deteriorate again.

Blessing offered by Dr Gibbs. Parents keen for this to happen tonight. Extended family members contacted and coming to the unit. Catholic priest asked to attend."

Okay. What was the explanation given as to [Baby H]'s deterioration?

STONIER: I don't recall specifically.

ASTBURY: Okay. And why was it likely that she would deteriorate again?

STONIER: I don't think it was likely, I think it was just a potential that as she was a sick baby she could deteriorate again.

ASTBURY: How did you feel about, what were your concerns about, the collapse of [Baby H]?

STONIER: I think it was quite a new thing for me. As I said previously, I've not cared for many babies with chest drains before because obviously I came on shift to [Baby H], who was stable but was already ventilated with drains in situ, which --

ASTBURY: Okay.

STONIER: -- is something I hadn't seen a lot of on the unit.

ASTBURY: Okay. And what challenges did that bring?

STONIER: So it's a different level of care to have to give to a baby with -- with those drains.

ASTBURY: Right.

STONIER: And as I say, it's not something we see a lot of on the unit. Quite often, babies like that would be transferred out and cared for at a level 3 hospital.

ASTBURY: The contact with [Baby H]'s parents with that collapse, do you remember any of the contact between them?

STONIER: I remember them coming to the units and having a blessing for [Baby H], yes.

ASTBURY: Okay. Any particular conversations you had with them other than you've noted in your note?

STONIER: Not that I recall.

ASTBURY: Then questions turn to the second event on 27 September 2015. Lucy Letby confirmed that she'd been through the notes, but said that she did not recall in great detail from memory. The officers recapped those entries on the night shift of the 26th into the 27th, which bore Lucy Letby's name: Okay. Do they remind you of this second collapse of [Baby H]?

STONIER: Not in any clear detail, no.

ASTBURY: Would you agree by those notes you are at the periphery of the care for [Baby H] on that occasion?

STONIER: Yes.

ASTBURY: Okay. And again, what about contact with parents?

STONIER: I don't recall specifically speaking to the parents.

ASTBURY: Okay.

STONIER: I'm assuming if they were there I would have spoken to them at some point.

ASTBURY: Anything else you want to add that we've not specifically asked you about, about the care of [Baby H]?

STONIER: No. As I say, for me, I just remember [Baby H] because of chest drains being an unusual thing and the difficulty we had at times with obtaining the equipment for her.

ASTBURY: Thank you. That concluded that particular interview.

We move on to the second interview at [redacted], please. We can see this took place on 11 June 2019.

STONIER: Yes.

ASTBURY: Okay, we'll move on to [Baby H] now, Lucy. You remembered [Baby H] from her chest drains and, following one of her collapses, having to insert another chest drain, and I think you remember it because you didn't use them a lot on the unit. Do you remember that?

STONIER: Yes.

ASTBURY: You were designated nurse for [Baby H] on 26 September and involved with her care on 27 September 2015 from the notes again. Do you remember that?

STONIER: Yes.

ASTBURY: Lucy Letby was then shown the prescription chart at tile 235 and the entry dated 26 September 2015. Can I just ask Mr Murphy to put that up, please. That will be the third entry up from the bottom.

Can you just confirm to me that's your signature there, Lucy, on that?

STONIER: That's my signature, yes.

ASTBURY: Okay. Can you just confirm what your signature was against?

STONIER: Um, it was a saline bolus.

ASTBURY: And is that the administration of a saline bolus?

STONIER: I'm not sure who administered it.

ASTBURY: Can you just tell me the other signature next to your name? Do you recognise it at all or is it unreadable?

STONIER: No, I wouldn't confidently say. [Nurse A]?

ASTBURY: You were the designated nurse for this day, Lucy?

STONIER: Mm-hm.

ASTBURY: Does that make it more likely that you'd have administered this?

STONIER: No, it depends who was drawing up the drugs at the time, if any other drugs were being drawn up at the same time.

ASTBURY: Okay.

Lucy Letby then denied being responsible for the profound desaturation, which required resuscitation at 03.22: Did you intentionally cause her harm?

STONIER: No.

ASTBURY: Dr Ventress says that she was crash called to the neonatal unit at 03.24 hours on 26 September and she documents that no trigger to the collapse had been identified. Is there anything you did, in your opinion, Lucy, that caused her to collapse?

STONIER: No.

ASTBURY: Do you have an opinion on why she collapsed?

STONIER: No. She was a sick baby at the time.

ASTBURY: Did you attack her at this time?

STONIER: No, I did not.

ASTBURY: What did you do, Lucy, that caused [Baby H] to collapse?

STONIER: I didn't do anything.

ASTBURY: That interview concluded at 9.37 on that particular day.

Then interviewed in part on the third occasion on 10 November 2020.

STONIER: Yes.

ASTBURY: The usual information on our frontispiece. Following introductions, Lucy Letby confirmed that she was okay to continue answering questions: Lucy, I'm going to talk to you now about [Baby H]. In your previous interviews, Lucy, you remembered [Baby H] from her chest drains. You denied being responsible for her collapses on both of those days. Is there anything else you'd like to add regarding those interviews?

STONIER: No.

ASTBURY: So we have a statement from Shelley Tomlins at 21.45 hours on 26 September. [Baby H] desaturated and she -- and she suctioned thick bloodstained secretions from her ET tube. Do you know the cause for the thick bloodstained secretions?

STONIER: No.

ASTBURY: Lucy Letby was asked about the valve which Dr Jayaram recalled he had found closed. She said she was unfamiliar with chest drains and denied closing it, and was asked: Right, okay, what would the consequences be to [Baby H] with the valve being closed?

STONIER: The drain wouldn't be doing its job.

ASTBURY: In regards to social media, Lucy, [Baby H], as we told you, was born on 22 September and discharged on 9 October 2015. On 5 October 2015, at 01.18 hours in the morning, you searched on social media for [Mother of Baby H; do you agree?

STONIER: Yeah. I don't remember doing it, but yeah.

ASTBURY: Okay. In regards to your mobile phone, this is a text message from you to [Nurse A] on 26 September 2015 at 21.32 hours. It says this:

"[Baby H] had had good day, one drain removed, but just blocked tube and tonnes of secretions. Shelley has her."

Then it says:

"[Nurse B] in 4 and seemed a bit off when she came in, saying she'd have liked to have had her but now keeps saying she doesn't feel well."

"I have..."

And then we have edited that to "E and N". The full names are there, they're not indictment babies:

"Hope you're okay."

Do you remember that text message?

STONIER: No.

ASTBURY: Is it a common occurrence to have tonnes of secretions, Lucy?

STONIER: No.

ASTBURY: Right, okay. Was this to pass the blame to Shelley with regard to the secretions?

STONIER: No, there's no blame, I'm just stating the fact that Shelley looked after her. Maybe [Nurse A] asked me who had her. I don't know.

ASTBURY: And that was the extent of the interview on that day.

STONIER: Yes.

MR JUSTICE GOSS: The remaining interviews in this file are all relating to [Baby I] and they're much more substantial. We won't start them now. I know it's a bit earlier, but it's been a long day, and it's a long weekend as far as you're concerned, a long break, 4 days.

I gather you've been given the sheet of the non-sitting days. You probably noticed that there was an additional day that I've added to it, which is Wednesday, 3 May. The Monday is a public holiday, but the Wednesday is a non-sitting day as well. You may take this, as it says, that as at today these are the non-sitting days for this month and next month. All right?

So this is an appropriate point to remind you of your obligations, as it's a four-day break from this trial, not to communicate by any means with anyone about anything to do with this case and not to conduct research about anyone or anything to do with this case.

You've known that now for over 6 months. So please, you'll appreciate I said at the outset how important that is, but of course it's important that it runs right through to the very end of the case. Thank you very much. I'll see you on Tuesday of next week.

(In the absence of the jury)

MR JUSTICE GOSS: I don't think there's anything else?

MR ASTBURY: No, thank you.

MR MYERS: We'd be grateful if Ms Letby could remain for a little while for us to speak to her, my Lord.

MR JUSTICE GOSS: Yes. Mr Myers and others -- will you be going down, Mr Myers?

MR MYERS: I will be.

MR JUSTICE GOSS: And others will be coming down very shortly, so please don't remove her from the building until they've been down. Thank you very much.

(3.58 pm)

(The court adjourned until 10.30 am on Tuesday, 25 April 2023)