Tuesday, 25 April 2023

(10.30 am)

(In the absence of the jury)

MR ASTBURY: My Lord, bundle 2 should have made its way -- thank you.

MR JUSTICE GOSS: Thank you very much, yes.

(In the presence of the jury)

MR JUSTICE GOSS: Mr Astbury.

MR ASTBURY: My Lord, we had reached on the last occasion the final four dividers in bundle 1, which are the interviews concerning [Baby I].

Before we read those interviews, there was an issue that arose in the interview on [Baby F] and the precise wording used on the tape. It has been checked and we can confirm, so I was going to ask if we can perhaps go back to that page now and everybody make the same amendment.

MR JUSTICE GOSS: Certainly.

MR ASTBURY: It is page [redacted] and it's behind the divider marked [redacted]. Everyone has page [redacted]?

(Pause)

It's the second reply down the page, my Lord. It begins:

"We've had a few babies on the unit who have had hyperinsulinaemia, which is what I spoke about before

the end."

And then it should say "endocrine condition" as opposed to "a crying condition".

MR JUSTICE GOSS: Yes.

MR ASTBURY: I'm told it sounds very similar on the tape, so simply misheard by the typist.

MR JUSTICE GOSS: Thank you very much.

DS DANIELLE STONIER (continued)

Examination-in-chief by MR ASTBURY (continued)

MR ASTBURY: If everyone's made that amendment can we go back, please, to the divider marked [redacted], [Baby I].

Four interviews, officer, as far as [Baby I] is concerned?

A. Yes, that's correct.

Q. The first one taking place on 4 July 2018. We can see the times set out. We can see in the body of the interview:

Okay. This is a continuation of the interview. I'm going to move on now to [Baby I]. There's a few episode for [Baby I], so just bear with me because some I'm going to read out to you.

A. Okay.

Q. The officer then summarised [Baby I]'s birth and the incidents alleged to be suspicious. Then Ms Letby's solicitor said:

I think in relation to this baby because there's more than one incident, and to avoid any confusion between incidents...

And then one officer interjects:

We're just going to stick to the note for this one.

And then the other officer says:

On 23 August 2015, were you working on this date or did you have cause to go to the NNU, the neonatal unit, on that day?

A. I'm not sure without looking at the off-duty notes.

Q. Was there any way you could jog your memory at all? Is there anything --

A. My own personal diary.

Q. Right. So your personal diary. Did you -- every time you worked would you put something on your diary?

A. Yes.

Q. Without fail?

A. Yes.

Q. Okay. So if we go to the notes then, this is for 30 September 2015.

A. Yes.

Q. So who was the designated nurse for [Baby I] at this time?

A. Well, from reading that, myself.

Q. Okay. Do you recall if you were caring for any other babies at this time?

A. I don't remember.
Q. In which unit she was being cared for, which nursery was she was being cared for?
A. I think it was nursery 3.
Q. Okay, you think or you remember?
A. No, I'm fairly certain it was nursery 3 but I'm not 100% sure.
Q. Okay. Do you recall on this particular day what the clinical position was for [Baby I]?
A. From -- not from memory, I need to --
Q. Okay.
A. -- refer to my notes as well. Just that she was nursed on a hot cot but was still having a low temperature so that hot cot needed to be increased during the day that I was looking after her.
Q. Who fed [Baby I] this time?
A. I don't recall from memory. I'd have to check the feeding chart but I think mum was present for some of the feeds.
Q. How do you remember that?
A. I don't remember from that specific day but I know mum was very present with [Baby I] a lot of the time. She came in for a lot of her feeds?
Q. Do you recall if you had any concerns for her at this time at all?

A. Not at this moment, no.
Q. No? Do you recall how she was handling?
A. No.
Q. You then go on to say:
"The abdomen appears full and slightly distended, soft to touch. [Baby I] straining ++. Bowels have been opened."
Do you remember -- do you remember that event?
And my Lord, that tile number is for reference if anyone wants to see the note.
A. Not in great detail, no.
Q. No? You don't remember who discovered it? Did you discover it, do you remember?
A. I remember having a conversation with mum about it, I'm not sure if it was myself that noticed or whether mum highlighted it to me.
Q. Had there been any change to [Baby I]'s care prior to this happening?
A. Not that I'm aware of, no.
Q. Okay. You put:
"Mum feels it's more distended to yesterday and that [Baby I]'s quiet."
Do you remember that conversation with mum?
A. Yes, I remember talking to mum about [Baby I], yes.
Q. And that particular conversation about the abdomen more

distended?

A. As prompted by my notes, yes.

Q. I don't suppose you remember when mum arrived?

A. No.

Q. You said that mum was present for the feeds or some of the feeds?

A. I think, yes. I'd have to check the charts. It would be written. Can I have a look at them?

Q. Yes. So mum was present for the 10 o'clock feed and carried out the feeds...

Sorry, this is a continuation not a different line, my mistake.

A. Yes. So mum was present for the 10 o'clock feed and carried out the feed and cares. And then the next feed was the tube feeds. I'm not sure if mum was present or not but I know she was there for the 10 o'clock feed because she gave her a bottle.

Q. Okay. And then what? What about the feeds after that?

A. So they're tube feeds. So I've given the tube feeds, but I'm not sure if mum was present or not.

Q. Okay. What times were they?

A. At 1 o'clock and 4 o'clock.

Q. Okay. So it was mum at --

A. Mum at 10.

Q. Yes.

A. And myself at 1 o'clock and 4 o'clock.
Q. Via tube?
A. Yes.
Q. You've noted that, "Appears generally pale". Were you concerned at that point at all?
A. No. From memory [Baby I] was often paler in colour.
Q. Was often paler in colour?
A. Yes.
Q. So who asked for the review?
A. Myself from reading the notes.
Q. Was there a reason why that was?
A. I think it -- I think it was because I was discussing with mum that -- that we, that she noticed a change in [Baby I], so I asked the doctors to review her with that in mind.
Q. Okay. Do you know which doctors they were?
A. No. And I think they were asked to review in lieu of the hot cot needing to be increased as well.
Q. And how were you feeling about [Baby I] at that point then? How was she presenting?
A. I don't remember being unduly concerned about her.
Q. Lucy Letby, it was summarised, wrote up the relevant observations at 13.36 hours. She believed they occurred some time after [Baby I] opened her bowel at 10 am and before 13.30. The question was asked:

Okay. Another activity on the notes that you put in on page 2. The date is 30 September at 19.31. Have you got that one?

A. Yes.

Q. And it's got:

"Reviewed by doctors at 15.00 as [Baby I] appeared mottled in colour with distended abdomen and more prominent veins."

Do you remember who those doctors were?

A. No.

Q. Okay.

A. I think it might have been [Dr A], the registrar.

Q. Okay. Is this in relation to the review that you asked for in your previous notes, you know when --

A. No, this is an additional review.

Q. Okay, right. And why was -- so why was that review asked for?

A. Because [Baby I] had become more mottled in colour and more distended abdomen.

Q. Right, okay. And who discovered this mottled colour?

A. I'm not sure if it was myself or not.

Q. Right. And when you put previously that you realised that she was pale, "appears generally pale", how soon after can you remember when she became mottled?

A. The following notes here would read that she became

mottled at around 15.00.

Q. So I'm just asking if you remember when she was pale and how soon after was the mottled highlighted to you [as read]?

A. No I don't remember.

Q. You don't? Okay.

A. But I -- I think mum was there when the doctors were reviewing her because I think mum saw the mottling as well.

Q. Can you describe the mottled colour to us?

A. I can't remember [Baby I]'s appearance exactly, no.

Q. Okay. What was the relevance of the prominent veins?

A. So when babies' abdomens distend their veins become more prominent because of this distension.

Q. Okay. And whereabouts were those veins sort of more prominent?

A. I don't remember exactly. Just on her abdomen. I don't remember where.

Q. Okay. But you said about mum might have been there and noticed the mottle [as read]?

A. Yes.

Q. It's purely for the timings, that's all.

A. I think -- was it when I've written the next account at 19.32?

Q. Yes?

A. I have written that mum was present when reviewed by doctors.
Q. Yes?
A. And then had left the unit when [Baby I] had a large vomit.
Q. Okay. So that's --
A. So I think the 13.48 entry is referring to:
"Mummy is to carry out feeds and cares of the morning feeds."
Q. So where you've put, "Reviewed by doctors at 15.00", is that when the doctors came to review or do you think that's when she appeared mottled from the way it's written?
A. I -- I would read that she became mottled around that time and that's when she was reviewed by the doctors due to that.
Q. Right. Okay:
"At 16.30 [Baby I] had a large vomit from the mouth and nose++, suction given. Became apnoeic with bradycardia, desaturation (30s). Help summoned and IPPV (ventilation) given for approximate 3 minutes and 100% oxygen to recover. Doctors were crash called."
How did you become aware of this large vomit, can you remember, at 16.30?
A. I'm not sure, no.
Q. Do you remember who was present?

A. No.
Q. Do you remember just prior to that what you were doing at all?
A. No.
Q. Do you remember who actually put the crash call out at this time on this day?
A. No, I'm not sure who put the call out.
Q. No? Okay.
A. And do you remember how soon the doctors arrived?
Q. I don't remember exact timings, no?
MR JUSTICE GOSS: That's the wrong way round. It should be:
"Question: And do you remember how soon the doctors arrived?"
A. I don't remember exact timings, no.
MR ASTBURY: No? Okay.
MR JUSTICE GOSS: That's wrong again.
MR ASTBURY: Do you recall who the doctors were?
A. I think it was [Dr A].
Q. Then in summary, Lucy Letby confirmed [Baby I] was moved into nursery 1 for closer observations and because she needed an incubator. She was placed nil by mouth and she, Lucy Letby, continued as her designated nurse:
So do you recall when mum left the unit?
A. No.
Q. Did she leave prior to or after the vomit?

A. I've written -- I don't remember from memory but I've written that she had left the unit when [Baby I] had the vomit, that she was there where the doctors reviewed her at 15.00.
Q. Who discovered the vomit?
A. I don't remember.
Q. If we go to the activity date, timed at 20.26, it starts off with, "Peripheral line sited". Have you got that?
A. Yes.
Q. My Lord, I don't think we need to put the tile up for this. It's there if anybody needs it:

"... and 10ml per kilogram saline bolus given. 10% glucose commenced. At 19.30 [Baby I] became apnoeic, abdomen distended ++, confirmed bradycardias, desaturation followed."

Clearly, this is the note being read, officer, isn't it?

A. Yes, it is.
Q. "SHO in attendance and registrar crash called."

Do you recall who the SHO was at that time?

A. No.
Q. Or who the registrar was who you refer to there?
A. I'm not sure if the registrar would have still been [Dr A], who was on a day shift.
Q. Do you remember who discovered this event? I mean

do you actually remember this event occurring, Lucy?

A. No.

Q. You don't? Okay.

A. Only through prompt of my notes.

Q. So if we move on to the 12th into 13 October, and Lucy Letby confirmed that she had the relevant notes before her:

Do you recall this event of 12/13th at all compared to the last event? Is there anything specific about that that day? I'll just lead you through your notes.

A. Oh yes, sorry. So this is when she was found apnoeic in the cot at night.

Q. "[Baby I] noted to be pale in the cot by myself at 03.20. SN Hudson present."

So who had you taken care from at that time, do you remember?

A. From Staff Nurse Hudson.

Q. Lucy Letby confirmed that she'd taken over as [Baby I]'s designated nurse that night after the relevant incident:

So do you want to tell us what the clinical position was for [Baby I] at that time?

A. When I took over her care?

Q. Yes.

A. Well, she'd been found in the cot apnoeic -- well, sort of gasping and required Neopuffing and then intubating.

Q. Okay. And is -- why was that care passed to you then?
A. Because Staff Nurse Hudson was a junior band 5 nurse that couldn't care for intensive care patients, which [Baby I] had then become.
Q. In your notes you put, "Noted to be pale". Can you elaborate at all on that? Can you expand any observations at all?
A. Some of it. When we went into the nursery, put the light on -- the lights aren't on in the nursery at night and we had put the lights on for something and I noticed -- I looked over at [Baby I] and I noticed she was pale in colour in the cot.
Q. Okay.
A. So her face was pale.
Q. Do you remember what your observations were in relation to handling [Baby I] at that time?
A. I think we went over to her and pulled the covers off her and undid her babygro a little bit so we could see her colour centrally.
Q. You then put in your notes:
"Apnoea alarm in situ and had not sounded."
Can you give an explanation for that at all?
A. So the apnoea alarm's are programmed to alarm if a baby hasn't breathed for 20 seconds.
Q. Right.

A. When we found [Baby I], [Baby I] was shallow breathing and gasping, so potentially if she had gasped once every 20 seconds or more then the alarm would not have gone off.
Q. Right.
Then colleague:
When you say "when we discovered her", who were you with?
A. Ashleigh Hudson, who was caring for [Baby I].
Q. Okay. And what cause did you have to go to the nursery?
A. I don't remember. We both went in together for something but I don't remember why we were going into the nursery.
Q. Okay. And what treatment had you given to [Baby I] up to that point; can you recall?
A. On that night?
Q. Yes.
A. Nothing that I'm aware of.
Q. You then go on to say that:
"On examination [Baby I] was centrally white."
What do you mean by that?
A. So when we pulled her babygro away and looked to her body she was white.
Q. Okay. What was your thoughts of what was going on then?
A. That she was collapsing in some way.

Q. Okay:

"Minimal shallow breaths followed by gasping observed."

What does this sort of mean to you?

A. So she was breathing but very shallowly and not very often and then was gasping.

Q. What action did you take at that point?

A. Well, we started to give Neopuff ventilation and called for help.

Q. Okay. Do you remember actually who called for assistance at that time?

A. I think I started ventilation breaths and Ashleigh called for help but that's just from memory.

Q. Okay. Do you remember who actually came to assist, how long it took for them to arrive?

A. No, I don't recall exact timings, no.

Q. Okay, was there full resus efforts at this time.

A. No. I think they were just obtaining an airway.

Q. Lucy Letby was then asked about her subsequent notes with the question:

What do you mean by stiff in posture?

A. So she's holding her limbs stiffly. So they have a rigid posture.

Q. Is that a sign of anything to you?

A. It can be that they're in pain.

Q. And then the question is:

Is that a suitable time for us to stop, yeah, or do you wish to...

And then Ms Letby's solicitor said:

We could do one more thing. I am just thinking, if you're okay to do one more, but there's so much to do tomorrow and I think we said we'd do it now, so we've got about 25 minutes.

A. Is this the last one for [Baby I]?

Q. There's two left.

A. Can we leave it then, please?

Q. The solicitor then said:

Yeah, okay.

And then the officers:

Okay, that's fine. Is there -- just explain to us the reason why you want to leave it at this moment in time?

A. I just feel that I'm tired and I've gone through a lot at the moment and I want to be clear with the information that I am giving to you and I think that would be better tomorrow.

Q. Okay, yeah.

Then the second officer:

Okay, the time is 2 minutes to 9.

And that was the conclusion of that first interview

in respect of [Baby I].

A. Yes.

Q. Moving to the second interview, we can see, as has been suggested previously, that this is the next day, 5 July 2018. It begins at 9.43 in the morning. It begins with the officer saying:

> Okay, we were in the middle of dealing with [Baby I], [Baby I]. So I would like now to concentrate on the event that occurred at around 7 o'clock and 7.45 in the morning of 14 October 2015. This is when [Baby I] became bradycardic, requiring intubation and resuscitation.

Lucy Letby confirmed that she'd been provided with notes:

> It is -- before we go through these notes, do you remember that particular shift?

A. No.

Q. Okay. Do you remember the clinical position for [Baby I] at that time?

A. No.

Q. Lucy Letby couldn't recall [Baby I]'s handover, which nursery she was in or which staff were on duty in each nursery. She was asked:

> Okay, if we just move on with these notes, there is a -- you've noted some bruising, discolouration evident

on sternum and right side of chest from chest compressions. How were you aware of this, Lucy? Have you got to that point --

A. Yes.

Q. -- in the notes? You have? Yes. Do you remember that, those bruising (sic)?

A. From reading my notes, yes.

Q. Only from reading your notes. Do you remember how you became aware they were from the chest compressions?

A. Because of where they were on her chest.

Q. Lucy Letby confirmed the remainder of the note and explained what was meant by containment holding:

"At 05.00 [again from the notes] the abdomen noticed to be more distended and firmer in appearance with area of discolouration spreading on right-hand side. Veins more prominent. Oxygen began to increase, colour became pale."

Have you -- can you see that in the notes?

A. Yes.

Q. Do you remember who was present when this occurred?

A. No.

Q. Do you remember what you were doing when this occurred?

A. No.

Q. Okay. Now this particular discolouration, can you remember that on [Baby I] at this time?

A. Not specifically, no.
Q. Do you remember -- you say it was spreading on her right-hand side. Do you remember where it was spreading from?
A. I think it was spreading from the centre of her abdomen across to the right-hand side.
Q. Who alerted the doctor?
A. I don't remember.
Q. No? Do you remember who was involved in the resuscitation?
A. I remember Dr Jayaram being the consultant and I think it was Chris Booth, the nurse.
Q. Okay. What was your --
A. That was just from my memory.
Q. Do you remember what your role was?
A. I think from memory it was giving the resuscitation drugs.
Q. The officers then confirmed the remainder of Lucy Letby's notes from 14 October 2015 but she said she could remember little of it:
Moving on to 15 October 2015, do you remember that particular shift of 15 October 2015?
A. Not -- not without knowing what happened, no.
Q. Okay. This is where she continued to have further problems, centring on desaturations at 4 o'clock in the

morning, desaturations, bradycardia and chest compressions for 3 minutes. Okay? So you don't -- you don't particularly remember that shift or any involvement with [Baby I] on that day?

A. Is this the day that [Baby I] died?

Q. No, it isn't, no.

A. No, I don't recall it specifically no.

Q. If we move on then to the 22nd to 23 October 2015, and this is the occasion when [Baby I], sadly, did pass away.

The officers took Lucy Letby through the list of resuscitation drugs and she was able to confirm her participation post-collapse together with Chris Booth:

Okay, all right then. So prior to you doing the resuscitation drugs, can you recall that evening?

A. No.

Q. Okay. Do you recall attending to [Baby I] at all on that shift?

A. Not from memory, no.

Q. So prior to the collapse of [Baby I], you don't recall that shift?

A. No.

Q. At all? You don't recall either doing or where you were?

A. No.

Q. Do you recall how you became aware of the collapse of

[Baby I] that led to the resuscitation?

A. No.

Q. Okay. Do you recall whether or an alarm was activated or --

A. I don't remember.

Q. Okay. Sadly, following the collapse, [Baby I] passed away. Do you remember your involvement with the parents at all?

A. Not specific details, no. I remember -- I remember they were coming to the unit and they came with siblings.

Q. Is there anything else you remember about the parents and your involvement?

A. No.

Q. What do -- what is your memory of [Baby I]'s death?

A. I don't remember specific details, I just remember her dying. And the parents having time with her and then the siblings came and they had time with her as well.

Q. Do you remember -- obviously [Baby I] had been in and out of the Countess of Chester Hospital from her very early stages of life through to October. Do you remember that she was in and out of the hospital and one minute she was on the unit and the next minute she wasn't?

A. Yes.

Q. Did you have a feeling of what was happening to [Baby I] through that time?

A. No. I think there was a feeling maybe amongst the nursing staff that she was going to other hospitals a lot and then coming back and then needing to go again and I think there was a little bit of a conversation of were they were sending her back too quickly to us.
Q. Okay. Whose feeling was that? Do you remember who actually said that?
A. No.
Q. Was that you, your view of it?
A. Yes.
Q. What do you think was wrong with [Baby I]?
A. I don't know.
Q. Do you think that [Baby I] was being allowed to leave other hospitals when she wasn't well?
A. No, because I don't think she was unwell on her arrival back to us, but sometimes the transfers -- I think she only went for 2 days at one point and came back, it's just -- it's just a quick turnaround for a baby and it's a lot for a baby to undergo a transfer and I think it was just felt that some of the time things were quite short for a baby to go through transfer.
Q. And how do you think that affects the health of a baby?
A. It's just no -- it's quite a stressful thing to have a baby going into the back of an ambulance and different incubators being moved, undergoing the journey,

different members of staff involved.

Q. Did you stay in contact with the family at all after [Baby I] passed away?

A. No.

Q. Okay. Is there anything else you would like to tell us about [Baby I]?

A. No.

Q. How did you cope with [Baby I]'s death?

A. It affected everybody on the unit because we all knew [Baby I] quite well and we'd got to know the family. And then I wanted to go to [Baby I]'s funeral, I was unfortunately working at the time so I didn't go.

Q. That interview was then concluded so far as [Baby I] was concerned.

A. Yes.

Q. Moving on to the third interview, which of course the second occasion by way of arrest when interviews took place. This is now 11 June 2019?

A. Yes.

Q. And we have the time set out and the persons present in the usual way:

I'm going to talk to you now, Lucy, about [Baby I]. First of all, Lucy, I would like to talk to you about this exhibit.

And then there's an exhibit reference given:

Let me show you a picture of that. Can you explain what that is, Lucy, for me?

Perhaps if we do put this up, my Lord. It's [redacted], tile 296, please.

Lucy Letby was asked:

Can you explain what that is, Lucy, for me?

A. Yeah, I sent a sympathy card to the parents because I wasn't able to attend the funeral.

Q. Okay. Is this normal practice, Lucy?

A. No. Well, it's not very often that we would get to know a family as well as we did with [Baby I].

Q. Okay. Is there a reason why you didn't go to the funeral?

A. I was working. I wasn't able to change my shift. It was suggested that I could send a card via one of the other nurses who was going.

Q. Pausing there, officer, this isn't the original card, of course, this is the image that was found on the telephone --

A. On the phone, yes.

Q. Have you sent cards to other patients before, Lucy?

A. No.

Q. This is the only one you've ever sent?

A. Yes.

Q. We've got images of this recovered from your phone. Why

did you take photographs of it on your phone?

A. To remember what I'd sent to them.

Q. Why did you do that?

A. I often take pictures of -- of any cards that I've sent, even birthday cards. Anything like that, I often take pictures of them.

Q. Did you forward these photographs on to anyone?

A. Not that I remember, no.

Q. Why did you want to remember what you'd wrote to them, Lucy?

A. It was upsetting losing [Baby I] and I think it was nice to remember the -- the kind words that I'd hoped I'd shared with that family and, as I say, I usually photograph any birthday cards that I send. Anything like that, that's what I'd usually do.

Q. In relation to 30 September 2015, Lucy, in your interview you stated that you were the designated nurse on this particular date for [Baby I].

A. Yes.

Q. Okay. From your notes at 16.30 hours, [Baby I] had a large vomit, bradycardia and desaturation and suffered a collapse and, as a result, [Baby I] was transferred to nursery 1. Do you remember that?

A. Yes.

Q. You confirmed that:

"At 19.30 hours [Baby I] became apnoeic, her abdomen distended and air ++ was aspirated from her NG tube."

Do you remember that?

A. Yes.

Q. The officer then summarised Dr Evans' opinion that air had been introduced to [Baby I]'s stomach and asked the question:

You were caring for [Baby I] on this particular shift, you were with her in nursery 3 and you went with her to nursery 1?

A. Yeah.

Q. Did you cause her collapse?

A. No. In my documentation I've aspirated air, not put air down.

Q. Did you inject air into [Baby I]'s stomach, Lucy?

A. No. The air's got in through some other aspect.

Q. So your --

A. If a baby's crying or -- there are other reasons why a baby can -- babies can have air in their stomach.

Q. Okay. Moving on to 13 October Lucy, and your interview, you said you found [Baby I] apnoeic in her cot, gasping for breath, which resulted in her needing Neopuff and intubating. Staff Nurse Ashleigh Hudson was the designated nurse at this time and you took over the care for [Baby I] after her collapse in nursery 1. Do you

remember that?

A. Yes.

Q. With reference to you commenting that [Baby I] was pale, you said:

"When we went into the nursery, put the lights on -- the lights aren't on in the nursery at night and we put the lights on for something and I noticed -- I looked over at [Baby I] and I noticed she looked pale in colour in the cot."

Do you remember saying that to us?

A. Yes.

Q. Was this the first time that you'd noticed [Baby I] was pale, Lucy, within that paragraph, as I've said? I'll just go through it again:

"When we went into the nursery, put the lights on -- the lights aren't on in the nursery at night and we put the lights on for something and I noticed -- I looked over at [Baby I] and I noticed that she looked pale in colour in the cot."

Was that accurate? Was that the first time you saw her pale?

A. From my memory, yes.

Q. Okay. So, "When went into the nursery", would that be you and who?

A. Ashleigh.

Q. When you say you put the lights on for something, what was that for, do you know, "And we put the lights on for something"?
A. I can't remember whether we were both entering the nursery for some reason. I don't remember what the reason was for.
Q. Am I right in saying that you wouldn't have seen her pale without the lights on? You put the lights on.
A. It would be harder to tell if she was pale with the lights off, yeah.
Q. Okay, so were you -- so you were with Ashleigh at this time?
A. I think so, yeah. I'm not sure at what point we put the lights on, whether that was before or after we saw [Baby I].
Q. You said there Lucy, "We put the lights on for something".
A. Yes.
Q. "And I noticed -- I looked over at [Baby I]..."
A. Yes.
Q. "... and I noticed that she looked pale in colour."
A. Yes.
Q. That would suggest that you've noticed having put the lights on.
A. Having put the lights on, yeah.

Q. Do you remember where you would have been stood then over the incubator to see her pale? Would that have been directly over her, towards the end?
A. Yeah, I don't -- I think she was in the cot at that point.
Q. Okay.
A. It would have been -- she was in the cot space near to the nursery entrance, so it would have been -- once you put the light on it would have been quite easy to see into the cot.
Q. Okay. Is the reason why you went over with Ashleigh at that time [as read]?
A. No, I don't remember why.
Q. Do you remember or did you examine [Baby I] prior to switching the light on at all?
A. I can't remember.
Q. Ashleigh Hudson states that [Baby I] was doing well, she'd gone out of nursery 2 for about 15 minutes, and when she returned you were stood in the doorway, that you looked towards [Baby I], and said that she looked a little pale, a little bit pale. Do you remember that?
A. No. I remember us being in the nursery together and putting the lights on.
Q. Do you remember telling Ashleigh that [Baby I] looked a little bit pale at the doorway?

A. Yes.
Q. You do?
A. I think, yeah, but I think it's when we put the lights on.
Q. Do you remember exactly the order of events, Lucy, how you knew that she was pale?
A. No. From my memory, we were both in the nursery -- we were both at the nursery...
Sorry:
We were both inside the nursery. I think I looked over at [Baby I], I don't know. I -- I thought that we put the lights on as we went into the room.
Q. She says the first time she saw [Baby I] pale -- how could you see from the doorway that [Baby I] was pale without having the light on, Lucy? How did you know she was pale?
A. Maybe I spotted something that Ashleigh wasn't able to spot. The rooms are never that dark that you would not be able to see the baby at all. There's always a level of light for that reason.
Q. What is it, Lucy, that you could have spotted that Ashleigh didn't?
A. Her colouring.
Q. How would you able to spot the colouring then and Ashleigh couldn't if you were both stood at the same

place?

A. I'm more experienced than Ashleigh.

Q. Okay, but colourings are visual thing; do you agree?

A. Yes.

Q. So a change in colour?

A. Yes, yeah, there's varying degrees of -- of paleness and [Baby I] was often a pale baby anyway.

Q. Okay. Then you see on top of that, Lucy:

"[Baby I] was also lying in -- in the cot and positioned over the cot was what we call a cot cover."

You know what a cot cover is, don't you?

A. Mm, yes.

Q. So again how did you know that she was pale before you approached the designated nurse, Ashleigh?

A. Because from where her cot side is -- if the canopy is over that way, the light can get in from that way for her -- she's still facing outwards towards the door.

Q. But the light's not on, Lucy.

A. No, but there's still light coming in from the main corridor, which is where we were stood, by the doorway.

Q. So you're saying that you didn't go to [Baby I] prior to --

A. I'm saying I don't remember.

Q. What would your action be if you realised she wasn't well?

A. Let somebody know.

Q. Did you?
A. I believe from that comment I've told Ashleigh that she looked pale.
Q. Why didn't you do something prior to her arriving back?
A. Well, I don't know at what point I found [Baby I]. I thought we were both together when we found her, but --
Q. So t the time she arrives back, you've looked over towards [Baby I], is that what you're saying?
A. Possibly, yeah.
Q. So you're saying from that position you could notice, you would notice that she was pale and she wasn't well with the poor light and the tent structure?
A. I think, yeah, you could have an idea, yeah.
Q. Is the tent structure over the head, Lucy?
A. The tent structure covers sort of the upper part of the cot, yes.
Q. Okay.
A. It has two peaks so that light comes through the top and not -- through the bottom end of the cot and not through the top.
Q. When the light was switched on, she describes her as being white, looked in shock, and could tell something was completely wrong with her. This is a reference to Ashleigh Hudson:

"She [Baby I] wasn't breathing properly and gasping for air. She looked dead when I first looked at her." That's what Ashleigh's saying.

A. She did look dead.

Q. Do you have a good memory of [Baby I] at this time that we're talking about?

A. Yeah.

Q. Okay. What was [Baby I] wearing?

A. I don't know. A babygro?

Q. A babygro?

A. No, I don't remember. A babygro. I don't know if she -- I assume she had a babygro on, I don't remember.

Q. Okay. If she's -- if it's a night shift, babies are in a cot in the evening and, as I say, [Baby I]'s in a cot as opposed to an incubator, what would she have been wearing?

A. A babygro and possibly a cardigan.

Q. Mm-hm, okay. And when my colleague asked you to describe the canopy, you explained that there's two -- well, it was described as a tent-like structure and you described two pieces coming over her, each side with the light shining up from the bottom.

A. There isn't a light shining up, but the lights --

Q. The light would shine up from the bottom?

A. Yeah, yes, yes.

Q. So just explain to me then, if the light is shining up from the bottom, you're stood in the doorway, and [Baby I]'s got a babygro and a cardigan on, how would you be able to tell she was pale?
A. Because we could see her face.
Q. [Baby I]'s upper body and face would have been even more shaded from the light with this tent structure; do you agree with that?
A. Because there's always a gap in the tent structure, it's never fully encased around the baby. There's always a degree of light, natural light, that would be on the cot.
Q. But it is, yeah -- okay, I appreciate it may have been on the cot, but I'm trying to understand how you could tell that [Baby I] was pale when the only part of her body on show would have been her face, which would have been under the tent structure. So how could you see that she was pale from the doorway, Lucy?
A. Because it wasn't completely covering it.
Q. Wasn't covering what?
A. The canopy wasn't completely covering all of [Baby I] so that she was completely out of view.
Q. Okay, I appreciate that, but she's got a babygro on which you've described as well. So do you agree that the only thing on show at this time would have been her

face?
A. Yes.
Q. And you were stood at --
A. Or hands if she had her hands out, I don't know.
Q. And you were stood in the doorway and the light in the nursery was off; do you agree with that?
A. Yeah, yeah.
Q. And there was this tent structure over [Baby I] as well?
A. Yeah.
Q. Do you therefore agree then that it wouldn't be possible to see if [Baby I] was pale as I've highlighted all those things to you?
A. No, because there's still an element of light in the room coming from the doorway and [Baby I]'s cot was positioned by a window where light would have been coming through from the lighting on the unit.
Q. Okay. But as I said to you, she's got this tent structure over her, Lucy, and you're stood in the doorway and she's only got her head on show, her face.
A. There's little distance from the doorway in the cot and usually cots are tilted upwards so the head would be facing.
Q. Do you agree, Lucy, that it would have been difficult to see a change in discolouration to [Baby I]'s face from the doorway?

A. Yes, it would have been more difficult than if a light had been on, yes.
Q. Okay. Is it a fact, Lucy, that you knew that she'd be looking pale because you'd just attacked her?
A. No.
Q. You'd attacked her within minutes of Ashleigh returning so you knew that when she would go to her cot side and turn the light on, she would look pale?
A. No.
Q. Lucy Letby was then informed of Dr Evans' opinion, that an X-ray timed at 4.21 showed large amounts of air in [Baby I]'s stomach and intestines:

"He says, Lucy, that air was injected into [Baby I]'s stomach."

A. Okay. Well, I haven't injected air into [Baby I].
Q. Are you responsible for [Baby I]'s attempted murder, Lucy?
A. No.
Q. Moving to 14 October, Lucy, you confirm that you were the designated nurse. Can you remember or tell me anything about [Baby I]'s collapse on 14 October, Lucy?
A. No.
Q. Were you present when she collapsed?
A. I don't remember.
Q. You've already confirmed that you were on duty and that you were her designated nurse. Did you intentionally

harm [Baby I] at this time, Lucy?
A. No.
Q. Did you cause her collapse intentionally?
A. No.
Q. Did you attempt to murder [Baby I] in the early hours of 14 October?
A. No.
Q. Moving to the 22nd into 23 October, Lucy, in your interview you confirmed that you couldn't remember specific details but you remembered [Baby I] dying and her parents having time with her and her siblings coming and having time with her also. Do you remember being involved in the resuscitation of [Baby I], Lucy?
A. I remember from my notes that I was part of the drug administration/drawing up, yes.
Q. Nurse Ashleigh Hudson says that just prior to the final collapse, she responded and went in and saw that you were already by her incubator. She states there was no other member of staff in the room. Do you remember that?
A. No.
Q. Were you the person to find [Baby I] collapsed?
A. I can't remember from memory.
Q. Were you there before the alarm sounded, Lucy?
A. I don't remember.

Q. Were you on your own?
A. I don't remember.
Q. What were you doing to [Baby I] at that time, Lucy?
A. I don't remember.
Q. Ashleigh says that when she walked in [Baby I] was crying, it seemed different than normal. Why was [Baby I] crying, Lucy?
A. I don't know. Maybe that's why I've gone to her if she's crying.
Q. What have you done to cause her to cry in this manner, Lucy?
A. I haven't done anything to her.
Q. Ashleigh said it seemed like she was in pain and very distressed. Why was she in pain?
A. I don't know.
Q. What had you done to her, Lucy, to cause this pain?
A. I hadn't done anything to her.
Q. Why was she so distressed? Why was [Baby I] so distressed on this occasion, Lucy?
A. I'm not sure. Is this when her abdomen was distended? It could have been causing her pain maybe.
Q. Lucy Letby was informed of Dr Evans' opinion that events were consistent with an air embolus:

Did you do that, Lucy?

A. No.

Q. Did you cause the death of [Baby I]?
A. No.
Q. Have you repeatedly attacked [Baby I], Lucy?
A. No.
Q. That interview then concluded; is that right?
A. Yes.
Q. Thank you. Then the final interview, insofar as [Baby I] is concerned, took place 10 November 2020.
A. Yes.
Q. Again, we have the times and list of people present and it begins thus:

So Lucy, we're going to move on to [Baby I]. She died at 02.30 hours on 23 October 2015 whilst at the Countess of Chester Hospital. [Baby I] was only 11 weeks old when she died. You denied being responsible for her death. Is there anything you wish to add, Lucy, with regards to [Baby I]?

A. No.
Q. Bernie Butterworth has said during the handover on 30 September, [Baby I] suffered a desaturation and her tummy was getting bigger. She advised you to aspirate [Baby I]'s tummy, which was done, and reported a lot of air coming out of the NG tube. Do you know why there was so much air inside her stomach, Lucy?
A. No.

Q. Had you administered air to [Baby I] prior to this handover.
A. No.
Q. Do you remember exchanging messages with [Nurse A] regarding [Baby I] at all?
A. Not in details, no.
Q. The messages are regarding the care of [Baby I]. And you informed her that [Baby I] was "not good" during your night shift on the 13th into 14 October. And on 14 October you asked to care for [Baby I] again on the following shift. Why did you particularly want to look after [Baby I] again the following shift, Lucy?
A. It's quite common that if you're on a shift you would, for the continuity of the care, keep the same baby and obviously I'd had [Baby I] the day before and knew her and probably wanted to continue with that.
Q. The messages go on to say that someone else had been allocated [Baby I] and you asked if something had happened; what did you mean by this?
A. I don't recall that.
Q. What did you think could have happened to mean that you couldn't care for her any longer?
A. I don't remember that being the case so I don't know.
Q. [Nurse A] informed you that someone else had been allocated [Baby I]. How did that make you feel or how

would that make you feel?

A. I don't remember.

Q. If you had her on one particular night and you came on the following night and you didn't have her, would that make you -- would you be disappointed about that if you particularly wanted to care for her? Would you be angered?

A. I wouldn't be angered, I might be a little bit disappointed that we haven't got that continuity, but it does happen, so you don't always -- you can't always have the same patients.

Q. Is there a reason why you specifically would ask for it then with a text message to [Nurse A]?

A. Just for continuity.

Q. So when looking on social media, Lucy, as we said [Baby I] was born on 7 August 2015 and died on 23 October 2015. On 5 October at 01.16, you searched for [Mother of Baby I], and again on 5 November 2015 at 23.44 hours. And for a third time on 29 May 2016, 7 months after [Baby I] had passed away. Do you agree that you must have made these searches, Lucy, for us to talk to you about them now?

A. Yes.

Q. Again, why have you done these searches?

A. I don't know. I don't recall doing them.

Q. And the interview then concluded in respect of [Baby I].
A. Yes.
Q. We have bundle 2 of further interviews for the remaining babies. If I could ask for those to be distributed.

(Pause)

Just for clarity, the same approach with this bundle of interviews. Rather than producing interviews as a whole with more than one subject area, they've been broken down into individual babies across the entire time span.

A. Yes, that's right.
Q. On this occasion, we begin with [Baby J]. This is an interview on 4 July 2018?
A. Yes.
Q. So the first time Ms Letby was arrested?
A. Yes.
Q. We can see the times and dates and people present again. It begins thus:

Okay, what we'll do now is go on to [Baby J]. Do you recall [Baby J]?

A. I remember [Baby J] as a baby that was transferred to us with stomas and I believe a Broviac line as well.
Q. Sorry, say again?
A. So [Baby J] was transferred to us with stomas in situ and a Broviac line.

Q. Okay.
A. And I remember that because, again, that's not something that we have on the unit very often, babies with either stomas or a Broviac line. And I just remember her mum and dad because they'd already lost [Baby J]'s twin in utero earlier on in the pregnancy.
Q. Right. Okay. Did you have contact with the parents?
A. Yes, during [Baby J]'s stay, yes.
Q. Because you have told us before that sometimes you get to know about the parents' situation through a briefing. So you actually had contact with them --
A. Yes.
Q. -- rather than just that knowledge through the --
A. Yes.
Q. Okay. So during the early hours of 27 November 2015, [Baby J] had several episodes. Do you recall those episodes?
A. I'd have to check the notes to confirm my memories, all right?
Q. Lucy Letby was referred to the relevant notes -- it's a little bit faint this one -- and confirmed the administration of medication to [Baby J] at 00.02 hours, which is shown on tile 149, and her signature on the infusion prescription chart at 07.20 hours, along with another nurse, and again we've included the tile

reference there:

Okay. So with regard to these episodes that [Baby J] had during the early hours of the 27th, do you recall anything about those episodes, those collapses?

A. Not clearly, no.

Q. So you weren't her designated nurse. Were you required to treat her other than obviously from the two pages --

A. From my memory there was an occasion when [Baby J] was transferred into my nursery.

Q. Right. So tell us about that.

A. I'm not sure specifically on the date, which date that was, but there was a date she was down in nursery 4 and she was moved up into nursery 2.

Q. Okay.

A. And I believe that was when myself and Mary were working in that nursery.

Q. Okay. So if that was this occasion, do you remember the collapse prior to her being moved nurseries?

A. I remember what I was told about it, yes.

Q. What was that?

A. I think that she'd been found apnoeic in the cot, sort of having desaturations in the cot.

Q. Okay. So you think you only treated her after that episode and then she moved into the --

A. I think so.

Q. Is there anything else that you want to say about [Baby J]?
A. No. Again, she's just a baby I remember because it was unusual to have a baby with her level of care on the unit.
Q. Okay.

That's the conclusion of the interview and the time is 1.45, so no great depth with [Baby J] on that occasion.

A. No.
Q. Interviewed again on 12 June 2019 and following introductions and caution:

Okay, Lucy, we're going to talk to you now about [Baby J], okay? [Baby J] was born on 31 October 2015 and during the early hours of 27 November 2015, [Baby J] had two episodes. In your last interview, Lucy, you remembered [Baby J] and that she was transferred to the Countess of Chester with stomas and a Broviac line. On 27 November, you were working with Mary Griffiths (sic) and you recall that [Baby J] was found apnoeic in her cot and when we've shown you observation charts, you've confirmed that you were involved in her care. Do you remember that?

A. Vaguely, yes.
Q. Okay. From your previous interview you signed charts and notes confirming that you were around [Baby J] when she suffered desaturations; do you agree?

A. From the notes, yes.
Q. Yes, okay. So in relation to 27 November, Nicola Dennison was her designated nurse. The nursing records show that whilst in nursery 4 under the care of Nicola, [Baby J] suffered two collapses, 4 am and 5 am. Were you present in nursery 4 around either of those two times, Lucy, when she collapsed?
A. I don't remember. I think I was called to help. I don't remember specifically.
Q. Right. Do you remember who called you?
A. I think it was Nicky.
Q. So you weren't there at the time of the collapse, you were called there post-collapse? Is that what you're saying?
A. I think so, from memory, yes.
Q. Okay. Did you cause [Baby J] to become unwell, Lucy, knowing she would be moved into nursery 2 with you?
A. No.
Q. There are entries in the prescription records that show you being involved in the administration of medication to [Baby J].
A. Yes.
Q. Lucy Letby was then shown those records again, the one timed at 00.02, just after midnight:
Do you agree this shows that you were working in

nursery 4 and involved in [Baby J]'s care?

A. Yeah, I don't remember if [Baby J] was in nursery 4 at this point, I don't remember. I don't recall this. Obviously I have signed for something, I don't recall that medication.

Q. Thank you for that, Lucy. The nursing records show that [Baby J] was moved into nursery 2 with you after her collapse at 5 am.

At 07.11 hours on 27 November an entry was made on the nursing notes made by Mary Griffith. She states:

"[Baby J]'s monitor went off at 6.56, myself and L Letby attended."

A. Yes.

Q. Okay. Lucy, were you responsible for [Baby J]'s collapse?

A. No.

Q. Did you do something to make her become unwell?

A. No.

Q. Did you attempt to kill her?

A. No.

Q. Lucy Letby denied smothering [Baby J] or obstructing her airway:

Lucy, are you responsible for the collapse of [Baby J]?

A. No.

Q. Moving on to the third interview which took place on 10 November 2020:

Okay, Lucy, we'll move on to [Baby J]. With regard to your Facebook account you made two searches on 17 December, you made them at 10 o'clock in the evening. On one of the searches you searched for [Mother of Baby J] and in the other one you searched for [Father of Baby J], the parents. Do you agree you made those searches?

A. I don't remember doing that.

Q. Okay. In regards to your phone and text messages, Lucy, on 23 November at 9.46 am, you messaged [Nurse A] saying:

"She's good, I think. In 4, doing well with feeds. Hoping to get her home soon."

On 27 November at 7.40 [Baby J] suffered an event, you messaged Jen after and said:

"[Baby J] fitting, I'm thinking maybe sepsis."

That description there where you said "[Baby J] fitting, I'm thinking maybe sepsis", would that be reflected anywhere in the clinical or nursing notes?

A. Yeah, it would have been documented if she was having a seizure and if they'd screened her for sepsis.

Q. Who said to you that they thought [Baby J] had sepsis?

A. I don't remember.

Q. Do you know if she did have sepsis?

A. I don't know. I think she had. Didn't she come back with positive cultures from her Broviac line?

Q. Would you message colleagues about updates with babies?

A. Yes.
Q. And would you be the first one to prompt the conversation or would you only give the information if you were asked for it?
A. It worked both ways. Sometimes I'd be asked, sometimes I would give that information.
Q. And on those occasions why would you give it?
A. Usually in relation to if somebody would have asked how my day was or if there was something I just -- that I wanted to offload a little bit to somebody that was also a nurse.
Q. Just before we move on, the social media side of things, Lucy, where we obviously have evidence of searches being made for the individuals, does anyone else have access to that account who could have done that instead of you, colleagues at work?
A. Not that I know of, no.
Q. Have you ever passed your phone to anyone for them to search for family members? I think the question I am asking is --
A. Well --
Q. -- could anyone else have done those searches or --
A. Potentially if my phone was left somewhere or somebody knew my password, but I don't know if that's the case.
Q. Right, okay. If you left your phone somewhere, it would

be locked, would it?

A. Yes.

Q. That was the conclusion of [Baby J]'s interview.

A. Yes.

Q. Thank you.

[Redacted]

MR JUSTICE GOSS: That's a convenient point to have a ten-minute break. We'll have 10 minutes, please, members of the jury.

It occurs to me, Mr Astbury, it would be quite helpful if there was a sequential list -- I know one can cross-reference the indictment, but a sequential list of which interviews, the order in which they come, because it's sometimes quite difficult to read the initials on the tabs. I'm not being critical, I'm just thinking of the jury when they're deliberating on this and they say for example they want to look at the [Baby K] interviews they will be able to locate it pretty quickly by just looking at the index at the front.

MR ASTBURY: That's easily done, my Lord.

MR JUSTICE GOSS: I'm just trying to make life easier. So in respect of each bundle, there will be an index with a list of the interviews in the order in which they appear and then you'll be able to locate them more quickly.

Thank you very much, 10 minutes.

(In the absence of the jury)

MR JUSTICE GOSS: I'm not seeking to be prescriptive, but I think a front sheet of the babies, the dates of the interviews and matters such as that. Because generally they're nearly a year apart, 18, 19, 20, but there are some where there are two interviews sequentially.

MR ASTBURY: They span 2 or 3 days in time.

MR JUSTICE GOSS: Thank you very much. Ten minutes, please.

(11.46 am)

(A short break)

(11.58 am)

(In the presence of the jury)

MR ASTBURY: Officer, [Baby L]. The first questions asked about [Baby L] were on 10 June 2019.

A. Yes.

Q. Usual headings. The interview began:

Right, okay, Lucy, we're going to talk to you now about [Baby L]. [Baby L], a baby boy, is twin number 1, born via a semi-elective caesarean section at 33 plus 2 weeks' gestation. He was born on 8 April 2016 at the Countess of Chester Hospital. [Baby L] was admitted to the NNU at 10.30 on 8 April and due to prematurity and the need to stabilise his blood sugars he was under the constant care of Dr Gibbs. There was a constant issue

with controlling [Baby L]'s blood sugar levels whilst on the NNU. Lucy, did you inflict any injury on [Baby L]?

A. No.

Q. Are you aware of anyone else inflicting any injury on him, Lucy?

A. No.

Q. Tell me about your involvement with [Baby L], Lucy.

A. I'd have to make reference to the notes, if that's okay.

Q. Lucy Letby was then given the opportunity to refer to the notes and was asked:

Okay. Do you specifically recall your involvement with him whilst he was on the neonatal unit?

A. Some, yes.

Q. Why is that? What is it that you recall?

A. I remember going to the delivery with the twins.

Q. Okay. What about after when he was admitted to the ward?

A. I don't remember a great deal about that.

Q. The delivery of the twins that you've just told me about, is that from your own recollection or is that having reviewed the notes in front of you?

A. No, I can remember going to their delivery.

Q. Okay. Is there anything else you remember about [Baby L] in particular?

A. No.

Q. Lucy Letby was directed to the pain management chart and observations chart -- charts, I should say, pleural -- where she identified her signatures:

Okay, if you turn over the page, Lucy, the next one is a blood gas record form. Again, can you confirm that's your signature there on the first couple of entries?

A. Yes, the first four are mine, yes.

Q. I'm going to ask Mr Murphy, please, to go to tile 5 of [Baby L]'s sequence of events. There are a few questions about this document. If we scroll down a little, please, thank you.

The question was asked:

Can you confirm that's your signature there on the first couple of entries?

A. Yes, the first four are mine, yes.

Q. We can see those first four entries on the document:

You would agree? Okay. And can you just give me a brief explanation of this form?

A. So this is a blood gas form. When we take bloods from a baby we run it through a blood gas machine and it tells us their oxygen levels, how they're managing, basically, within their blood, and that's done when they are born, usually when they first arrive on the unit. So like at 10.58, there's a venous sample, which has

been done by a doctor.

Q. Okay.

A. And us nursing staff don't take venous samples and I have documented that he's got a low blood sugar, which is then repeated and that's a capillary sample which I probably would have taken myself.

Q. Okay.

A. And again he's got a low blood sugar and I've then repeated blood sugars at 16.00 and 18.00 --

Q. Yeah.

A. -- and documented them.

Q. Okay. Looking at that chart, Lucy, and having a look at the glucose, is there anything significant you can tell me?

A. He's got a low blood sugar --

Q. Okay.

A. -- on both entries.

Q. What do you class as low?

A. Um, less than 3, I think it is.

Q. What's the reasons for that?

A. It could be that he's -- well, he's not had any feeds yet, he's not had any fluids running.

Q. Okay, in your experience working on the NNU, is that a sort of figure that you would expect?

A. Um, I wouldn't necessarily expect it, but it's not

a huge surprise. Sometimes babies get cold or stressed at delivery and it can drop their blood sugar.

Q. Okay. If you turn the page, Lucy, this is a fluid balance chart. Again, there's a number of entries there. Can you confirm they're your signatures at the bottom?

A. Yes, they are, yes.

Q. Just go to tile 11, please, Mr Murphy, while we're in the sequence of events. Signatures at the bottom confirmed. Question:

In the green? Okay. Can you tell me...

Pausing there, were some of these entries highlighted in advance of being provided to Lucy Letby?

A. Yes, they were.

Q. So that would be the reference to "in the green"?

A. Yes.

Q. Can you tell me what you signed for there?

A. Okay. So this here is the fluid chart. So I've documented here that he's on 10% glucose and I've documented the rate and how much has gone through each hour and how the line is. That's the score to say whether -- the pressure that's going through the line to check that the cannula's working.

Q. Lucy Letby confirmed that [Baby L] had received intravenous fluids and milk via his NGT and was asked:

Okay, is there anything that would give you cause for concern on that chart from what you can see?

A. No, no.

Q. Take that down, please, Mr Murphy.

Lucy Letby was then shown the records of her having administered medication to [Baby L] with both Mary Griffith and Amy Davies as co-signers:

Yeah. Would you say it's fair to say that you've had quite significant involvement with [Baby L] by looking at the notes so far with his care?

A. Yes.

Q. The officer then asked about the first blood sugar reading of 1.9 that was taken shortly after birth:

Would that give you any cause for concern if you saw that reading?

A. Yes, because it's a low reading, so you would -- you would escalate that to the doctors and be guided by them and then you would give a feed.

Q. Okay. And how would that affect the baby's health?

A. Um, well, if they've got low blood sugars, they're going to be cold, they're going to be compromised, they're not going to be able to main their temperature. It can also be a sign of infection.

Q. Okay. Long term, Lucy, what would be -- what would that mean, low sugar? If they had low sugars for a long

period of time, what are the consequences?
A. If it's very prolonged I think it can cause brain damage and even death.
Q. What would you -- what changes would you expect to see in a baby once they've been given that glucose?
A. Well, the blood sugar would start to increase. He's a small baby, isn't he? He's an IUGR baby so sometimes they are -- they do have a low sugar.
Q. Is the low blood sugar common in neonate babies?
A. Yes.
Q. And --
A. It's not an unusual thing to see.
Q. And if it was reversed, if the sugar was high?
A. So if the sugar was high then there's a protocol that we follow. It has to have two regions -- I think it's a 14, so many hours apart, and then you would look at commencing insulin --
Q. Okay.
A. -- and reducing, looking at what is their TPN fluids, whether there's anything in that that can be reduced.
Q. Okay. What are the different types of insulin that they'd use on neonates?
A. There's only one type on the unit.
Q. Okay.
A. I'm not sure exactly what it is, but there's only one

type that I think was on the unit.

Q. And is that used often on the unit to regulate babies' blood sugar levels?

A. Um, no. I would say it's a common thing to have a baby on insulin [as read].

Q. "Wouldn't say."

A. Sorry:

I wouldn't say it's a common thing to have a baby on insulin.

Q. Okay. And from recollection, and you having looked through the notes before, was insulin part of [Baby L]'s care treatment plan?

A. Not at birth.

Q. Okay. May it have come into place later down the line with his care on the unit?

A. I'd have to look. He went on to develop raised blood sugars and I know he's insulin, yes.

Q. Okay. Was it regularly used?

A. On babies in general?

Q. Yes.

A. Um, so I wouldn't say it was regularly used but it's not an uncommon thing to use. There are babies that do have insulin but not -- not a lot of babies.

Q. Okay. And you specifically, Lucy, what training inputs have you had around controlling blood sugar levels for

babies?

A. What training have I had myself?

Q. Yes.

A. Um --

Q. To enable you to obviously manage it and perform your role?

A. Yeah, so just we've a competency framework that's completed when we first start on the unit and then we have a hypoglycaemia pathway policy on the unit to follow in response to whatever readings you are getting from the baby and how to manage it.

Q. Okay. And --

A. So not sort of specific nurse training as such, but there's a guideline on the system.

Q. Okay. And do you have any kind of duty to maintain that training?

A. No, it's just something that you self-certify when you're happy. There's no formal --

Q. Do you remember when your last training was in respect of that since you've been working on the unit?

A. Well, I'd -- it's not something that we have regular training on. It's one of those things that's sort of done.

Q. Right.

A. And then once you're competent, you're competent, if it

-- it's not one that's reflected on.
Q. Would you say you were competent in this process?
A. Um, guided by doctors, yes. I mean, it wouldn't be me managing -- I wouldn't decide when to start insulin or anything like that, but in line with knowing when to take readings, then yeah.
Q. So the use of insulin was started by a doctor?
A. Yes.
Q. So a doctor would determine when it would be introduced?
A. Yeah, so we might raise with them, in line with policy, that the baby has met the criteria but then would have to prescribe either the dextrose or anything to do -- to treat a high or low sugar. Low blood sugar would come from them.
Q. And can all nurses on the unit administer insulin?
A. As far as I'm aware, yeah, I think so.
Q. Okay.
A. Well, just -- actually, no, because if you give insulin it usually goes through a central line, so only certain nurses on the unit can use a central line.
Q. And can you explain the process in administering the insulin via the line? How would you do that?
A. Insulin specifically or just...
Q. Well, any, any medication then that you'd use to use that line.

Lucy Letby then explained the procedure: when any medication was administered via a long line, one nurse would be sterile while the other was "dirty", opening things, passing items, accessing the incubator, et cetera.

Then the questions continued:

Okay, and specifically insulin, Lucy, on the unit, where was that kept --

A. It was kept in the fridge in the equipment room.

Q. Okay. And who would have access to that fridge?

A. Um, it's locked, so any member of nursing staff can access the keys, they get passed around, whoever's -- one member of staff would just have them and pass them on to whoever.

Q. Right.

A. There's no allocated person to hold the keys, so --

Q. Okay.

A. -- it would be nursing staff. Sometimes the nursery nurses go into the fridge as well.

Q. And how many sets of keys were there on the unit?

A. Keys? Just the one that I'm aware of and then there were spare sets --

Q. Right?

A. -- in the office for emergencies.

Q. So when you say passed around, would it just be one?

A. There's one set of keys and then they are just sort of passed to whoever needs them. There's not one person that's in charge of the keys.
Q. Okay. So you said this fridge is in the equipment room?
A. Yes, yes. Yeah, so there's a large where they store all the premade drugs such as the TPN and anything made-up --
Q. Okay.
A. -- by CIVAS and there's a small fridge on top of our own that's got other drugs in, such as eye drops, the insulin, and all things like that in it. I can't remember exactly now whether it's all in one fridge or whether it is two separate fridges.
Q. And you said there was one set of keys that you were aware of. Just remind me where they were again if you needed them?
A. So they're passed around between members of staff. There's nobody allocated to have the keys, they're just passed around as and when somebody might need them.
Q. Okay. So there's no hook for them or no cabinet where they're kept?
A. No, they're always kept on a member of staff.
Q. So if you were -- if you needed access to the fridge, what would you do, have to go on all the members of staff that are on and say, "Have you go the keys"?

Is that what you'd do?

A. Yeah. So yeah, it's very much you ask who's got the keys and then they would either come to you or you would take the keys -- and yeah.

Q. Okay. Now you just you did mention something else in the fridge. What else was in the fridge, did you say, with the insulin. There was other --

A. So there's other drugs in there. There's, um, our emergency resuscitation drugs and there's also drugs like eye drops and things and anything that might have come up from pharmacy that a baby's on that needs to be kept refrigerated.

Q. Such as?

A. Antibiotics mainly.

Q. Okay. In the fridge, Lucy, do you record or document when you've accessed the fridge?

A. No, no.

Q. Okay. And how would you know the amount of insulin to use on a baby that requires it?

A. It would be prescribed, you'd have to take it out of the vial, it comes in a -- and you'd have to make up an infusion of that amount.

Q. Okay. So you say it's prescribed. So actually it would have the baby's name on then, would it?

A. The insulin wouldn't, no, because it's a stock drug.

Q. Right, okay.
A. But for the prescription we would take the vial out and make up an insulin infusion and then the insulin would go back in then as being opened and you can only keep it for --
Q. Right.
A. There's a certain amount of time -- I can't remember how many days you can keep the insulin open and then it has to be disregarded.
Q. So if it was on a certain measurement, would there be two of you that do that?
A. Yes, yeah.
Q. Okay, and would that be done by the fridge, would it?
A. No, it wouldn't be done by the fridge because it's not a clinical area. So we'd take it through to the nursery and make it up there.
Q. Just going back to this room, Lucy, that it's kept in. It's labelled on the diagram as "sterile store". How would you get access to that room?
A. This room is just propped open all the time.
Q. Right, okay.
A. It's just open and it's where we get -- all the equipment is kept and people have their tea and coffee and it's just used for everything, that room, and it's just open all the time.

Q. Lucy Letby was asked about the hypoglycaemic pathway in [Baby L]'s case. She explained that if tolerating feeds, he would have received milk to start with before introducing fluids if his sugar did not then improve. She was asked:

And from looking at the entry would you have had any concerns about how [Baby L] was doing?

A. Um, no.

Q. And would you say that hypoglycaemia was a danger to [Baby L] at this time when you have made that entry?

A. No, not at this time -- and he's got two good readings of 2.5 and 5.8.

Q. Uh-uh.

A. He's tolerating his feeds, he's not vomiting, no.

Q. Lucy Letby explained that the readings that followed showed that [Baby L] was becoming more stable. She could not remember whether the policy was below 2 or 3 that the readings would become a concern. Tests could be carried out in the nursery using a machine specifically for blood sugar called a Hemicube or using the blood gas machine if other reading were being taken with that:

Do you specifically recall the parents, Lucy?

A. I can remember the parents, yes.

Q. Okay. And again with that entry is there anything else that you can tell us about the visit to the parents that

you haven't documented there?

A. No. I just remember them being really happy.

Q. The interviewing officers then moved on to events on 9 April 2016 for which Lucy Letby also had the relevant notes. She confirmed where her signature appeared and she was asked:

Again, can you confirm by those entries that you've been involved in [Baby L]'s care on the 9th?

A. Yes.

Q. There's an infusion therapy chart. Can you confirm your signatures on that chart, Lucy?

A. Yes. They're my signatures, yes.

Q. Go to tile 115, please, Mr Murphy:

If you can confirm the date on that is 9/4?

A. Yes.

Q. Can you tell me what the infusions are?

A. So we started a bag of 10% glucose at 3ml per kilo per hour.

Q. Okay.

A. And that was started at 12 o'clock.

Q. Okay.

A. Then baby's had a bolus, so a set amount of dextrose given --

Q. Okay.

A. -- at 15.40.

Q. Okay. So you say the first entry is in relation to a bag?
A. Um -- it's a bag.
Q. Yes.
A. So it's a 500ml bag that we checked out.
Q. Okay.
A. But it's running at 3ml per kilo per hour --
Q. Okay.
A. -- which is the hypoglycaemia treatment.
Q. Do you recall if you connected that bag?
A. I don't remember.
Q. Well, your signature's at the top of that under the column "nurse setting up infusion". Would that help you to recall if you set it up?
A. I can't recall from memory, no.
Q. In relation to those bags then, Lucy, where were the medicines kept stored?
A. The dextrose bags are kept in nursery 1 in a cupboard.
Q. Right, okay.
A. It's not a locked cupboard, it was just in the bottom corner.
Q. So they're premade up, are they?
A. Yes.
Q. Right.
A. You would add to the bag if needed, but the bags just

come as standard.
Q. When you say you add to the bag, how would you do that?
A. Um, well, you'd have to draw up whatever you were putting into it and then break off the seal and -- because the bags are all sealed --
Q. Okay.
A. -- you'd have to open that bag, then open up a seal, and then put whatever you were putting into the bag.
Q. When you say a seal, has the bag got entry points on it?
A. What do you mean, sorry?
Q. If you were going to add something to the bag --
A. So the bag is in a cellophane bag, so you'd have to rip the cellophane bag, open the bag, and you've got your bag of fluid.
Q. Right, okay.
A. And to open the bag of fluid there's a twist break in the valve that you'd have to pull off.
Q. Right.
A. And then you would attach it to a line or syringe, whatever you're attaching it to.
Q. Okay.
A. And then there's a port on the other side that's like just a one-way port that you can put a needle into if you were putting another medication into that.
Q. What sort of things would you add to it?

A. So it's very rarely, really, that I've done it. Sometimes we'd add -- like, if babies are on sort of like a sodium chloride infusion or potassium or something, but I don't think -- they go into separate syringes usually. Sometimes you put antibiotics into it but it's not -- I can't recall -- I can't really say how -- if I've ever done that, if ever.

Q. And where would you -- where would add into the back take place? Where would you do that [as read]?

A. In the nursery.

Q. Which one?

A. Whichever nursery that baby was in usually.

Q. Okay. To add something to the bag could would you need authority to do that from a doctor?

A. Yes, it would need prescribing.

Q. Okay. Underneath the 10%, is that a bolus that's being given on 9/4?

A. Yes. So it's 4.3ml, yeah.

Q. Okay. So you talked before about adding it to a bag. How would that have been given to [Baby L]?

A. That wouldn't have been added, that would have been just drawn up.

Q. Yes?

A. Then you'd flush afterwards. That's just a one-off amount that was given directly.

Q. Okay. Again, do you remember if you were the one to administer that to [Baby L]?
A. I don't recall that, no. If this is the day that I'm thinking of, the unit was very busy --
Q. Right, okay.
A. -- and it was myself and Mary in the nursery with, I think, six babies and I think they were just all...
Sorry:
And I think they were just doing all of the drugs for all of the --
Q. Right.
A. -- babies if that's the day, if I'm remembering correctly. Obviously I -- I can't see off-duty or I don't know if -- what that day was like.
Q. Okay.
A. But from memory there was a day when we were both in nursery 1 with the twins and it was really busy.
Q. When you say six babies, you were looking after six babies?
A. No, between myself and Mary.
Q. Right.
A. There were six babies in the nursery. We should only have five but we had six and one of them was the second twin and he was sort of in not a proper space, so not what we would call a proper space but the room was full

so.

Q. Okay. Whether there any nurses working in that room with you at that time do you remember; no?

A. Not from memory. I know I was working with Mary, I do remember myself and Mary.

Q. Okay. So going back to the administration of those drugs again, and you've got your name above another signature -- is that Mary's signature, is it, and do you recall on the 9th what nursery you were working in?

A. Nursery 1, if that's the day I'm thinking of.

Q. Okay. I mean, was -- I mean, [Baby L], he remained in nursery 1 from when he was born the day before?

A. Yeah.

Q. He wasn't moved?

A. Not that I am aware of. So if I'm remembering it from the day correctly, twin 1 was in a space and then [Baby M] the other twin, was in a non-space against the wall and I think Mary had those two babies. I had a baby that was in the other ITU space and the other two babies that were in the room.

Q. You were saying there were six in nursery 1 at this time. So is that normally on a one-to-one basis?

A. Yes, so ideally a baby in nursery 1 -- if they're classed as ITU care, they should be one-to-one.

Q. Right, okay.

A. Not all of these babies were ITU care, but the nurseries outside were full.
Q. Okay.
A. So if I remember correctly there was just a bit of a backlog and the unit was full --
Q. Right.
A. -- and we had these babies all in nursery 1.
Q. Right. Would [Baby L] be classed as an ITU baby then or not?
A. No, I don't see that he would be, no.
Q. Do you recall much about [Baby L]'s blood sugar levels the following day, so on the 9th, Lucy?
A. No. I remember from memory there was a problem with him when I was helping Mary because Mary wasn't overly --
Q. Okay.
A. -- familiar with the protocol.
Q. Tell me about that problem.
A. I think his sugars had become low, which would make sense here, and if we had to give a bolus -- I don't remember specifically and then I think from memory -- I wondered if were -- I think we checked to see that his line was running and that his fluids weren't leaking or anything like that, which could have caused a low blood sugar.
Q. Okay.

A. But I don't remember any more details.
Q. Is there anything else that could cause a low blood sugar reading?
A. So it could be if his IV wasn't going into the right place or if it had become detached and was leaking, so he wouldn't be getting the fluids -- he hadn't been fed --
Q. Mm-hm.
A. -- or not enough feed. Sometimes they drop their blood sugars if they're unwell, so they've got an infection, if they're cold.
Q. And you say that you've -- you remember Mary having an issue with it the following day. Is that from reading your notes?
A. If it's the day I remember. I remember it was really busy. I remember that from memory.
Q. And do you remember if there were any concerns for [Baby L] that day?
A. No, I remember us thinking it was strange that he'd dropped his sugars, I think, and then I think we were looking at the line to see if there was an issue and things like that, but I don't remember.
Q. Because a lot of the reasons you've just mentioned are manageable, aren't they, if they're -- the fluids or the feed, for instance?

A. Yeah.
Q. So it would all help with those sugar levels, wouldn't they?
A. Yes, unless the baby has an underlying -- an underlying, like, anaemia (sic) or something.
Q. What's that then?
A. That's a condition where the baby has got low blood sugars and that's a sort of endocrine problem and that's managed by Alder Hey and they do need --
Q. Right.
A. -- supplements and things. That's something that's --
Q. Do you know if that was the case for [Baby L] then?
A. No, I don't remember it being the case for [Baby L], no.
Q. Now I appreciate that it's obviously some time ago, Lucy, but do you remember a specific care plan in place to manage [Baby L]'s blood sugar levels?
A. No, not from memory, no.
Q. Okay. And from what you've been looking at there on the 9th can you confirm if he was continuing to receive treatment for his blood sugars?
A. He is on those two entries. I don't know if we've got a fluid chart or not. That would confirm what feed he was having.
Q. Did you have any further involvement in managing his blood sugars other than what we've discussed?

A. No, not that I am aware of, no.
Q. Other than directed by the doctor, did you administer any other medication to [Baby L], Lucy, on either the 8th or the 9th, Lucy?
A. Not that isn't documented, no.
Q. Okay. And if you had have done, you would have documented it?
A. It would have been prescribed, so I'd have to sign the prescription chart, yeah.
Q. Okay. Specifically in relation to insulin, Lucy, do you remember administering it to [Baby L] when it wasn't prescribed?
A. No.
Q. Did you intentionally attempt to murder [Baby L], Lucy, by injecting him with insulin?
A. No.
Q. Did you intentionally cause him any harm?
A. No.
Q. Is there any way, Lucy, that it might have been a mistake, that you might have unintentionally administered insulin; is that possible?
A. I don't really see how. If we picked up a wrong drug it would have been two of us that had checked it. It's unlikely that we have at any point picked up an insulin rather than something else.

Q. Is insulin clearly marked, the bags?
A. It's not in a bag, it's in a vial.
Q. Yeah, the vial, is it clearly marked insulin?
A. Yeah, it's in a box, it's in the --
Q. So there's no way the mistake could be made in that respect, could it?
A. No, not with two people.
Q. And it would never be done with one person, would it?
A. No.
Q. Are you aware of anyone else causing [Baby L] harm, Lucy, on 9 April 2016?
A. No.
Q. It's 21 minutes to 2 and the interview is now stopped.

A second interview in respect of [Baby L] took place on 12 June 2019?

A. Yes.
Q. So 2 days after the one we've just read together, this, of course, being the second occasion that Lucy Letby was under arrest.
A. Yes.
Q. All right.

At the outset of this passage, the officers began by summarising that which Lucy Letby had said previously about [Baby L] and the documents within the notes bearing her signature.

They then explained that [Baby L] had been found to have had a very high level of insulin in association with a low/normal value of C-peptide:

Have you got anything you wish to say about that?

A. I don't know what that means.

Q. The officers then explained the experts' view that this would have been administered during the hours leading up to 09.59 on 9 April 2016 and that it was impossible for [Baby L] to have received that mistakenly:

Do you agree with that, Lucy?

A. Yeah, I would. Yeah, I don't know how it would accidentally get given.

Q. If it was used inappropriately, insulin, it will cause hypoglycaemia?

A. Yes.

Q. Lucy Letby was then asked about Dr Evans' report:

And he says that if lasting for a sufficient amount of time it can lead to irreversible neurological damage.

A. Yes.

Q. Are you responsible for that, Lucy?

A. That wasn't done by me.

Q. Lucy, did you administer insulin to [Baby L]?

A. No.

Q. Are you responsible for the attempted murder of [Baby L], Lucy?

A. No.
Q. Is there any explanation, Lucy -- you've already confirmed that you've been involved with the care of [Baby L]. Is there any explanation whatsoever how insulin has ended up in [Baby L]'s circulation?
A. No. Not unless it was already in one of the bags that we were -- or some of his fluids that he was already receiving --
Q. Did you put insulin?
A. -- no.
Q. In one of those bags?
A. No.
Q. Okay.
That concluded that section of the interview.
A. Yes.
Q. Then questions were asked about [Baby L] on a third occasion, that being 10 November 2020.
A. Yes.
Q. And this part of the interview begins:
Okay, so we'll move on to [Baby L] then. You agreed that insulin could not have been administered to a neonate mistakenly and that it can only be used -- it can cause hypoglycaemia and damage to the brain. You've denied administering insulin to [Baby L] and causing him harm. Is there anything else you'd like to add, Lucy?

A. No.
Q. Then the officers informed Lucy Letby of the results of [Baby L]'s blood test with an insulin level of 1,099 picomoles per litre and an insulin C-peptide level of 264 and that this was considered by clinicians as abnormal.
A. Yeah.
Q. Are you aware of C-peptide, Lucy, and what it means when I said that?
A. Yeah.
Q. Is that something you're aware of?
A. Yeah.
Q. Okay. Did you target [Baby L] with insulin because he had a low glucose at birth, Lucy?
A. No.
Q. Did you target [Baby L] because he was a twin like [Babies A & B] and [Babies E & F]?
A. No.
Q. That concludes the interviews in respect of [Baby L]?
A. Yes, that's right.
Q. We then move on to his twin brother, [Baby M]. Back in time to 5 July 2018 --
A. Yes, that's correct.
Q. -- when Lucy Letby was first questioned about [Baby M]:
So we'll go on to [Baby M]. I'll just remind you who

[Baby M] is. He was born at 10.14 hours on 8 April 2016. He was one of a twin. He was transferred to the neonatal unit at 10.30 on 8 April. At 16.00 hours on 9 April [Baby M] collapsed and required resuscitation. So what can you tell us about your care and memories of [Baby M]?

A. So I remember [Baby M] on this particular day. I was working in nursery 1 with another member of staff and the nursery was very busy and [Baby M] wasn't in. We usually have four babies in a nursery and [Baby M] was the fifth baby and he was not in a usual space. He was sort of in a corner space and therefore he wasn't on a full Philips monitor, he was on a small Masimo monitor, and I just remember the unit being very busy and myself and this other nurse were preparing drugs on the other side of nursery 1 and we heard [Baby M]'s monitor going off and I attended to his monitor. I don't remember exactly what was on the monitor, but I think he was having a desaturation and I started some airway intervention and Mary got some help.

Q. Okay. Was it Mary that you were preparing the drugs with?

A. Yes.

Q. Okay. So tell us your observations at the point where you tended at the desaturation.

A. So I don't remember specific values or anything, but I think I went to [Baby M] and he was having a desaturation and dropped his heart rate, I think, or some -- I can't remember if he was apnoeic or whether he was just intermittently breathing.
Q. Okay. Can you tell me what other babies were in the room and what other nurses were in the room or family members?
A. I'm not sure about family hence, I believe Mary and myself were doing drugs over the other side of the nursery, so Mary was there, and then we had -- I had a baby in nursery 1 in the top end and there was a baby next to [Baby M] and then there were two babies at the other end of nursery 1.
Q. Okay. So prior to this collapse -- I know you said that you were preparing drugs with Mary. So if we include that in the time of the event, just prior to what you were doing what were your activities?
A. Checking the drugs with Mary.
Q. Okay. And prior to that?
A. Prior to the drugs? I don't recall.
Q. Did you have babies in the same nursery as [Baby M]?
A. Yes.
Q. Can you remember which babies they were?
A. I can't recall their names but I know they were in the

nursery.

Q. Lucy Letby sketched a plan of the nursery at the time with the positions of other babies and she was then asked about some of the notes. If we can go to tile 127, please, Mr Murphy.

A. So it's 9 April 2016.

Q. And the time?

A. 15.30.

Q. Okay:

What's that activity, just generally?

A. So this is the commencement of a 10% dextrose bag.

Q. So would that have been you physically having contact with [Baby M]?

A. Yes.

Q. Yeah, and that's at --

A. To connect the bag, yes.

Q. -- 15.30?

A. Yes.

Q. Okay. Sorry, can you remember who -- I don't know if I asked you, did you say who his designated nurse was?

A. Mary Griffith.

Q. Okay.

Lucy Letby was then shown the two prescriptions suggesting that she was involved in the administration of medication to [Baby M] at 15.45:

So -- okay, do those entries signify to you that you were having contact with [Baby M] in the run-up to the event at 4 or 16.00 hours?

A. Yes, I'm not sure if I was the one who actually administered the medications, but yes, I was involved --

Q. Yeah.

A. -- with the medications, yes.

Q. Okay. Is that something that you would ordinarily do with another nurse who had babies in the same nursery as the babies that you were looking after?

A. Yes.

Q. Would you do treatments together, essentially, or certainly concerning the drugs?

A. Yes, or at least check each other's drugs, yes.

Q. Okay. But do you remember having specific contact with [Baby M] during those times?

A. No.

Q. Lucy Letby explained that she took over as [Baby M]'s designated nurse at resuscitation as his designated nurse was not ITU-trained. Lucy Letby thought [Baby M] had been reallocated to her by [Nurse B]. She was asked:

Right, okay, were you involved in the resuscitation at all?

A. I think I gave drugs from memory.

Q. Okay. And are you aware of who else was involved in the resuscitation?
A. I remember Dr Jayaram was the consultant. I'm not sure which other members of staff. I know Mary was in the room and I think [Nurse B] was in the room as well.
Q. Okay. Go down then to family communication.
A. Yes.
Q. And then the officer quotes:

"Parents and family members present for resuscitation and fully updated by medical and nursing staff. Parents have remained with the twins."

And then she was asked the question:

Who informed the parents?

A. I don't remember.
Q. Do you recall if you had contact with them at that stage?
A. I remember them coming to visit [Baby M]. I don't remember if I was the nurse that -- that asked them to come to the unit but I do remember speaking to them once I'd taken over the care because we moved [Baby M] to another space in the nursery.
Q. In the same nursery?
A. Yes, but to a designated space whereas before he had just been on a side wall in.
Q. Right. And what time would you -- should you have

finished?

A. 8 o'clock.

Q. So what was the purpose of still being there at 21.22?

A. I think there was a lot to hand over, a lot of things. I had other babies that needed to be handed over and then obviously [Baby M] was quite a complex case to hand over, so I envisage that's why I was there later.

Q. Is that quite a common thing?

A. Yes.

Q. Okay.

A. And obviously any patient care handing over would take priority over the notes. The notes are the last thing that we would do.

Q. Okay. So with regards to the event itself, once you were alerted with [Baby M]'s monitor going off what -- tell me again what your observations of [Baby M] were.

A. When his monitor went off?

Q. Yeah.

A. Just from memory I remember that he -- it was alarming because he was desaturating and I think he was bradycardic as well.

Q. Okay.

A. And I don't remember whether he was apnoeic or whether he was just shallow breathing.

Q. Do you know why he desaturated?

A. No.
Q. So when you attended to him, there was -- was there nothing obvious that had caused the desaturation?
A. Not that I can remember.
Q. Then a colleague asked:

Any more questions?

A. But I do remember that his -- his colour was a little bit harder to access (sic) with him being an Asian baby and also he was in a corner space where there's poorer lighting.
Q. I think that should probably read "assess" rather than "access".
A. Yes.
Q. Okay. And then she was asked:

Is there anything else that you recall about [Baby M]?

A. No, I just remember it being a particularly busy shift.
Q. Why do you remember that?
A. Because it's not very often that we have that many babies in nursery 1 and I just remember it being --
Q. Right.
A. -- Mary and myself. Mary's quite a junior member of staff, so --
Q. Right, okay.
A. I just remember supporting her and doing a lot with her and us both commenting on how busy it was and things.

Q. And then the question is:

Does anybody want to add anything else?

The answer is no and the interview concluded at 2.50 pm.

If we move on, please, to 12 June 2019 and the second occasion upon which [Baby M] was discussed with Lucy Letby:

Okay, Lucy, we're going to now talk to you about [Baby M].

And the officers summarised [Baby M]'s case and the last interview:

Do you remember that, Lucy?

A. Yes.

Q. Then Dr Ukoh says:

"On examination at 10.25 hours on 9 April there appeared nothing untoward. He was breathing on his own with no support and was fully feeding. He looked well and settled."

It appears, Lucy, that [Baby M] was okay in the morning at this time; do you agree with that?

A. Yes.

Q. At 4 pm she, meaning Mary Griffith, was preparing medication within the nursery and states you were the check nurse for it; do you recall that, Lucy?

A. Yes.

Q. Do you remember exactly where you were when [Baby M]'s alarm sounded?
A. On the workbench with Mary drawing up medications.
Q. Do you agree you were the first one at the cot side when the alarm sounded?
A. I think I was, yes.
Q. Lucy, did you do something to [Baby M] to cause him to collapse?
A. No.
Q. Were you aware of any issues with [Baby M]?
A. No.
Q. [Baby M] required resuscitation at this point. You became the designated nurse for [Baby M]. Do you remember this?
A. Yes.
Q. Did you cause [Baby M] to collapse so you could care for him in nursery 1, Lucy?
A. No.
Q. Did you attempt to kill [Baby M]?
A. No.
Q. The officers then summarised the opinion expressed by Dr Bohin:

Is there anything you wish to say about that, Lucy?

A. I didn't cause that and I don't know who would have. Mary and I were doing drugs at the time.
Q. Did you obstruct [Baby M]'s airway?

A. No.
Q. Did you intentionally administer air into [Baby M]?
A. No.
Q. You have admitted having contact with [Baby M] up to his collapse, haven't you?
A. Yes.
Q. Mary says that her back was to the incubator when the collapse --
A. We were drawing up the medications together.
Q. Lucy, on 4 July a search took place at your home address and I'm going to show you police exhibit PMB8 somewhere.

Then we've noted PMB8 is the paper towel with the resuscitation drugs and timed annotated on it in relation to [Baby M]:

It's a list of drugs during [Baby M]'s resuscitation and the times they were administered.

A. Okay.
Q. Okay. Can you give me an explanation why they were recovered from your bedroom, Lucy?
A. They've inadvertently come home with me on the night shift.
Q. Do you remember taking them home?
A. No.
Q. Have you obtained a copy of those from the NNU?
A. This was written on a paper towel.

Q. Did you write it?
A. No, that doesn't look like my writing, no.
Q. So how has it come into your possession?
A. I imagine that I have had to backdate it with somebody, the drug administration times, or notes.
Q. Okay. Where would you put it on you to take home?
A. In my pocket.
Q. Why weren't they placed in the confidential waste, Lucy?
A. It's an error on my part that I've not emptied my pockets before leaving.
Q. So when you've arrived home and you've emptied your pockets and seen that, why have you not destroyed it?
A. I don't know.
Q. Why have you kept it, Lucy?
A. Well, there's no reason why I've kept it.
Q. Was this to remind you of when you attacked [Baby M]?
A. No.
Q. Lucy, these relate to April 2016; do you agree?
A. Yes.
Q. And they were found -- then found in your home address in 2018, a significant time later. Explain why they remained at your home address for that amount of time.
A. It's just got put to one side and then forgotten about.
Q. Whose handwriting is this?
A. I think some of this here is mine. This one here, it

looks like [Nurse B]. I'm not sure about all of it.
Q. And you've previously confirmed that you were not the designated nurse for [Baby M].
A. I was post-collapse, from when this started.
Q. But prior to collapse?
A. No.
Q. Okay. Can I just show you a section of police reference NAC9, Lucy. We did discuss your diary on previous interviews. Just, do you recognise that as --
A. Yes.
Q. -- as a copy in your interview and the second page if you can just have a look at that for me. Okay. The entry for 8 April, can you see it?
A. Yes.
Q. Do you see "LD twins"?
A. Yes.
Q. Can you explain what that is?
A. No.
Q. What would LD mean?
A. Long day.
Q. What would twins mean?
A. They were twins on the unit at that time.
Q. And that was 8 April 2016. The time we're talking about [Baby M]. Does that relate to [Babies L & M], Lucy?
A. Is that the day they were born?

Q. Was it 8 April? Yeah, I think it was. Yes, it is.
A. Yeah.
Q. Is there a reason why you've put that in your diary?
A. Because I've attended their delivery.
Q. Okay. If you look at 9 April, Lucy --
A. Yeah.
Q. -- what does it say there?
A. "Long day extra twin resussed."
Q. Right. Can you explain those entries to me, Lucy?
A. So I'm working a long day and I've done that as an extra shift and on that day the twins needed resus.
Q. And why have you put that in your diary?
A. Because I've done an extra shift and I've documented what happened on that day.
Q. Okay. So for what purpose, though, have you put "resus -- "twins resussed", then? For you to reflect on?
A. Because that was a significant event on that day.
Q. Okay, so that's for you to look back on and remind you of that particular event. Is that why you've put it in the diary?
A. Yeah, and it was an extra shift, so it was an extra, it was my fourth long day in a row.
Q. Okay. Let's take LD and extra to one side. The twins resus is there to remind you that [Babies L & M] had a resuscitation occurred on that day?

A. Yes.
Q. To remind you, yes?
A. The same as the day before. I've written that I went to the delivery, yes.
Q. Okay. Lucy, are you responsible for the attempted murder of [Baby M]?
A. No.
Q. Okay.
Then the interview concluded at that time at 10.15 am.
A. Yes, that's correct.
Q. Moving on to the third interview concerning [Baby M], which took place on 10 November 2020.
A. Yes, that's right.
Q. It begins or this section of the interview begins:
Okay, Lucy, we're going to move on to [Baby M]. You denied administering air to [Baby M], causing him harm. Do you recall [Baby M]?
A. Yeah.
Q. Is there anything you wish to add?
A. No.
Q. The officers turn to telecommunications and question Lucy Letby about some of her messages.
Perhaps if we put tile 384 up, please, Mr Murphy, because this message isn't reproduced in the interview:

So that first one I read to you, Lucy, that you sent to Mary, why did you message her?

A. Because I knew she'd be thinking about the twins and we'd had a really busy day that day and she wasn't used to that sort of thing happening and I just wanted to let her know that obviously I'd phoned and that was how the twins were.

Q. Would you ordinarily message her? Is she someone who is a regular contact for you?

A. Not a regular contact but she -- I would have had her number because we were in, like, a lunch group so she would have my number.

Q. Okay. What's the lunch group?

A. It's a few girls from the unit that used to meet for lunch sometimes.

Q. Okay. Is that like a group chat?

A. Yes.

Q. Did she ask for an update to be sent to her, Lucy?

A. I'm not sure.

Q. And why did you thank her for her help, her support?

A. Well, we worked really closely that day together and had a lot to do and I think she did really well in -- in supporting me and carrying on with her role.

Q. Okay. Then the messages to [Nurse E]. Why did you send those, talking about obviously the unit and the staff

and what was happening?

A. I'm not sure. I don't know whether she'd asked how my day was or how I was and that was my reply. I'm not sure.

Q. Explain why you called the unit in a "dire way with staff"? What did you mean by that?

A. There's not enough staff and poor skill mix for the babies on the unit.

Q. So have you ever highlighted that to supervision, your concerns about the staffing? Obviously you've called it "in a dire way". Have you told anyone?

A. Yeah, and it was well-known on the unit, we all agreed that at the moment, at that time, that was how the unit was and that's how the staffing was.

Q. Management?

A. Not management, no.

Q. Have you ever voiced your concern, this opinion, to anyone else before?

A. Yes, I would say it was readily discussed amongst the nursing staff and shift leaders.

Q. Why did you feel the need to talk to [Nurse E] about [Baby M] when [Nurse E] wasn't managing [Baby M] at the time, it was Mary's baby, [Baby M] was being looked after by Mary?

A. What did I say about [Baby M]?

Q. In the --

A. That he had one collapse before resus.
Q. Yes.
A. But I've told her about the other babies on the unit as well. I've stated we've got five babies and he was the one that collapsed. We also had one on an exchange line and one hypoglycaemic baby.
Q. The interview concerning [Baby M] concluded at that point.
A. Yes.
Q. Thank you.

Moving on to [Baby N]. The first interview about [Baby N] took place on 10 June 2019.

A. Yes.
Q. And began with the officers summarising the events on the two dates upon which [Baby N] is said to have been attacked. Lucy Letby was asked:

Do you remember [Baby N], Lucy?

A. Yes, but only from -- reading my notes triggered my memory to who he was. I don't think he had a name when I cared for him, he was "male infant".
Q. Okay. In relation to 3 June, did you inflict injury on [Baby N]?
A. No.
Q. Are you aware of anybody else inflicting an injury on him?
A. No.

Q. Do you specifically recall your involvement with him on that day?
A. Not specifically what I did with him. I just remember that he -- he had an airway issue that was very unusual and we had to get an anaesthetics over and get a team from Alder Hey to come over. It was something all quite new and something that we don't usually see on the unit. He had a different airway in that we don't usually use.
Q. Tell me about that.
A. So they -- they came to intubate him with a normal ET tube and they couldn't pass the tube, the doctors.
Q. Is this on the 3rd now, Lucy, or is this --
A. I'm not sure which date.
Q. This is just after he was born. This is the day after he was born.
A. This is the day that he went to Alder Hey.
Q. Okay. Tell me about your involvement with his care on 3 June.
A. I'd have to look at the notes.
Q. Okay.
A. I don't recall that day.
Q. Lucy, do you have any recollection of [Baby N] during the first couple of days of his life?
A. No.
Q. At any point were you made aware of any concerns with

[Baby N] during the first couple of days he was on the neonatal unit?

A. Not that I can remember, no.

Q. Okay.

A. He's sticking in my head because of the airway issue rather than anything prior to that, so...

Q. Okay. I want to move on to 15 June, which -- you've got some notes there in front of you. Did you inflict injury to [Baby N] on 15 June, Lucy?

A. No, no.

Q. Are you aware of any other person inflicting injury to [Baby N]?

A. No, no.

Q. Okay. In relation to those notes in front of you, have you had time to look over those notes?

A. Yes.

Q. Okay, for 15 June. Do you recall your involvement with [Baby N]?

A. Not specifically in terms of actual care. As I say, it's more the airway issue and everything that happened surrounding that.

Q. Okay. Tell me about what led to the airway issue.

A. I don't remember. I can read my notes and say obviously he's declined.

Q. Okay.

A. I don't remember his decline myself.
Q. Tell me about what recollections you have of [Baby N] then from memory.
A. That he was a really difficult baby to intubate and he was having a blood -- bloodied secretions and things. He was a baby that -- that we had to use a specific airway on, that I've never used before, we don't use it very often.
Q. Okay. You said that there to me about bloodied secretions. Tell me about that in more detail.
A. When they were trying to intubate him, I remember he was having blood in his mouth and I think we got some back from the tube as well and they were querying it was because they were traumatic intubation in trying to get the tube down.
Q. Is that common in neonate babies?
A. To bleed?
Q. Yes.
A. If it's traumatic intubation, yes.
Q. Okay, and why do you specifically remember that, Lucy?
A. Because it's not something you see a lot of, although it happens, and I remember so many different people coming in and trying to tube him and he was bleeding and they were sort of arguing, well, should we be trying to carry on this if we're causing him trauma. But obviously they

needed an airway and that's when we went for the I-gel airway, which is less traumatic.

Q. Okay, and can you describe to me what led to this intubation?

A. Not from memory, no.

Q. Lucy Letby recalled that these events took place in nursery 1.

A. But I remember when we had the team and everything coming in, that's when -- that's where he was.

Q. Okay. So your very first memory of [Baby N] is these attempts to intubate?

A. From memory, yes.

Q. Who was the very first doctor you remember trying to intubate him?

A. I don't recall.

Q. You don't recall?

A. No.

Q. And were you in charge of [Baby N] at that time?

A. Yes.

Q. So he -- you were his designated nurse?

A. Yes.

Q. Okay. Do you remember if this was an early part of the shift or --

A. No, it was later on in the day.

Q. Okay.

A. Because I know there was an issue about handover and people changing over at 4 o'clock and then they were getting anaesthetics over and --

Q. Right.

A. -- Alder Hey having to come over. I remember it was later on in the day.

Q. Right, okay. So that was towards the end of 15 June, I think, 2016. But he suffered an episode earlier on in that day. Do you remember that at all?

A. No.

Q. Lucy Letby was shown the intensive care chart, which is at tile 239, please, Mr Murphy:

Can you explain the entries to me?

A. So this is an observation chart. The baby's on hourly observations. So each time we've documented heart rate, respiratory rate, temperature, blood pressure (sic). And looking at this, his respiratory rate has deteriorated throughout each hour.

Q. I'm going to ask you to pause there because that's clearly not the right chart.

MR JUSTICE GOSS: It's a fluid balance chart.

MR ASTBURY: It is, but I think it might be the wrong SoE. We need the second SoE, please. My mistake.

(Pause)

So right tile number, wrong sequence, apologies.

Can you explain the entries to me?

A. So this is an observation chart. The baby's on hourly observations. So each time we've documented heart rate, respiratory rate, temperature, blood sugar. And looking at this, his respiratory rate has deteriorated throughout each hour.

Q. Okay. From looking at those entries you've made there, did you have -- did you -- well, looking at them, did you have any concerns for how [Baby N] was at this time?

A. I don't remember it from the time, but --

Q. Uh-huh.

A. I'm not sure what his respiratory rate was before, but that's concerning.

Q. Okay. Have you got any explanation as to why there aren't any for 15.00 hours?

A. I'm not sure if that's when we were doing something with him, when he first required an airway, and that's why it's not recorded on that hour.

Q. Okay.

A. Because the following hour he's been ventilated, so --

Q. Uh-huh.

A. -- so I'd assume at 3 o'clock it was when he was unwell.

Q. Okay.

A. And therefore a set of observations weren't carried out.

Q. Is that normal practice, if a baby's unwell, not to

complete a set of observations?
A. If there's not time, yes, if the baby's acutely unwell and we're all with the baby.
Q. Do you recognise the signatures before you've signed, the initials?
A. Yes, I think that's Jenny Jones.
Q. Okay, and am I right in saying then you've taken the care over from Jenny Jones, have you?
A. Yes, it looks that way, yeah.
Q. Okay. What time would you come on shift?
A. Half past 7.
Q. Half past 7. Would that be your first observation then at 9 o'clock if you've come on at half past 7? What the point I'm trying to say is --
A. Oh, did I have the baby from half past 7?
Q. Yes. Do you recall?
A. I don't recall.
Q. Okay. So you've taken over from Jenny there. So are you saying at this particular point there are no major concerns for [Baby N] at that time?
A. Yes.
Q. Okay. So something's happened?
A. Well, something's --
Q. For him to be moved?
A. Something's changed here because he's gone from just

temperature obs to full observations.

Q. Right, okay.

A. So I'm not sure.

Q. But he's remained with the nursery nurse until your --

A. Yes.

Q. You've taken over his care, I think the first observation at 9 o'clock?

A. Yes.

Q. Do you remember when the first attempts to intubate were?

A. No.

Q. If you move on to this next chart, this is an intensive care chart and there's a number of signatures on there.

If we go to tile 238, please:

Can you explain that to me?

A. Okay, so this is -- we've documented the baby's on 10% dextrose, so I've read the drip each hour, which is those readings there, and this is an aspirate from the NG tube. Took 1ml -- sorry, took 1ml, fresh blood, not passed urine, said green stool, and his blood sugar was 11.3.

Q. Okay.

A. And when I've taken over at 9 o'clock, the line was occluding so I've put midazolam, so he's on midazolam -- oh no, it's the line that's occluding.

Q. Which line, sorry?
A. So he's 10 -- he's 10% dextrose, line occluding. So I've read it, there's no pressure going through, it's occluding.
Q. Okay. So looking particularly at the entry at 10 o'clock, which is the first one you've made on that chart.
A. I've got the millilitres an hour that's running through the pump, so it's set to give 10.6ml an hour.
Q. Yeah?
A. Total that's gone through and I've read it's 23ml.
Q. Yeah.
A. The VIP score is zero.
Q. Mm-hm.
A. And then I've also aspirated his NG tube and there's 1ml of fresh blood.
Q. Okay.
A. And I've done a set of cares, so I've looked at the nappy, he's not passed any urine and I've got a green stool.
Q. Okay, so that 1ml of fresh blood. Can you explain that to me?
A. I don't remember it from memory.
Q. Okay.
A. But I've obviously checked his tube and 1ml has come

out.
Q. Would that be concerning to you?
A. Fresh blood, yeah.
Q. You explain to me what you did about that, Lucy.
A. I don't remember.
Q. Okay. And in the next column?
A. I don't know if I've written it on the --
Q. And then afterwards you've put there, green.
A. Yeah.
Q. Is that in relation to [Baby N]'s stool?
A. Yes.
Q. Again, can you explain what that would show? What would it mean if it was green?
A. That it's containing bile.
Q. Okay. So there's the fresh blood and the green. Would that give you any cause for concern?
A. Yeah, and that he's not passed urine.
Q. Okay. Just in your experience, Lucy, the fresh blood, you know, what can cause that?
A. Is this when he was first born?
Q. No, this is on the 15th.
A. No. So any sort of trauma to the airway, if he's having sort of abdominal issue, an abdominal bleed --
Q. Okay.
A. -- something like that. If the tube's been, the NG

tube's been inserted forcefully it can cause a bit of a trauma going down.

Q. Is that something that's quite common, a tube being forced down?

A. No, it's -- I wouldn't say that's common but it can happen.

Q. Right. What sort of circumstances would cause that then? I mean, is it a difficult process?

A. Passing the tube?

Q. Mm-hm.

A. The nasogastric tube, no.

Q. So sometimes it would be if there's some sort of a structure issue struggling to pass the tube?

MR JUSTICE GOSS: Go back. The officer repeats the answer, "No, no".

A. So sometimes it would be if there's some sort of a structure issue struggling to pass the tube.

MR ASTBURY: But in your experience that's caused, in the past, bleeding has it?

A. Yeah, it can do, yeah.

Q. Is that bad bleeding or just a small amount of blood?

A. No, just a small amount.

Q. Such as 1ml?

A. Yeah, I wouldn't expect any more than that.

Q. So here we're recording if the baby's receiving any

respiratory support.

A. Sorry, that's me:

So here we're recording if the baby's receiving any respiratory support, which [Baby N] is --

Q. Mm-hm.

A. -- recording the ratios of that each hour. Also we document his oxygen levels and whether he's receiving any oxygen and then we've got a comments part here.

Q. Can you confirm to me, Lucy, that those are your signatures at the bottom?

A. Yes.

Q. Lucy Letby was then taken to the environmental checks, which are at tile 239, which I think indicates we've made an error earlier but we'll put it right over lunch. The next form is definitely 239.

MR JUSTICE GOSS: Yes.

MR ASTBURY: Or if that's an appropriate moment.

MR JUSTICE GOSS: I think so. I was concerned because I think the chart we were looking at before was the wrong chart. It wasn't an observation chart, it was a different chart. We'll revisit that after lunch. We'll break off there. This goes on for some time, this part of the interview. Let's look at the right documents when we're going to them.

Thank you. 2 o'clock then, please, members of the

jury.

(In the absence of the jury)

MR JUSTICE GOSS: I tried to look at my iPad, but that's not -- I hadn't been using it this morning, but I couldn't log in. It's just gone into a loop.

MR ASTBURY: We're confident the tile number is wrong, the first time not the second time, but it's in the jury's bundle so I'll take them back to it and we'll correct it and then we'll move on to the right --

MR JUSTICE GOSS: If we could, we could just go back over it because it's not easy to follow when you're not looking at the right document.

All right, thank you very much.

Just estimating, I don't think we're going to complete this this afternoon? It's quite dense.

MR ASTBURY: Yes. I'd been optimistic at 12 o'clock but not so now.

MR JUSTICE GOSS: And also --

MR ASTBURY: There may be an issue that needs to be addressed as well.

MR JUSTICE GOSS: That's why I'm mentioning it at this stage. There is this other issue, for which I thank you for the documents. Do you want me to address that this afternoon or do we want to sit tomorrow? The jury won't be here tomorrow and we could deal with it tomorrow

because, Mr Myers, I've already said the defendant should be here tomorrow.

MR MYERS: Yes, we're grateful for that, my Lord.

MR JUSTICE GOSS: I think the best thing is rather than dealing with it at the end of the day, we'll deal with it at 10.30 tomorrow morning if that's convenient to you, Mr Johnson.

MR JOHNSON: I've got a dental issue and I've been putting it off and putting it off, and I got tomorrow.

MR JUSTICE GOSS: Right, so you can't do tomorrow then. Right, we'll do it this afternoon. We'll just break off earlier with the interviews.

MR MYERS: It won't take very long, I suspect, because what we have to say on both sides has been reduced to writing.

MR JUSTICE GOSS: I've seen it, I haven't read it in detail. I see some of it is agreed but some of it is still controversial. We'll finish with the jury earlier this afternoon. It'll be no bad thing because this is dense. So Mr Astbury, just at a convenient point in the second session --

MR ASTBURY: Yes.

MR JUSTICE GOSS: -- to give us time, but I want to finish by 4.15 completely. I want to rise at 4.15 this afternoon in any event.

MR ASTBURY: We'll agree a time between us.
MR JUSTICE GOSS: If you would. Thank you very much.
2 o'clock, please.
(1.01 pm)
(The short adjournment)
(2.00 pm)
(In the presence of the jury)
MR ASTBURY: My Lord, there was some confusion over which tile we should have been looking at with the observations chart, so could I just go back and correct the error I'm afraid I've set in train. If I could ask everybody, please, to go back to [redacted]. Thank you.
The tile number attributed in the summary at the top of [redacted] is tile 239. I'm just confirming now, but can we amend that number, please, to tile 172? That's on the [Baby N] sequence of events chart at 2 and it should read 172. Apologies for that.
If there's any further confusion, there's a hard copy of it within the separate jury bundle because it's one of the observation charts. So if anyone wants the J reference, it's J19314.
Officer, we'd reached [redacted] in the interviews and we'd reached tile 239 on that same sequence of events chart, please, Mr Murphy. We'd got, I think, officer to the first question:

Can you read to me what you've wrote there?

A. I've put "blood in mouth".

Q. Yes.

A. "10ml per kilo saline bolus."

Q. So before that, other side of the chart, you've got you aspirated the blood.

A. Yeah, at 10 o'clock.

Q. At 10 o'clock. And that was from the tube?

A. Yeah.

Q. Then it says "blood in mouth"?

A. Yes.

Q. Can you explain to me the differences in them two?

A. So the blood in the mouth -- it's orally in the baby's mouth, on its lips.

Q. Okay.

A. In its mouth, whereas the nasogastric tube, the tube sits in their tummy, so if we've got blood out of them it comes from the tummy rather than -- that blood was fresh, like orally in its mouth.

Q. Right. Can you explain to me what that looked like on [Baby N]?

A. I don't remember it specifically.

Q. Okay. Have you put "blood ++" there?

"That's another entry, I think", says the -- in fact that was you, officer.

A. Yes.
Q. Is that your writing?
A. It is, yeah.
Q. Is that suggesting there's a lot of blood?
A. Yes.
Q. And that's under the time of 8 o'clock, isn't it?
A. Yes.
Q. Are we suggesting that there's blood before -- quite a lot of blood before attempts to intubate?
A. Yes.
Q. Can you remember that, Lucy?
A. Not really, no.
Q. I'm just trying to --
A. Reading this, I remember seeing that we gave factor VIII. It's coming back to me that he was a baby that had a bleeding issue.
Q. So what would factor VIII be used for?
A. Clotting.
Q. Okay.
A. It's not something you give routinely. I don't recall ever giving him that before.
Q. Right. But I'm right in saying that's at 8 o'clock in the morning; yes?
A. Yes.
Q. Is it a lot of blood?

A. Yes, on oral suction.
Q. Do you have any recollection of that, Lucy?
A. Not specifically, no.
Q. Okay. At 4 o'clock there you also made another entry. Can you read that out to me?
A. "Small blood orally."
Q. Can you explain that to me?
A. I don't remember it but from my notes I found a small amount of blood again in the oral cavity.
Q. Okay. And do you have any recollection of that?
A. No. I think this was during the time -- I do remember him bleeding when we were having difficulties with the airway, but I'm not sure when we started -- oh yeah, so the airway issue was from 3 o'clock.
Q. Does it help with your memory in relation to the blood? Was it there before attempts to intubate? Can you remember?
A. Not from memory. Obviously reading this, yes, he did have blood before intubation.
Q. Okay. Before intubation or before attempts to intubate?
A. I'm not sure when the attempts were.
Q. Right.
A. I'm guessing that as he was on BiPAP here we're not attempting there. I assume it's been attempted from 15.00.

Q. Tell me why he was transferred to nursery 1?
A. I don't remember but from reading here when we came in at 7.30 and he deteriorated, he was mottled, he was desaturating, requiring intervention, and so he's been moved.
Q. You start work on a day shift, is it -- 7.30, is it?
A. Yes.
Q. Okay, so you come on at 7.30 and straight into work or do you --
A. No, we have a handover period during that time.
Q. Right, okay. So if --
A. So from 7.30 I might have been receiving handover on this baby and another baby that I was caring for.
Q. So, "Transfer to nursery 1 at handover". So are we saying this -- whatever has gone on has and caused him to be moved into nursery 1 has occurred right at the time that you started that shift?
A. Well, prior to. He's transferred to nursery 1 at -- on the handover.
Q. So just as the night shift are going off, just as you, as the day shift, are coming in?
A. Yes.
Q. This is when this event occurred?
A. Yes.
Q. Yeah?

A. It's when both teams are still there so the night staff and the day staff.
Q. Yes, okay, right. Do you recall him being transferred to nursery 1, Lucy?
A. No, no.
Q. Okay. The handover you talked about, who conducted it?
A. I can't remember receiving handover.
Q. Okay. Am I right in saying though for the notes before that it was Jennifer Jones that was the signature?
A. Yes, yes.
Q. Is that the likelihood designated nurse [as read]?
A. Yes, it was likely, yes, and that would make sense that he was out in one of the nurseries being looked after by a nursery nurse and has then required a nurse to take over.
Q. Okay, right, okay. You've then got:

"Mottled, desaturating and requiring Neopuff and oxygen. Capillary refill 3 to 4 seconds, cold to touch."

Just that particular entry there, Lucy, explain it to me?
A. So he's mottled in colour. When he's been transferred, he's desaturating so he's needing respiratory intervention to maintain his breathing and oxygen levels. His capillary refill is slow at 3 to 4 seconds

and he's cold to the touch, which would reflect that.

Q. So you've said to me then that when he was transferred he was mottled. Given that you made this entry on these nursing records did you witness, see [Baby N] to put those comments on the nursing records at that time?

A. Yes, I would have seen him. I don't remember it but I would have. I've written that I've checked the equipment and that's how he looked on the handover, so yeah.

Q. Okay so would you have been present at [Baby N]'s cot side at that time then?

A. Yeah, I was in the room, yeah.

Q. Okay. The mottling, explain that to me. Visually what would it look like?

A. It's like a very -- it's like a pale skin and then like a blotchy appearance of darker, either like reddy/bluey blotches, mottling. Sometimes white spots, like white patches.

Q. Okay. You've got there that Neopuff and oxygen was required. Who administered that?

A. I don't remember.

Q. Okay. Do you recall why that was needed?

A. No.

Q. Who else was present at this time, Lucy?

A. I don't remember from memory. I don't remember this.

Q. And how often has that happened to you previously, that babies collapse during handover?
A. Yeah, it's happened before.
Q. Has it happened to you when the baby's in a less -- one of the other nurseries?
A. Yes.
Q. You know, we've just agreed that, that a nursery nurse was looking after [Baby N].
A. Yes.
Q. So am I right in saying that the baby would have been nursery 3 or 4; is that right?
A. Presumably, yes, yeah.
Q. So that's happened to you before, that a baby's gone from a special care baby --
A. Yes, from -- yes, from one of the lower down nurseries who needed to come back up, yeah.
Q. Okay. Am I right in saying that the fact that [Baby N] was in one of the other nurseries would be that they weren't overly concerned for him at that time he was there?
A. And being looked after by a nursery nurse. He's classed as a special care.
Q. If they were concerned before the handover he would have been moved, I'm right in saying, if he --
A. If he'd acutely unwell, yes, they would have moved him.

Q. Okay. So if he became acutely unwell during the handover period between when the night shift and the day shift were on duty together.

Ms Letby nodded. It's obviously not recorded on here:

Okay. Other than those descriptions that you have put there of [Baby N], Lucy -- mottled, desaturation, cold to touch -- was there anything else from memory you remember about him?

A. No.

Q. Okay. The next bit says:

"Decision made to intubate, drugs given as prescribed. Unable to intubate. Fresh blood noted in mouth. Yielded by suc [suction] ++."

Explain that to me.

A. So the doctors made a decision to intubate the baby and we've given routine drugs. We have a set of intubation drugs that we give routinely when we are going to intubate.

Q. Okay.

A. The doctor's been able to intubate and there's fresh blood in the mouth and it's been obtained via suction as well so we -- we always suction the oral cavity (inaudible: coughing) tube down and blood has come back --

Q. Okay.
A. -- when doing that suctioning.
Q. And you're interrupted there:
Sorry, Dan, can I ask a question there: so is this saying that they've been unable to intubate because of the fresh blood there? Is that what they're saying?
A. No. They're just -- they've been unable to intubate and we've also noticed there's fresh blood. I'm not sure.
Q. Right, okay.
A. I'm not sure whether they haven't been able to because there's blood or it's another issue. I don't know.
Q. Right, okay.
A. That would be in the medical notes.
Q. Just breaking the entry down there, it says, "Decision made to intubate". So whose decision was it, Lucy?
A. I don't remember specifically but it would be a doctor's decision.
Q. Okay. And, "Drugs given as prescribed". Who gave them drugs to [Baby N]?
A. I'm not sure without looking.
Q. Okay and, "Unable to intubate". Obviously I've just asked that question. Do you have any recollection as to who that was that was unable to intubate?
A. No.
Q. Okay. Can you explain why this was?

A. That they couldn't tube him?
Q. Mm-hm.
A. No.
Q. Do you have any recollection at all of this process as it's been documented here?
A. No.
Q. Okay. When did you first see the blood, Lucy, on [Baby N]?
A. I'm not sure from memory.
Q. Okay. And on seeing blood on a neonate there was -- sorry?
A. There was blood before we started --
Q. Mm-hm.
A. -- to tube him.
Q. Okay. How do you remember that?
A. Because I've remembered it from reading in the notes.
Q. Okay. Does that concern you, that there was blood?
A. Yes.
Q. Why did you think he was bleeding?
A. I'm not sure.
Q. Okay. Again, I appreciate I've already asked this question, but do you have any recollection of what you could visually see in terms of the blood?
A. Not this early on, no.
Q. Okay. As we've previously looked at in them notes,

you've documented that it was on the tubing and around the mouth. Before that we've looked on those notes. Do you recall that?

A. Not from memory as such.

Q. Okay. Do you recall if there was blood anywhere else on [Baby N] at this time, Lucy?

A. No.

Q. Okay. So from what just said, Lucy, you're happy in your memory that there was blood present before the attempts to intubate him? Is that what you just said, without the tube, before you tried to put the tube?

A. Yes.

Q. And that's from your memory because it's not clear in the notes there, is it?

A. No, but the chart is because I've documented it on here, haven't I, at 9 o'clock, when I've done his cares, that there is fresh blood on the -- when I've checked the tube.

Q. Okay. So that's why you've come to that decision?

A. Yeah, from my notes.

Q. Not that you actually physically remember?

A. No. My physical memory of blood comes later when he was being intubated.

Q. Okay. I'm just going to move on and read out the next couple of entries to you, Lucy. It says:

"Remained cool through the day. Incubator temperature increased. Documented a respiratory low, varying oxygen requirements."

Then it says:

"Perfusion and colour initially poor."

Can you explain what that means to me?

A. So that would reflect the source of mottling and the coolness. And perfusion is the capillary refill time I have documented earlier of 3 to 4 seconds.

Q. Okay.

A. And colour is poor. So poor colouring would be mottling and just sort of a paler/bluier colour.

Q. Mm-hm. Okay. And it says:

"Saline bolus as prescribed and cool."

Who prescribed that?

A. No.

Q. Okay. Would that have been something that you instigated, that [Baby N] needed that bolus?

A. Yes, it might have been something that I have escalated that to a doctor and said that his observations are this, he's looking like this.

Q. Okay. And how would you have gone about that?

A. As I say, I don't remember specifically, so I don't know if the doctor was in the room or whether I would have called the doctor --

Q. Okay.
A. -- whether I've escalated it to the nurse in charge, I don't remember.
Q. The officers continued to read Lucy Letby's nursing note:

Okay. The next bit says:

"Remains pale/mottled, but improved from earlier in shift. Nil by mouth. IV fluid 10% glucose via peripheral line."

Then it says:

"Small amount of fresh blood orally. 1ml obtained from NG tube. Nil further bleeding."

Again, this further mottling that you've documented there, can you explain that to me?

A. Again, as before, mottling.
Q. Mm.
A. I'm assuming his colour's still -- he's still looking mottled.
Q. It says there you put that it was fresh. How do you know it was fresh?
A. It would have been by the colour. So it was obviously bright red blood which indicates it was fresh.
Q. And "1ml obtained from NG tube". Tell me how that's measured?
A. So it would have been -- we aspirate the tube with

a 10ml syringe, so when I have drawn back, 1ml's come out into that syringe.

Q. And what would have happened to that blood?

A. You either show it to somebody and then it would be discarded.

Q. Do you recall showing it to anybody?

A. No.

Q. Okay. Do you have any explanation as to why there was fresh blood to [Baby N] orally?

A. No.

Q. Do you recall telling anyone else about it?

A. No I don't remember who was there, staff, I don't remember.

Q. Okay. Did it give you any cause for concern?

A. I don't remember from memory. I mean, reading this now, it would be a cause for concern. I imagine that's why then he's gone on to need factor VIII and had bloods taken.

Q. Okay. In relation to securing an airway and then "ENT doctors attended to assess [Baby N]"; is that correct [as read]?

A. Yes.

Q. Okay. When they arrived, Lucy, at approximately 7 pm, how did that make you feel?

A. Who? Who arrived.

Q. Sorry, when Alder Hey arrived --
A. Oh.
Q. -- to obviously assist with the intubation and potentially take over the care of [Baby N].
A. I think we were all relieved and that's -- they'd arrived.
Q. Why was that?
A. Because they're the specialist team and we'd had anaesthetics over but they don't anaesthetise children in the Countess of Chester so they're not familiar with neonates. We are a bit concerned that they wouldn't have any more.
Q. Lucy, this profound desaturation at 19.40 hours, did you witness that?
A. I can't remember.
Q. Okay. Anything you want to ask? Is there anything else, Lucy, in relation to the collapse of [Baby N] that you can tell us other than what we've discussed there and from you having a look at the notes?
A. No. I just remember it being quite a chaotic afternoon. So we used this I-Gel airway, which is something we never -- they're quite new, we'd never used them before on the unit, and I remember there was a bit of -- bit of sort of asking around as to how we put it in and use it and things like that, which is why it stands out,

I think, and then just having all those people coming, it's just not something that we experience usually.

Q. Lucy, is there anything further you want to say about [Baby N] other than what we have covered and what you have mentioned there about the I-Gel?

A. No.

Q. Lucy, are you responsible for the attempted murder of [Baby N]?

A. No.

Q. Are you responsible for his attempted murder on those two dates that we've talked about --

A. No.

Q. -- 3 June 2016 --

A. No.

Q. -- and 15 June 2016?

A. No.

Q. Do you know what was wrong with him to have caused all these episodes during that day?

A. I think he had some sort of clotting problem, I believe; that's why he's had the factor VIII.

Q. What caused him to bleed in the first place?

A. I think if he had this condition, it caused the problem with the clotting which would make him more prone to bleeding.

Q. Do you, are you or were you aware of him bleeding at all

throughout the night shift?

A. I don't remember.

Q. Okay. The time by my watch is 12 minutes past 4 and the interview concluded.

A. Yes.

Q. Thank you.

So that was the first interview in respect of [Baby N]. The second one took place on 12 June 2019.

A. Yes.

Q. And began with introductions. Lucy Letby was reminded of her rights and she was cautioned:

I'm going to start off with [Baby N].

And the officers summarised the previous interview concerning [Baby N]:

Christopher Booth, who was the designated nurse for [Baby N] on 3 June 2016, says that when he went on his break he had no concerns for [Baby N] at all. But when he returned, he was surprised that [Baby N] had suffered a profound desaturation. Do you remember Chris Booth going on his break, Lucy?

A. No.

Q. Were you surprised that [Baby N] suffered this profound desaturation at this time?

A. I don't recall that specific moment.

Q. Did you do something to [Baby N], Lucy, that caused this desaturation?
A. No.
Q. Did you attempt to murder [Baby N] at this time?
A. No.
Q. Lucy Letby was asked about the door fob data on 15 June 2016:

Okay, so let me just show you a copy of that. If you could have a look at the highlighted sections there and just confirm the date and times for me, please.

A. It's 15 June at 07.12 and 15 June, 07.10.
Q. Okay. So there's one 2 minutes before the other. They might not have been in the right order, but 7.12 and 7.10. So would that suggest that the one below is the first door that you've activated, Lucy?
A. Yes.
Q. Okay. So what time would you normally start shift on a day?
A. Half past 7.
Q. Half past 7. Is there a reason on this particular day, Lucy, on 15 June, you've come on early?
A. I quite often arrived on the unit early. I used to get changed prior to starting my shift, would go and put my lunch away. It was quite often (sic) for staff to come in early so that you're prepared and ready to start at

half past 7.

Q. Okay. And on this occasion is that what you did?

A. I don't recall specifically.

Q. Jennifer Jones said she was in nursery 3 caring for [Baby N] and that you came into the nursery at around quarter past 7 in the morning. Do you remember that?

A. No.

Q. Do you remember how many babies were in nursery 3, Lucy?

A. No.

Q. She was feeding another baby, caring for another baby at the time. When she looked over [Baby N] was blue and mottled all over. Do you remember that?

A. Not specifically, no.

Q. Is there a reason why you would do that, Lucy, go straight into nursery 3?

A. To talk to Jen.

Q. Is that something you would regularly do?

A. Yes.

Q. What, you'd come on early into your shift?

A. Colleagues would -- yeah, I would talk to other colleagues on the unit before their shift, yeah.

Q. Right, other colleagues. Who else would you come on early to speak to?

A. You don't come in early specifically to speak to somebody, but if you're on the unit early quite often

you'd have a catch-up with people that are on the night shift at that moment.

Q. So do you remember on this particular day, 15 June 2016, you coming on early?

A. No, I don't recall.

Q. Okay. Am I right in saying, though, having looked at swipe card information, that is?

A. Yes, and that is about the time I would usually arrive, yes.

Q. What did you do to [Baby N] at that time, Lucy?

A. I didn't do anything to [Baby N].

Q. Did you attempt to murder [Baby N] at that time?

A. No.

Q. It was then suggested that [Dr A] had attended post-collapse and Lucy Letby was asked if she remembered that.

A. No.

Q. Do you remember if he came in on this particular day to assist with the care of [Baby N] after he collapsed?

A. I don't recall.

Q. Am I right in saying, Lucy, that with [Baby N] being in nursery 3, he would have been reasonably stable at that time?

A. Yes.

Q. Yet you've gone into the nursery at quarter past 7 and

within minutes he's now unstable and requiring an intubation?

A. Yes.

Q. Did you do anything to [Baby N] to cause that?

A. No.

Q. Did you attempt to murder [Baby N], Lucy?

A. No.

Q. The officers then summarised the opinions of Drs Evans and Bohin:

What did you do to [Baby N] to cause him to bleed in the throat, Lucy?

A. I didn't do anything to him.

Q. That was the end of the second interview.

A. Yes.

Q. We move on to the third, which took place on 10 November 2020:

Okay, Lucy, I'm going to move on to [Baby N].

The officers summarised the previous interviews concerning [Baby N]:

Have you got anything else you wish to add there?

A. No.

Q. In relation to what I've said, I've got a statement from [Father of Baby N], Lucy, who was the father of [Baby N], and he evidences a telephone call he received from you on 14 June, saying that [Baby N] had been unwell during the

night but he was doing okay now. He says that 10 minutes later, [Baby N]'s mum called him, saying [Baby N] was poorly and they needed to go to the hospital. Do you understand what he said there, Lucy? He's saying he received a telephone call.

A. Was it from me?

Q. Why did you tell [Father of Baby N] that [Baby N] was doing okay?

A. I don't recall that conversation.

Q. It was in fact, Lucy, that [Baby N] was poorly. Can you explain this?

A. No, I don't recall ringing anyone.

Q. Do you recall speaking to [Baby N]'s dad at all while you were caring for him?

A. No.

Q. Is that something you would do though, Lucy, update the parents if there was an issue?

A. Yes. Usually at that time in the morning it would be to ask them that they need to come in.

Q. [Baby N] had been stable for a couple of hours at the hospital when [Parents of Baby N] went to collect some food between 11 and 12, during which time [Baby N] became unwell again. Can you account, Lucy, for why [Baby N] became unwell the moment his parents left during that hour?

A. No.

Q. Is it a coincidence?
A. Yeah.
Q. Do you recall any issues with [Baby N]'s throat, Lucy?
A. Yeah, it was difficult to intubate.
Q. Do you remember anyone highlighting to you that he had a swelling at all?
A. I can't -- I don't know.
Q. Do you know how a swelling could have been caused to [Baby N]?
A. No.
Q. Tell me what the physical effects of a swelling to [Baby N]'s throat would have been? What effect would it have had on him?
A. Difficulty in securing an airway for -- to put on an airway down.
Q. Okay. I've got a statement from Dr Mayberry who saw a swelling end of the epiglottis. Have you got anything you wish to say about his evidence, Lucy?
A. No. Did they find a cause?
Q. Well, he said he went later to find out. He doesn't say whether he found a cause or not.
A. No.
Q. But are you aware of what the cause may have been?
A. No.
Q. Have you previously cared for a baby who suffered

a spontaneous bleed, Lucy?

A. A bleed from where?

Q. So a spontaneous bleed of a sort. Have you cared for one on the NNU before?

A. [Baby E], but I don't know if that -- was that before that or after? I don't know.

Q. Have you had any experience of a premature baby causing an injury to their own throat or to themselves --

A. No.

Q. -- so much for it to cause a bleed?

A. No.

Q. Do you know what haemophilia is? Have you heard of that before?

A. Yeah, I think it's something to do with the clotting. I don't know the full details but...

Q. Yeah, it's a blood --

A. Something about a clotting disorder.

Q. It's a blood disorder which impairs the body to make blood clots. Do you know what the symptoms of haemophilia are?

A. Would it be bleeding, bruising?

Q. And?

A. And low blood count?

Q. And were you aware that [Baby N] had this condition?

A. I'm not sure without looking at the notes.

Q. Did you harm [Baby N], Lucy, knowing that he suffered from haemophilia?
A. No.
Q. We've recovered some Facebook messages, Lucy, which are exchanged between [Dr A] and yourself.
The tile numbers are there, my Lord, I am not going to go straight to them:
Do you recall that message exchange, Lucy, with [Dr A]?
A. Yeah.
Q. Why were you updating [Dr A] on this? What was happening?
A. I'm not sure if he asked me first because obviously there I'm apologising for how I came across.
Q. Mm-hm. Were you trying to get some kind of point across to him in your message?
A. I was a bit, not -- well, not annoyed but Bernie had been faffing and I think I made the situation a bit more difficult than it needed to be and I offloaded that to [Dr A].
Q. Why were you apologising to him for being off?
A. Because if I was off in that towards him then I wanted to apologise for that.
Q. Okay. You then sent a message to [Nurse E] at 13.17 hours. Why were you updating [Nurse E] on [Baby N]?

A. I don't know whether she asked first or she just -- she's my best friend, I did tell her things.
Q. Okay. Why did you feel you needed to tell [Nurse E] you were worried about [Baby N]?
A. I don't know but I think I said I was worried in response to her saying it was a bit worrying with his haemophilia.
Q. Was this you again trying to get some kind of point across to [Nurse E]?
A. No. I think I might need to stop now, please.
Q. You want to stop? Okay.

And the interview was suspended in accordance with Lucy Letby's (inaudible).

I think in fact that was the conclusion of the interviews regarding [Baby N].

A. Yes.
Q. The next interview is [Baby O], known at the time at [redacted]. The first interview, 5 July 2018.
A. Yes.
Q. It begins:

Okay, so during this interview what we'd like to talk to you about is [Babies O, P & R].

A. Okay.
Q. So the first one is [Baby O]. I'll just give you a summary of [Baby O]. At 14.24 hours on 21/6/16, [Baby O]

was born. He was the second born of triplets, delivered by caesarean section. [Baby O] died at 17.47 on 23/6/2016. Okay? So what I'll ask you is: what do you recall about your care of [Baby O]?

A. So I remember [Baby O]. I was also caring for his brother, [Baby P], as well on that day in nursery 2. I remember [Baby O] was on Optiflow, which is a form of respiratory support, and I just remember that he'd had a feed -- I think it was about 12 o'clock -- and then an hour later he -- I found him vomiting. I noticed that his abdomen was distended and he was reviewed by the doctors at that point. I think he had a sceptic screen carried out and was started on some antibiotics and in the meantime, when those were given and the registrar left the room, [Baby O] deteriorated again, and I called for help from the registrar who was in the nursery next door. And then there was some confusion as to where we were going to move [Baby O] because ideally we wanted him to go into nursery 1 and I think some of the babies had to be moved around to allow [Baby O] to go through and then we moved [Baby O] into nursery 1 and he was ventilated in the nursery. And I remember at some point the registrar left to go and update mum upstairs and that's when he had a further deterioration and we had to call the doctor back down and I think

he was re-intubated at that point as well. And I remember his abdomen was quite distended and I think the doctors put a drain into his abdomen. And also he was struggling with intravenous access and he required another form which is called intraosseous access and that isn't something that we stocked on the unit, so somebody had to go to the children's ward to get that equipment to do that, yeah. I can't remember much else from memory clearly.

Q. Okay. So would you like to refer to the notes?

A. Yes, please.

Q. Lucy Letby explained a number of signatures related to a student nurse named Rebecca Morgan:

So is it right that you were his designated nurse?

A. Yes.

Q. And you said that you worked for both [Babies O & P]?

A. Yes.

Q. Okay. At the same time?

A. Yes.

Q. Then there's reference to the note at tile 109:

Okay, so:

"Written for care given from 08.00 hours onwards. Emergency equipment checked. Fluids calculated."

Okay. The next part is:

"Observations within normal range. Remained on

Optiflow. 4 litres in air. Nil increased work of breathing. 2x12 feeds via NG tube. Minimal milk aspirates obtained."

So do those two feeds there relate to the two feeds that you refer to within your notes? Can you say that?

A. Yes.

Q. So what time are those feeds?

A. At 10.30 and 12.30.

Q. Okay. Pausing there, thank you. If we go back to that larger paragraph, I think it says "ml" and then I think it should probably say "nil increased work of breathing". I think that's a typo:

Okay, so with regard to those two feeds, did you experience any problems with [Baby O] taking his feeds?

A. No.

Q. Okay. How were they done exactly?

A. Via his NG tube.

Q. Lucy Letby confirmed that [Baby O]'s aspirates gave no cause for concern:

How long would that feed take?

A. He's only on 13ml so not long, a few minutes.

Q. And is that something that you would be present for all the time and make sure that feed is --

A. Yes.

Q. Until the end?

A. Yes.
Q. You wouldn't leave the baby's side at that time at all?
A. No, we don't. It's not usual practice to leave the feed unattended, no.
Q. Lucy Letby did not recall doing the feeds at 10.30 and 12.30 but agreed that the signatures suggested that she had fed [Baby O] at those times:

Okay. And in general terms how was [Baby O]?

A. I remember him to be well. I didn't have any concerns unduly apart from his abdomen.
Q. So there weren't any sort of associated risks with him in terms of an ongoing care plan or anything?
A. No, just that he was receiving Optiflow, which is the respiratory support.
Q. Okay. Is that prongs up the nose?
A. Yes.
Q. Okay. Does that have an effect on how he handled?
A. In what way?
Q. I don't know, it might not do, that's my question.
A. No, so Optiflow can sometimes give them a full tummy because they can take in a gulp and the air from the Optiflow and swallow that.
Q. Right. So is that something you need to be aware of --
A. Yes.
Q. -- when they're on Optiflow?

A. Yes. Any respiratory support, yeah.
Q. So the next part is:
"Abdomen appeared full but soft and non-distended, smear of meconium present at anus. Active and alert."
So again, do you have any comments to make on that entry?
A. No.
Q. So they're good signs, are they?
A. Yes.
Q. So:
"Reviewed by [Dr A] at 13.15. [Baby O] had vomited undigested milk." Okay. So had he vomited prior to being reviewed by [Dr A]?
A. Yes.
Q. Did you care for him in between the feed, him appearing obviously well and then the vomiting?
A. Not that I remember. I could check to see if I did any observations in that period. So he had observations at 12.30 and at 1.30.
Q. Okay, so --
A. So I don't recall having contact with him after that, though, after the feed.
Q. So after 12.30?
A. No.
Q. So he was reviewed at 13.15. Can you give us a time

of -- what the time was when he vomited?

A. No, but I -- I think he vomited when I -- the doctors was on the unit at the time I believe, so I got him.

Q. You remember that?

A. Yes.

Q. Okay. And were you present when he vomited?

A. No, I don't remember. I think I went to him.

Q. Right.

A. I think his monitor was sounding that he was desaturating.

Q. And can you describe the vomit?

A. I don't remember it, so I don't remember it to be significant --

Q. Okay.

A. -- vomit. But it was a vomit as opposed a posset.

Q. Okay. Can you remember who was actually present in his nursery at the time?

A. No.

Q. Lucy Letby confirmed that [Dr A] was called at 13.15 immediately after the vomit:

Okay. The next one is approximately 14.40:

"[Baby O] had a profound desaturation to the 30s followed by bradycardia, mottled ++ and abdomen red and distended."

So again, who discovered this?

A. From memory I believe it was myself and I think I went in to him because his monitor was alarming.
Q. Okay, was anybody present in the nursery at this time?
A. Not that I remember, no.
Q. Was [Baby P] in there with him?
A. Yes, because I was looking after [Baby P].
Q. He was in the same room?
A. Yeah, and I think [Baby R] was in nursery 1.
Q. Okay. Had you noticed or become concerned about any or signs or symptoms that [Baby O] had up to that point?
A. No.
Q. Was there any change in his care up to that point?
A. No -- well, other than we'd been placed him on the free drainage and he'd been given antibiotics --
Q. Right.
A. -- and he'd also had an X-ray.
Q. Okay. So can you describe the mottled ++ for me?
A. So I remember it -- well, he was mottled all over his -- he was mottled all over and then he had red -- he had a red abdomen. So mottling is a sort of blotchy purple/red rash and then as I say he had this red abdomen as well.
Q. Right. What were your observations of that clinically?
A. That it was a deterioration.
Q. What's it a sign of?

A. It can be an infection, mottling. It could be that they've dropped their temperature, that they're poorly perfused.

Q. Right. Then the other officer:

That mottled ++, is that something that you see regularly when you're dealing with a baby?

A. Yes, not usually to that extent, but a mottled appearance is something that neonates quite often you will see, yes.

Q. Okay. So on discovery of this, what did you do?

A. I remember we -- I don't know if it was myself or another nurse but we called the registrar who was next door in nursery 3 at that point.

Q. Which one was that?

A. Which registrar? [Dr A]. And then he came and I think that was when we had the discussion about him needing to go into nursery 1 and have further support and observation.

Q. Okay but for -- up to that point you weren't aware of any deterioration, any real change in his care and he hadn't been displaying any other poorly signs or symptoms.

The next entry we want to talk about is:

"Doctors crash called 15.51 due to desaturation to the 30s with bradycardia. Chest movement and air entry

observed. Minimal improvement. Re-intubated."

Okay? So again talk me through this. Who discovered it and how you discovered it?

A. Okay. So I don't recall exactly how I discovered it. I think I was in the nursery with him at the time. I don't think I would have left the nursery when he's ventilated and then I remember [Dr A] had gone upstairs to so to speak to mum and dad and that's when we had to crash call him to come back down.

Q. All right, okay.

A. Hence -- that's why he'd left the unit at that point and I think [Dr A] came and he needed to be re-intubated and I don't remember the circumstances as to why that was.

Q. When you say "we", who were you with?

A. I don't remember but -- I don't remember putting out the crash call so I think I must have been doing something with [Baby O] and then another member of staff called.

Q. Right, okay. And again, can you give any explanation as to how this desaturation occurred?

A. No.

Q. Okay. So you had no clinical observations that might indicate a deterioration?

A. No.

Q. So:

"CPR commenced at 16.19 and medications/fluid given as documented."

What was your role in his CPR?

A. I think I did some chest compressions.

Q. Okay.

A. And I think I did some drugs, but I'd have to check.

Q. Lucy Letby described events after [Baby O]'s death. She enabled his parents to spend some time with him and continued to care for [Baby P]:

What activity did you perform during those arrangements?

A. So once he had passed away I just remember sort of facilitating them having some time with [Baby P] and [Baby R] and I don't think -- and I don't think I did any of the handprints or footprint or anything like that at that point, it was later on in the shift, and I think the person that took over did that part. So I had to handover [Baby P] and then I believe the doctors carried out a septic screen on [Baby P] and [Baby R] in view of what happened to [Baby O]. I remember [Baby P] was quite difficult to obtain IV access on at that point. I remember the consultant doing that and having several attempts.

Q. Okay. So obviously at this point [Baby O] has passed away. How were you feeling at that time?

A. Shocked and upset.

Q. Can you give any explanation as to what happened to [Baby O]?
A. No. I just remember his abdomen kept swelling and they ended up doing, like, a drain into his abdomen and I'd not seen that before and that was quite -- it's not a nice thing to see when you haven't seen it before.
Q. Right.
A. And the same with the intraosseous access, that's quite a brutal form of access, and that stood out in my mind, having to see him have that done.
Q. Is that all after he deteriorated?
A. Yes.
Q. Okay. So was his death unexpected?
A. Yes.
Q. Is there anything else, obviously about [Baby O], that you feel that we need to discuss or raise?
A. No. I think we've covered it.
Q. And then Lucy Letby's solicitor said:

I think you mentioned to me before that the registrar cover was quite chaotic that day when he was having to cover --

A. Because as I say, it was a busy shift, because we were having to try to get [Baby O], make room for him in nursery 1, and the doctors were back and forth quite a lot. Usually if there's a ventilated baby they would

sort of be around a little bit more. I think they were getting pulled in various directions that day.

Q. Has that got any direct influence on [Baby O]'s death?

A. I think there was an element of delay, obviously, and each time you have to call the registrar to come there is an element of delay. But maybe if they were there at the time something may have been initiated quicker and I'm not sure.

Q. Could that have prevented the initial collapse?

A. Are you referring to the collapse at 14.40?

Q. Either of them.

A. Mm. I don't think the collapse at 14.40 -- no, I think he had already been seen by the doctor and we had plan in place and that was being implemented. I think once he had the profound desaturation at 14.40 it was a bit more clear that he was unwell and obviously he was ventilated eventually after that. He was left by the medical team.

Q. And the interview in respect of [Baby O] was concluded at that stage.

A. Yes.

Q. Moving on to the second interview in respect of [Baby O], which took place on 12 June 2019. Following introductions and caution, the officers summarised events surrounding [Baby O]'s death on 23 June 2016:

Do you remember this day, Lucy?

A. Yes.

Q. Okay. In your previous interview you were shown page 5, which shows Rebecca Morgan countersigning the observation chart, the last being at 10.30. Do you confirm that, Lucy?

A. Yes.

Q. She states she left the nursery and that she would have been helping other babies elsewhere on the unit. Do you agree with that?

A. I don't recall her specific movements. She was allocated to work with me.

Q. Could Rebecca Morgan have left the nursery --

A. Yes.

Q. -- to help other babies?

A. Yes.

Q. And if you go back to page 3 of the notes, Lucy, you signed the feeding chart at 12.30.

A. Yes.

Q. Do you agree with that?

A. Yes.

Q. And you said that you would not leave the babies as they were being fed.

A. I don't know. Yeah, that's -- I don't know. That looks like my writing.

Q. Is that your signature?
A. That's my signature.
Q. Is that your signature at the bottom?
A. Yeah.
Q. At 13.15 hours you were on your own, Lucy, in the nursery with [Baby O]. This was when he collapsed; do you agree with that?
A. I don't recall from memory the exact times.
Q. Were you on your own when he collapsed though, Lucy?
A. I can't remember.
Q. Lucy, what explanation can you give us as to why [Baby O]'s condition deteriorated at this time?
A. I can't.
Q. At 14.30 hours you completed a set of observations with [Baby O] and you stated -- you confirmed on interview that you were in the nursery on your own when [Baby O] again collapsed at 14.40 hours and you were the first to go to him after he'd suffered a profound desaturation. That's what you said to us on the previous interview.
A. Yes.
Q. Have you got any explanation for his collapse?
A. No.
Q. What did you do to cause the profound desaturation?
A. I didn't do anything to [Baby O].
Q. Shortly afterwards, Lucy, [Baby O] is moved to nursery 1

and was then ventilated.

At 15.51 hours [Baby O] suffered a further profound desaturation and collapsed. On your own admission, Lucy, on interview you stated you were in the nursery with him at this time and that [Dr A] had gone upstairs to speak to his parents, which is why he was crash called --

A. Yes.

Q. -- back down to the unit. Do you remember this?

A. Yes. Yeah, I don't -- I don't remember making the crash call myself, yeah.

Q. You remember doing something with [Baby O] at that time?

A. Yeah.

Q. Is this desaturation, Lucy, this further one that [Baby O] has suffered again, another coincidence of you being alone with him at the exact time he collapsed?

A. Yes.

Q. Have you got any explanation for this desaturation?

A. No.

Q. Are you responsible Lucy for harming [Baby O]?

A. No.

Q. Are you responsible for the murder --

A. No.

Q. -- of [Baby O]?

A. No.

Q. Lucy, anything -- and then "no". The officers summarised Dr Evans and Dr Marnerides' opinion regarding excessive air in the abdomen and trauma to the liver:

Have you got any comment you wish to make?

A. I did not physically injure [Baby O].

Q. What injuries did you cause to [Baby O]?

A. I didn't cause any injuries.

Q. When [Baby O] vomited and when he collapsed on these occasions you were on your own, and you've confirmed that to me, can you explain --

A. Alone with [Baby O], yes?

Q. Yes.

A. I don't recall if there was anybody else in the room.

Q. Yes, you explained that you were on -- you confirmed that you were on your own with [Baby O]. Can you explain this to me?

A. No.

Q. Just to confirm, you confirmed that you were on your own when [Baby O] vomited, just after Rebecca Morgan had left the nursery, and again just after [Dr A] had left to update the parents.

A. Yes, I was alone with [Baby O]. I don't know if there was any other --

Q. Yeah?

A. -- staff members in the room.

Q. Can you provide me with any explanation as to how [Baby O] sustained the significant trauma to his liver?
A. No. I know there was a discussion after resuscitation with the doctors whether there could have been -- there was. I know that it was found later on that he'd had a problem with his liver, whether this had been caused by vigorous resuscitation.
Q. Did you subject [Baby O] to an air embolism Lucy?
A. No.
Q. Do you agree that these two collapses occurred during the two occasions when you were on your own with him?
A. Yes. As I say, I don't know if there was anybody else in the room when I was on my own.
Q. What did you do to --
A. With [Baby O]?
Q. What did you do to [Baby O] on these two occasions, Lucy?
A. I'm not sure what care I was giving him, but I didn't do anything to harm him.
Q. Someone did, Lucy, didn't they? Someone has caused harm to him.
A. It wasn't me.
Q. This occurred, the collapses occurred, while you were with him both times. Lucy, are you responsible for the murder of [Baby O]?
A. No.

Q. The third and final interview in respect of [Baby O], officer, on 11 November 2020.
A. Yes, that's correct.
Q. Following introductions and caution, Lucy Letby was reminded of her rights and she confirmed that she understood:

Okay, Lucy, I'm going to talk to you now about [Baby O].

The officers summarised [Baby O]'s position and what had been discussed in previous interviews:

Is there anything you wish to add regarding that?

A. No.
Q. Okay. Melanie Taylor states that when [Baby O] deteriorated, Melanie said to you that she thought he didn't look as well as he did earlier and asked if you thought they should move him to nursery 1 to be safe. She recalls you saying no and that you wanted to keep him in nursery 2. Do you recall that conversation?
A. No.
Q. Why didn't you want to move him?
A. I don't remember the conversation so I don't know.
Q. Melanie was the shift leader at the time. Is there a reason why you wouldn't agree to her request?
A. I don't remember her request but it may have been that you try and keep triplets together and if they were int

eh same room, that's what we would try and maintain as much as possible.

Q. So [Dr A] was briefly away updating [Baby O]'s parents on his condition when he deteriorated. Was this another coincidence that [Baby O] collapsed when nobody was around him, Lucy?

A. Yes.

Q. What's your understanding of gaseous distension?

A. To be sort of air in the abdomen.

Q. What's your understanding of gas in the abdominal vessels?

A. I don't know the abdominal vessels are [as read].

Q. So in relation to social media, as I said, [Baby O] was born the 21 June 2016 and [Baby P] was born on the same day. [Baby O] died on the 23rd and [Baby P] died on the 24th.

On 23/6/2017, so that's the day [Baby O] died at 23.46 hours, you searched for [surname of Babies O, P & R] on social media. Do you recall doing that, Lucy?

A. No.

Q. What would you be looking for by doing that search?

A. I don't know. I don't remember.

Q. In relation to the mobile phone records that we have on 22 June you were informed that the triplets had been born and your reply at 14.11 hours -- your message to Jen was:

"Yep, probably back in with a bang lol."

Do you remember that?

A. Not specifically but I was away on holiday at the time and...

Q. What do you mean, "Yep, probably be back with a bang"?

A. I don't know if Jen had said something about it's going to be busy for me coming back with -- they had triplets on the unit.

Q. Were you intending on doing something to the triplets, Lucy?

A. No.

Q. At 08.14 hours on 23 June you messaged [Nurse E] and said:

"It's busy but no vents anymore. I've got triplets in 2. All okay but got a student and first day. Two-hourly feeds, et cetera, no time to do anything lol. And Yvonne F in but said I can show her around, et cetera."

What do you mean by "no time to do anything"?

A. So it's busy. I had the three triplets plus a student so it's a lot to have three babies on two-hourly feeds plus have a student on her first day, obviously do all the introductions and orientations with the student, so the fact I didn't have time to give her a proper induction.

Q. At 10.20 on 23 June you messaged [Dr A] and said

that your student was not with you as she was doing some feeds and chatting with parents. Do you recall that?

A. I don't remember sending that text but I know that I raised that I wasn't able to give her the time that I needed and some other members of staff said that she could help them with some feeds and parental care with the families in the other nurseries.

Q. Did that happen throughout the day, throughout that shift?

A. Yes.

Q. Were there other times when your student was doing feeds or carrying out other tasks?

A. Other than that day?

Q. On that particular -- on other babies.

A. Yes.

Q. [Baby O] died at 17.47. At 21.06 [that time in fact is wrong] you messaged [Nurse E] to tell her. You then told her:

"Blew up abdomen. Think it's sepsis."

Do you recall sending that message, Lucy?

A. No.

Q. Who thought it was sepsis?

A. I think it was a discussion, that we all felt that he blew up his tummy and maybe it was something like NEC or sepsis.

Q. Was that your thought then?
A. It was my thought but I think it was something that was discussed at the time as well.
Q. So is that description reflected anywhere in the clinical or nursing notes then?
A. I'm not sure without checking them.
Q. In the same conversation you said:

"Had big tummy overnight but just ballooned after lunch and went from there."

Was it necessary to tell her that his tummy was big overnight, Lucy?
A. I don't know. Maybe she asked what had happened or --
Q. Were you trying to blame the night staff?
A. Blame the night staff?
Q. For the condition of the baby?
A. No.
Q. Is that description reflected anywhere in the clinical or nursing notes regarding the tummy being big overnight?
A. I don't know without looking at the notes.
Q. Okay. At 21.06 [and it's the same text, that should say 21.28] that day you messaged [Nurse E] and said:

"Sophie had them last night. In a right state tonight."

Followed by:

Yeah, worried she's missed something."

Was that you again blaming staff, Lucy?

A. No, it's not me blaming staff. Sophie was really upset that evening, which I've stated she came in in a right state.

Q. Do you recall that, then, that message?

A. Not specifically, no, but I remember Sophie and then I don't know. Yeah, she was worried she had missed something. I don't know if that's a reply to something [Nurse E] asked me.

Q. You also said, "Not a good gestation". What do you mean by that and why is it not a good gestation?

A. Because babies of that gestation can be a little bit -- like they're not prem prem, but they're kind of in a different category to the ones that we kind of watch.

Q. And the interview as far as [Baby O] concluded there.

A. Yes.

MR JUSTICE GOSS: I think that's a good point to have a break. I know it's a little bit earlier, but just so that you know, members of the jury, this afternoon we're going to do until about 3.45 with interviews.

MR ASTBURY: Yes.

MR JUSTICE GOSS: Would that be sufficient time, do you think?

MR ASTBURY: We had 3.30 in mind.

MR JUSTICE GOSS: Until about 3.30, all right. We'll just have a short break now of a few minutes and then we'll do about another half an hour of interviews. We'll not finish these today, we'll finish them on Thursday. We'll just have a short break now and continue at 3 o'clock.

(2.53 pm)

(A short break)

(3.02 pm)

MR ASTBURY: Officer, the first questioning about [Baby P] took place on 5 July 2018.

A. Yes.

Q. This is the summary for that part of the interview. It begins:

"Okay, so there were a number of events with [Baby P] and I will just go through them. At 18.00 on 23/6 [Baby P] was found to have a full, slightly distended abdomen.

"At 09.50, the 24th, [Baby P]'s heart rate and desaturations dropped and CPR was started.

"At 11.30, [Baby P]'s heart rate and oxygen levels dropped again and CPR was commenced.

"At 12.28, [Baby P] deteriorated for a third time with a drop in heart rate and desaturations.

"At 15.14, [Baby P] again started to desaturate and he became bradycardic. CPR was stopped at 16.00 and [Baby P]

passed away.

So you remember [Baby P], do you?

A. Yes.

Q. Okay. So tell us about your care and your knowledge of the events where he's deteriorated.

A. Okay, so I just remember I was asked, on the day I was looking after him, whether I wanted to look after him and [Baby R] again so that the family had some continuity --

Q. Right.

A. -- which I agreed to because apparently that was something the parents had said they would like, if there was some continuity, so that was why I was looking after them both. I remember I had handover from the nurse looking after him overnight and there had been some problems with his feed and his abdomen, so she placed him nil by mouth and he'd gone on to fluids overnight. So I remember her being a little bit sort of anxious as to -- quite overcautious with him, really, in doing that in view of what had happened with [Baby O].

And I remember the -- the registrar was coming to do the ward round and when he came to do the ward round he had an apnoea that needed some intervention with a Neopuff and he just sort of deteriorated from there.

Q. Okay. But in terms of your view of his health on this day, the 24th, when you took over his care was he

stable, was he well?

A. He appeared so, yes. I think it was just -- we were just keeping an eye -- he was nil by mouth at that time and keeping an eye on his abdomen.

Q. Okay. And you've already explained about overnight the designated nurse had some issues with regards to maybe being a little overcautious with his feeding.

A. Yes.

Q. Okay. Who was that nurse, can you remember?

A. Sophie Ellis.

Q. The officer showed Lucy Letby [Baby P]'s feeding chart from the day before, 23 June, before Sophie Ellis took over.

A. Yes, okay. So this is his chart here. So he's been fed at 8 o'clock in the morning and he has been fed via his NG tube and that's via the student nurse and co-signed by myself.

Q. Okay.

A. At 10 o'clock he's received a further feed via his NG tube and again that was by the student nurse and countersigned by myself. And them he's had another feed at 12 o'clock via his NG tube. He's also had his nappy care done and he's had a small vomit and that was done by the student nurse and co-signed by me.

There was another feed at 14.00 via his NG tube and that was done by the student nurse and co-signed by me.

Another feed at 16.00 via his NG tube and that was signed by the student nurse and then by myself.

And there was a feed at 18.00 via his NG tune and that's signed by myself.

Q. Okay. And is there a reason why Rebecca hasn't signed after the 4 o'clock?

A. Students usually only work an early shift so potentially she had gone home.

Q. Is there a reason why you've got entries for 4 o'clock and 6 o'clock?

A. So when a student nurse does a feed they have to inform someone that they've done it to get a co-signature so I've co-signed that one and then I believe I may have done this feed for somebody at 6 o'clock.

Q. You've done it for somebody? Is that common practice then to sign on someone's behalf?

A. No, I mean I've done the feed but I've done it on behalf of somebody if they've had to leave. Yes, if they have said -- sometimes you go on a break or something and you'd say, well, would you mind feeding my baby for me.

Q. Okay. Do you remember if that was the case?

A. No, I don't remember it specifically, no.

Q. Okay. And I think you've already said about overnight and the treatment with [Baby P] was a little cautious. Did [Baby O]'s death have any other effect on the

treatment of [Baby P]?

A. That he'd had a septic screen that evening as well and he was started on some antibiotics.

Q. So on page 5 the entry at 22.00, the 24th this is now, "Care given from 08.00". Was [Baby P] subject to any kind of review on the 23rd into the 24th?

The officers moved on to 24 June:

Who was the designated nurse this day?

A. Myself.

Q. Lucy Letby was asked about her nursing note which will be found behind tile 263:

Okay so the next entry is:

"Observations within normal range, [Baby P] nil by mouth. IV fluids: glucose. Peripheral line: line occluding."

Is that?

A. "Occluding" it should read.

Q. Oh right, okay:

"High pressures. NG tube on free drainage. In tube. Abdomen full. Loops visible. Soft to touch."

Okay. So what you've written there, are there any concerns with that entry?

A. So I think there was a little bit of concern just that his abdomen was full and there were some loops visible.

Q. So tell me how you clinically saw those?

A. So he was lying in the incubator undressed, so it's just

through visually observing.
Q. What did you think of that?
A. Loops aren't something that we want to see.
Q. Right. What's it an indication of, loops?
A. Um, some sort of dilation in the bowel possibly.
Q. Had there been any concerns from the previous shift about [Baby P]? You took over at 08.00 from the night.
A. Yes, so -- I believe.
Q. From the night staff?
A. The night staff, that's when they had stopped his feeds and placed him nil by mouth due to a distended abdomen and I believe he'd had some large aspirates and air obtained. And I think he'd had a few desaturations as well.
Q. Overnight of the 23rd into the 24th?
A. Yeah.
Q. Right. What was the time between you making these observations about his full abdomen and the loops and the ward round and the further observations by the registrar?
A. Um, I think the abdomen being full, I think, was noted from when I took over the care at 8 o'clock.
Q. Okay. Did you escalate that to anybody?
A. So from what I remember I mentioned it to -- I think it was the nurse in charge and talked about bleeping the

doctors and she said, well, the doctors will be here shortly for the ward round, so wait for the doctors.

Q. Who was that? Do you recall?

A. I don't remember.

Q. Okay. It says here:

"Mottled appearance requiring facial oxygen and Neopuff for approximately 1 minute. Abdomen becoming distended."

So was this while the registrar was there; is that right?

A. Yeah, from memory it was the registrar that carried out the Neopuff.

Q. Okay. So what action was taken by yourself at that point?

A. I don't remember. I think I was just supporting him in managing the airway and just assessing him.

Q. Had you taken any action at the point where you realised his abdomen was full and the loops were visible?

A. Just that I'd spoken to another nurse about it and they'd advised me to wait for the ward round because the doctors would be there shortly.

Q. Okay. So at 9 am when [Baby P] had the apnoea, who else was present? There was obviously yourself and the registrar.

A. I don't remember anyone else being there.

Q. Okay. And where you've described his abdomen being distended, how was it different from the abdomen being full that you'd recognised earlier?
A. So a full abdomen can be soft whereas with distended it's more firm --
Q. Right.
A. -- and it looks firmer and it feels firmer when it's distended.
Q. Okay. And this mottled appearance, Lucy, how did that compare to [Baby P]'s brother?
A. I don't recall.
Q. Okay. So what can cause a tummy going from full and soft to distended and hard?
A. If there's some sort of problem with the bowel or the abdomen, so infections or obstructions.
Q. Right. Was he displaying any other symptoms during that time prior to the registrar arriving?
A. Not that I am aware of, no.
Q. Lucy Letby believed it was [Dr B] who performed the emergency intubation during -- although [Dr A] was also present. A decision was made to keep [Baby P] in nursery 2. She was asked:

Okay. So at this point, after what happened the day before, what were you feeling at this point with regards to [Baby P]'s deterioration?

A. Panicked. I think we were all feeling quite on edge about it.
Q. The officers moved on to the events timed at 12.28:
Okay, so who was present during this further collapse?
A. So from memory I believe [Dr A] was inserting the chest drain at that time and I think [Dr B] was present. There were a lot of people around all the time. I remember it being very chaotic. I was trying to get in with drip stands and to connect medications and things and there were just people everywhere.
Q. I this -- was this still ongoing from the previous event?
A. Yes.
Q. Right, okay.
A. I think there were -- there was things and an intervention was being done with him the whole time, an X-ray coming in.
Q. Okay.
A. So we didn't have the equipment in the nursery so a lot of having to go out and obtain equipment from the other nurseries to bring in.
Q. Right. Why wasn't he just moved to nursery 1?
A. From memory I think nursery 1 was busy and --
Q. Okay.

A. -- and it would be an issue having to move other babies and then have to move a sick baby --
Q. Okay.
A. -- like [Baby P] into another nursery, so they made the decision that as [Baby R] was already in nursery 2 that we could keep them both in there.
Q. Right, okay. So obviously there are further deteriorations there within the notes. It refers to the transport team arriving and a further collapse shortly after. Were you there at that point?
A. Um, I think I was having a handover or giving part of the handover with the transport team.
Q. Okay.
A. And I think they were stood to the outside of the nursery at that point.
Q. Okay.
A. I remember him being baptised. I'm not sure whether I phoned the vicar or not.
Q. Okay:

"Parents held [Baby P] as he passed away and spent time with him and sibling. Dressed [Baby P] at their request."

Is that yourself?

A. Yes.
Q. "... and taken photos of [Baby P] and [Baby O] together. Support given to parents and extended family. Time

spent on suite. Mum discharged. Parents have gone to Liverpool Women's to be with sibling ([Baby R])."

What were your thoughts at that stage?

A. It was just devastating for us all and then to have to have them both...

And it says "crying" in brackets:

We put them top and tail in the Moses basket so I could take some photos for them.

Q. Who asked you to do that Lucy?

A. The parents.

Q. Were you happy doing that?

A. I wanted -- if that's what they wanted me to do, I wanted to do it. And as I say, they asked me to dress him as well.

Q. Did they ask you because you were his designated nurse?

A. I think so, yes, and I think -- I usually offered, would they like to do, and I believe they said no, no, could I do it for them.

Q. So was the death of [Baby P] unexpected then?

A. Yes.

Q. Two in 2 days. Did you do all the memory box stuff and everything?

A. No, I don't think I did any of the hand and footprints. This was quite later on in the shift so I think I just took the photographs. And then I sustained a

needlestick injury whilst dressing [Baby P], so I had to leave to go to A&E. So I don't think I carried out any of the other mementoes.

Q. On a few of the others, you know, we have asked you about your coping mechanism and who you spoke to. This is a particularly traumatic time, isn't it? What was your outlet?

A. So we all spoke -- the staff that were on duty, we all spoke about it at the time and then I remember with this one we also liaised with the transport team and sort of discussed it with them as well at the end of the shift, yeah.

Q. Is there anything else that you want to add, Lucy, about [Baby P]?

A. No.

Q. And the interview concluded in respect of [Baby P] at that point.

A. Yes.

Q. Thank you.

We move on to the second interview for [Baby P], please. It took place on 12 June 2019.

A. Yes.

Q. Okay, Lucy, we're going now to move on to [Baby P]. In interview you said you were involved in the care of [Baby P] on 23 June following the death of his brother

[Baby O] up until you went off duty and handed his care over to Nurse Ellis; do you remember that?

A. Yeah.

Q. In fact only minutes after [Baby O]'s death at 17.47 you were feeding [Baby P] at 18.00 hours, so 13 minutes after his death you're feeding [Baby P]. This is supported by the feeding charts that you've signed.

A. Yes.

Q. Is that your signature, yeah?

A. Yes.

Q. Around the time you were feeding him, Dr Gibbs reviewed [Baby P] and evidences a distended abdomen and an X-ray's ordered. The result of that X-ray showed gas-filled bowel loops throughout the abdomen. Do you have any comment to make regarding that, Lucy?

A. No.

Q. Are you responsible for putting air into --

A. No.

Q. Did you do anything that could have caused his stomach to distend?

A. No, not that I am aware of, no.

Q. Are you aware of anything else happening to [Baby P] to cause these symptoms, Lucy?

A. No.

Q. Moving to 24 June 2016, during this shift you were [Baby

P]'s designated nurse again. Dr Ukoh records during his routine examination of [Baby P] at 9.35 on 24 June and notes that his abdomen was moderately distended and bloated but soft and his skin was slightly mottled.

Minutes later at 9.40 hours, and then at 11.30 hours, [Baby P] suffers desaturations and further collapses. What do you put that down to, Lucy?

A. I don't know. He'd had problem with his feeds overnight and his feeds had been stopped.

Q. Lucy Letby was asked about the deterioration at 12.28 and whether the ETT had been dislodged, despite [Baby P]'s medication to sedate him:

Do you have any explanation as to how the tube became dislodged?

A. No, whether there was tension on the tubing from the equipment -- I don't know if he was being moved at the same time for X-ray or anything like that or if the tube wasn't secure in the first place.

Q. Do you recall the tube becoming dislodged, Lucy?

A. I don't remember.

Q. Did you dislodge [Baby P]'s tube deliberately --

A. No.

Q. -- knowing it would cause him to collapse?

A. No.

Q. Did you do it accidentally?

A. No.
Q. Lucy, are you responsible for the murder of [Baby P]?
A. No.
Q. So they were the questions on 12 June 2019.
A. Yes.
Q. The final questioning about [Baby P] took place on 11 November 2020.
A. Yes, that's right.
Q. We'll go to that interview next, please:

I'm going to move on to [Baby P], Lucy.

The officers summarised the previous interviews concerning [Baby P]:

When you worked on the neonatal unit, Lucy, did you have any preferences as to which nursery you wanted to work in?
A. On a day-to-day basis, do you mean?
Q. Yes.
A. No, I enjoyed the variety. I did like being in intensive care, but it was nice that we were a unit where you could have babies and have them all the way through. You would know them in nursery 1 and then you would end up with them in nursery 4 preparing them to go home. I liked the variety.
Q. Why did you particularly enjoy working in nursery 1?
A. I enjoyed the learning aspect and I think that I am

someone that -- I enjoy a fast pace and felt that I could do well in that situation and I really enjoyed learning and carrying on from my experiences at the Women's.

Q. Okay. And when you weren't working in nursery 1 and you were working in the other nurseries, did that bother you in any way?

A. No. Quite often it was nice to see the babies further down the line that we'd looked after previously and have a bit of a break from nursery 1.

Q. Okay.

A. It was nice to do other things like bathing them with parents and that, not purely doing ITU. I think it's nice to be able to do feeds with the babies and bottle feeds and bathing and things.

Q. Do you know Nurse Kathryn Percival-Ward?

A. Yes.

Q. She said that:

"The only thing that started to worry us about Lucy was the fact that at times she didn't want to be in the outside nurseries looking after babies and she would make her way and help in the intensive care nurseries. I recall being involved in an argument with Lucy when I informed her that she would be working in nursery 3 and she told me she wanted to be in nursery 1. Lucy

told me it was boring in the other nurseries and she didn't just want to do the feeds."

Do you recall having an argument with Kathryn?

A. No, I don't and I don't recall ever calling my work boring in any capacity.

Q. Do you recall ever asking her to be in nursery 1 when you'd been allocated nursery 3?

A. I can't remember that specific time. I may have done, I don't know.

Q. [Dr B] states that whilst [Baby P] was unwell you commented to her that he would not leave here alive and was corrected by [Dr B] as he had good blood readings. Do you recall saying this comment?

A. No. I don't know why I was -- had a conversation with [Dr B] about a baby not leaving the unit unless they were really sick at the time.

Q. Why did you think that [Baby P] would not leave the NNU alive?

A. Well, I don't recall saying that so I don't think -- I don't remember saying that unless it was at the point where he was physically ill.

Q. Do you remember any occasion when you thought that, that he wouldn't be leaving alive?

A. Once he started to deteriorate, yes.

Q. It was suggested to Lucy Letby that Dr Brearey had told

her that she should take the weekend off due to the traumatic events. Lucy was asked if she recalled any comment like that.

A. No.

Q. He said that you refused after [Baby P] and [Baby O] died.

A. I don't recall that conversation. I was due to go on annual leave after the triplets so I would have been off work anyway. I don't recall that conversation.

Q. Looking at your mobile phone, Lucy, and the messages exchanged on 24 June at 23.38 [and again that time is inaccurate but it's clear from the tile], you messaged Sophie and said, "Just blew tummy up and had apnoeas, downward spiral similar to [Baby O]". Do you recall sending that message to Sophie?

A. Yeah, I think so, yeah.

Q. Is that description or that description that you've given, would that be reflected anywhere in the clinical records or notes?

A. That he had blown his tummy up? Yes.

Q. "So just blew tummy up and had apnoeas, downward spiral."

A. Yes, so the apnoeas should be documented in my nursing notes and on an apnoea chart.

Q. Okay. And what about the tummy being distended?

A. Should be as well.

Q. "Blew tummy up", that will be in the notes as well, would it?
A. Yes, it should be in my nursing notes and I believe the doctor was there at the time. I asked him to review [Baby P] so it should be reflected in his documentation as well.
Q. And why did you send that message to Sophie?
A. I don't know if it was in response -- did she ask me how they were that day? I am not sure.
Q. At 9.34 on 26th you messaged [Nurse E] telling her that you were worried in case there was a bug on the unit; do you remember that?
A. Yeah.
Q. Why did you suggest that to [Nurse E], that there was a bug on the unit?
A. There was a lot of discussion amongst staff about what was going on on the unit and how things were being managed and bugs were mentioned, whether something had been either faulty with equipment-wise or whether there had been some sort of equipment within the fluids or within the water of the unit, things like that. People were just speculating.
Q. Who did you speak to about it, about the bug being on the unit?
A. I'm not sure.
Q. Do you remember who mentioned it to you?

A. No.
Q. Is it more a case that that's your own opinion, Lucy?
A. It is my own opinion, but it was discussed on the unit and again it was discussed about whether equipment needed to be checked and fluids saved and sent away.
Q. By messaging [Nurse E] that you were worried about there being a bug on the unit, are you suggesting alternative causes for [Baby P]'s death?
A. There had been discussions in the unit that maybe there was something wrong with the unit in itself, either a bug or equipment, so yeah, there might be something that affected the boys.
Q. That concluded interviews insofar as [Baby P] was concerned.
A. Yes.
MR ASTBURY: Thank you.
MR JUSTICE GOSS: Well, it's a little bit early, but we'd then be moving on to [Baby Q]?
MR ASTBURY: Yes. There's three interviews for [Baby Q], my Lord, and four what were described as overarching which deal with general topics, so some more interviews to go yet.
MR JUSTICE GOSS: Yes. We'll come to those on Thursday.
Tomorrow is a day off for you, members of the jury. You'll be able to gauge -- I don't know, an hour and a half or something -- what remains of these interviews

to get through, something like that. So can you please be ready to continue at 10.30 on Thursday morning?

Please remember your obligations and responsibilities as jurors: no communication with anyone about anything to do with this case unless you're all together in the room, in each other's earshot, and no research about anyone or anything to do with the case.

Thank you very much. 10.30, Thursday morning.

(In the absence of the jury)

Application

MR JUSTICE GOSS: Mr Myers, as I said earlier, thank you both very much.

Submissions by MR MYERS

MR MYERS: Yes, my Lord, there are two submissions or notes to assist with the question of Eirian Powell's evidence, or the extent of it: one from us yesterday, 24 April, one from the prosecution in response today, 25 April.

Your Lordship is familiar with the issues that arise with this witness and you have her statement and the competing submissions on what are nine areas that the defence have identified as areas of relevance, nine matters.

MR JUSTICE GOSS: Yes. I think we can reduce what is contentious because there is now, as I understand it, no reasoned objection in principle to the fact that she

should be recalled. The prosecution will not seek to adduce any evidence from her in chief, further evidence-in-chief.

MR ASTBURY: No, thank you.

MR JUSTICE GOSS: It's the extent to which or the various matters that can be put to her in cross-examination, some of which are agreed and some of which are not?

MR MYERS: Yes. Just one preliminary observation and then I'll turn to it as helpfully as I can.

The prosecution have included commentary and law relating to relevance and admissibility set out in their note.

On the first page of their note, they identify that -- or they submit, rather -- that the primary issues in the case are (1) whether the children, viewed individually, were unlawfully killed, a conduct issue; and (2), if so, by whom, the identity issue.

Looking at the commentary on relevance, the principles behind which, I suspect, we all are very familiar with, it is far too narrow, of course, to seek to contain relevance within those two issues. And indeed, I just note this. In the comments of Lord Simon of Glaisdale, it's at page 3 of the prosecution's argument, in dark print at the top part, from the case of DPP v Kilbourne, in seeking to articulate how one

should deal with this in terms of what is logically probative or disprobative, his Lordship there identifies that the risk of, as he puts it, etymological tautology in going round -- this is at the conclusion of that section -- going round the formulation one might make, but settles for saying that:

"If relevant, evidence is evidence which makes the matter which requires proof more or less probable."

A good example of where we could collapse into tautology is to look at the two issues as defined by the prosecution and seek to limit what is relevant by matters that bear directly upon that, but of course there are many issues that go towards that from issues of credibility, to issues as to why the defendant did or wrote things that she did. So it is a rather broader approach than simply defining it by those two issues. They don't define relevance, they're ultimate issues, so far as the prosecution is concerned, and when one simply deconstructs the offences.

Turning, therefore, to the matters which the prosecution -- the defence have identified and cross-referring that between both documents, (i), which is Ms Powell's assessment of Lucy Letby as a nurse, there's no issue there. So I can move from that. That's (i) on the defence.

In fact, the defence points are included within the prosecution note, which is helpful, we're grateful for that.

MR JUSTICE GOSS: It is helpful.

MR MYERS: I can take your Lordship through that.

MR JUSTICE GOSS: So there is no issue in relation to that.

MR MYERS: No.

The second matter, which is that Lucy Letby was designated regularly to care for intensive care babies once she had qualified to do so and matters relating to that. There are no contrary submissions by the prosecution, though they question whether it's a fact in issue. The defence observe simply that it is relevant her preponderance, her presence at the time of events, and it's relevant, the defence would say, that she is somebody who was regularly asked to look after the most poorly babies because of her position.

The prosecution don't take issue with that, it's something that Eirian Powell can deal with and therefore, we submit, it's something that we should be entitled to establish with her and the related material, of which there isn't a great deal as it happens.

MR JUSTICE GOSS: Right. I haven't studied the minutiae of the evidence, but to what extent is there going to be a statistical analysis of the number of babies passing

through over the relevant period and the extent to which she, as opposed to any other nurse of her grade, was dealing with intensive care babies? I rather think that that is not evidence that can be adduced. So it's going to be in large part an expression of opinion or impression from the witness rather than based on hard evidence.

I'm not being critical, I'm just making the comment. I think the point is -- what the prosecution, as I understand it, are saying is: well, in principle, one cannot object to this but it has limited value in the sense that unless one is going to descend to careful statistical analysis, it's going to be very much the witness's view in relation to that.

MR MYERS: Yes.

MR JUSTICE GOSS: But as I say, I'm not suggesting the prosecution are being reasonable or unreasonable in relation to this, I'm simply probing it in a little more detail.

MR MYERS: It is a matter of impression, but of course in the case there is a good deal that's put forward as a matter of impression sometimes in terms of practice on the unit by other witnesses. It's not a statistical analysis, but it's a fact that we say is relevant just in considering the number of occasions Ms Letby is

looking after children who are intensive care babies or present at that time or her, and I put this neutrally, access to them, that she's something who's bound to have more than somebody who isn't as qualified as she was and at the stage of qualification that she had reached.

So we don't give it the status of some type of actuarial analysis, we simply don't. It is a matter of impression but in this case there are other issues that are matters of impression. It may go to the overall weight to be given to that evidence, but it doesn't, we submit, give a basis for saying there should be no -- it shouldn't be brought out before the jury.

MR JUSTICE GOSS: Right. I will hear what the prosecution say.

MR MYERS: It'll perhaps assist if I deal with the points.

MR JUSTICE GOSS: I understand what your point is there.

MR MYERS: Points 3 and 4 both relate to evidence concerning Dr Brearey and things that he has said to Eirian Powell and her evidence is clear that he has. It's in her statement, we've identified where these matters appear.

One of them, which is at page 206, my Lord, just in the lower part, next to what's the hole punch in my copy --

MR JUSTICE GOSS: Yes.

MR MYERS: -- was Dr Brearey's lack of interest in the

doctors when it came to looking at who was present at the time of the events that were being considered.

The second matter, which is our point 4, it's at page 207, were his comments about Melanie Taylor or his comment about "Mel being nice". I'll elaborate on that in a moment.

Both of these are matters that the prosecution object to and they do so primarily on the basis that they are insufficiently relevant and that the question of bias or confirmation bias isn't something which justifies the introduction of them. That's at the first part of their argument.

We submit -- in fact, we can strip away the word "confirmation" at this point. The question of bias or credibility is important in fact. It's important, we submit, both in terms of how doctors, in particular on this unit, have interpreted events at the time they took place and also how they have approached their evidence before the jury now and matters that cast light upon that are relevant.

Taking both of those, when we talk about evidence of how they interpret the events that took place, which perhaps could be regarded as bias or confirmation bias proper, a good example is in the evidence of [Dr B], when dealing with [Baby P] -- we have just touched

on this in the interviews -- where she gave evidence that Lucy Letby had said something along the lines of, "He's not going to be leaving here", and that's plainly presented as something incriminatory in the way she gave that evidence. It wasn't disputed a comment like that might have been made, but of course the defence identified that might be a reasonable view given the concerns at the time.

We submit that isolating details like that, or Lucy Letby smiling in the wrong way to the wrong person, are in themselves a good example of a tendency to construe against her her behaviour or events in the worst possible way or in an incriminatory fashion.

Allied to that is the second aspect of bias in this case or bearing upon or potentially bearing upon credibility, and that is the way some witnesses may have chosen to give evidence now or the way they've given evidence about Lucy Letby or things they've said that impact upon her.

Stephen Brearey has given evidence at various points, either specific to a count he's dealing with and occasionally more generally about concerns on the unit. Sometimes, we say, he has given evidence which is less helpful or deliberately unhelpful. I can give an illustration. When dealing with the case of [Baby G]

and the question of whether bloody secretions had interfered with the breathing tube -- this may seem some while ago, but it's something I've considered after receiving this response.

Dr Brearey discounted a bloody secretion could block an ETT. That's what he said. He questioned that, he questioned that in circumstances where we would say quite plainly we relied upon that as a possible explanation for a tube being blocked. And we would say he did that because he is biased against Lucy Letby and that affected the way in which he dealt with that question.

To weigh up the merit or otherwise of our criticism of someone like Dr Brearey, material that shows that he was predisposed against her in some way or forming preconceived opinions is relevant. The two items that we identify that come from Eirian Powell's statement are examples of both of those. His direction or his expression to Eirian Powell at page 206, that he didn't want to include the doctors when considering who was present on the unit at the time of these events, is a preconception that colours the way in which he regards the evidence, we say.

And if that's his attitude there then it can't be dismissed from an attitude elsewhere in terms of

preconceptions and taking the worst or a bad view, ultimately, of the defendant.

More directly -- this is at the bottom of page 207 -- where Eirian Powell identified to Dr Brearey that there was at least one other nurse who, on her assessment, was the next most regularly present member of staff, and it's Nurse Melanie Taylor, at that point Dr Brearey said, "Oh yeah, but she's nice". Now, whether or not he ever said or ever described Lucy Letby as "Nice Lucy", which is something he said he'd said, or some complimentary term like that, and Eirian Powell doesn't suggest he did say that. But whether or not he ever did say that, what matters is that when he was presented with material about Lucy Letby alongside material about another nurse, in contradistinction to anything he said about Lucy Letby, he made the point of saying of Melanie Taylor, "Yeah, she's nice".

We say that plainly discloses a bias against Lucy Letby on that evidence. It's powerful evidence of that. It's something we put to Dr Brearey, who dealt with it as he saw fit, but it's something that this witness can give evidence of. So this isn't a matter of going into questions of commonality more broadly, which was something that was raised as a concern by the prosecution originally, that somehow we were going to be

inviting Eirian Powell to engage in her own analysis of who did what, where and when and how that dovetails with medical issues. It's a very discrete point but it's, we submit, a powerful illustration of a motivation or a bias against Lucy Letby. And when we make the criticisms of members of staff that we do, and we've criticised Dr Brearey, and we would do so, it is necessary for us to be able to call upon that. It has been put to him and we would wish to put it to Eirian Powell.

So it's a very limited matter but it's an important one so far as we're concerned and it indicates a hostility to Lucy Letby that is capable of affecting his attitude and the way he gives his evidence.

From that, my Lord, we move to points 5, 6, 7 and 8, which to some extent are different examples of a similar issue that develops over a period of time. Point 5 simply is questioning about the time that Lucy Letby was moved to day shifts in April 2016. When we say, as we do, that the prosecution raise this and the defence should be allowed to cross-examine upon it, it's a fact that's in evidence that in April 2016, or at some point, Ms Letby was moved to days. The prosecution have referred to that and we simply want to deal with why that happened, which is for the defendant's own benefit,

we anticipate Eirian Powell would say, and deal simply with what happened there from --

MR JUSTICE GOSS: Sorry, for her?

MR MYERS: Of benefit because of the stresses of what had been taking place during other events at night.

MR JUSTICE GOSS: Right. Well, I don't know whether the jury have picked up, but there are a lot of incidents that take place in the early part of the indictment events here which take place during night shifts and then they happen during day shifts.

MR MYERS: Yes.

MR JUSTICE GOSS: So anyway, I hear what you say, but I am not quite sure how far that's going to take you in any event.

MR MYERS: Sometimes, as your Lordship will understand, it's not always the question that there's a direct clash between anything the prosecution are saying and the defence, it's simply that the defence explanation or perspective upon a series of events is an important part of the narrative.

MR JUSTICE GOSS: Exactly, and the point is: is it relevant evidence? And it is relevant in the sense that --

MR MYERS: Yes.

MR JUSTICE GOSS: -- it can be relevant to both sides' cases.

MR MYERS: It's what happened. The jury know about it and since Eirian Powell explains why it happened, it may be something of help to have.

MR JUSTICE GOSS: I'll hear what the prosecution say in relation to that.

MR MYERS: Following on --

MR JUSTICE GOSS: Non-clinical/clinical role in July 2016?

MR MYERS: Yes, this leads into points 7 and 8, which in large part no objection is taken to.

In July 2016, the fact is that Ms Letby was moved to a non-clinical role. That's already, in fact, in the evidence and will become more apparent and is an inevitable part of her evidence, if or when she comes to give it. It's apparent also, of course, from the post-indictment schedule that we've had with all the texts that follow and the messages, two of them in fact from Eirian Powell, one it seems under Yvonne Griffiths' email but signed off Eirian Powell. That's at tile 226. And one at tile 263, signed by Eirian Powell and Eirian Powell's email and it described what has happened and how there's a review of competencies taking place.

To deal with what lies behind that and the messages at that time and what was going on with the defendant and her position at that time, it's necessary and relevant, we say, for us to question Eirian Powell about

that and the arrangements that were made for Lucy Letby to be moved from a clinical role and what she was told and how she reacted to it.

Necessary and relevant, first of all, because this is in evidence from the prosecution already. They have material they want to put in and we wish to deal with what the defence say about that. Necessary and relevant because it's an important part of the chronology we have, the defendant being moved away from the unit and what was said at the time. And necessary and relevant because it feeds into a theme that is significant for the defence case, which is the impact of removal from the unit, increasing isolation and eventually, although this isn't for Eirian Powell, but eventually an awareness of blame in her direction for things that had taken place that led to a great deal of upset in the first instance and, the defence will maintain, mental anguish later on.

Not only is that relevant as part of the defendant's case, but it is also a relevant and necessary part of her case when we come to look at things that were written by her later on. There is a clear line, we submit, that follows from removal from the unit, how that happened, the grievance procedure, the details of which we do not seek to adduce, we are not,

respectfully, interested in who said what about who at that point, it's the fact it took place. That concluded at the end of 2016, after which the defendant was due to return to the unit, but the police were then contacted.

That's a matter we have to resolve in some way, either by evidence or by agreed facts because that's a necessary part of the chronology.

Eirian Powell is a witness who deals with aspects of that in her statement and is able to give evidence on what happened, particularly in the move from the unit to a non-clinical role and the initial impact of that upon the defendant. That is what points 6, 7 and 8 relate to.

MR JUSTICE GOSS: Yes.

MR MYERS: In point 8 we have gone into some detail to explain a matter that we would wish to raise with Eirian Powell about a meeting with Sian Williams in July 2017 in which what was happening was explained to the defendant, her reaction to that, and also what we say was the limited contact she was to have with certain people so she didn't feel more isolated than necessary. Those people in fact were Minna Lappalainen, [Nurse E] and [Dr A]. We set that out in our note.

Of course, their names and the contact with them is something that is a feature of what happens in the

period that follows and this is relevant as to why they featured so heavily -- or at least relevant in part. And there may be competing interpretations of that, but that's the defence case on that.

MR JUSTICE GOSS: Well, on any view it's relevant. It's potentially relevant.

MR MYERS: It's potentially relevant. So that's what lies behind 6, 7 and 8.

Item 9, which is following matters relating to the grievance, insofar as Eirian Powell is able to deal with this we would want her to do so. It's not something we want to deal with at any extended length with her. If it tuns out that these matters can be agreed in some other formal fashion, then they can be. But some aspects of the agreed facts are still being settled. So at this point --

MR JUSTICE GOSS: All right. I see what you're wanting there.

MR MYERS: Yes, that's what we want.

MR JUSTICE GOSS: Either by adducing it from the witness, you hope, or by way of agreed fact.

MR MYERS: Yes, my Lord. That's the position.

MR JUSTICE GOSS: Thank you very much.

Yes, Mr Johnson.

Submissions by MR JOHNSON

MR JOHNSON: My Lord, any fact that is necessary to be established that will ensure a fair trial of this defendant we will agree. So that's our basic position and technicalities aren't going to come in the way of that, just as they don't come in the way of the prosecution admitting relevant facts in any trial, even more so in a trial as serious as this one.

So far as our submissions about relevance are concerned, we identified what we submitted are the primary issues in the case. That wasn't intended to be an exhaustive list, but it's a fairly good touchstone, we would submit, in assessing where issues that are not so clear-cut -- or which side of the line issues that are not so clear-cut might fall.

MR JUSTICE GOSS: The simple test to be applied is: evidence is admissible if it is relevant to an issue in the case. So one asks the question: to what issue is that evidence relevant?

MR JOHNSON: Yes.

MR JUSTICE GOSS: And if it is a matter that is in issue in the case, a bit like the Criminal Justice Act 2003 in deciding whether it's a matter of substantive value that's in issue between the prosecution and the defence, then it's admissible unless it's for some reason -- its prejudicial effect outweighs any probative value it may

have. So really one just has to look at each individual piece of evidence and say: is that arguably relevant or not for one side or the other?

MR JOHNSON: Yes.

MR JUSTICE GOSS: I think we've narrowed this down quite considerably during --

MR JOHNSON: Yes.

MR JUSTICE GOSS: You have and we have perhaps now narrowed it down even further.

What the witness cannot do is express opinions about things. She can give evidence on the matters -- Mr Myers has helpfully accepted this -- about matters that are within her direct knowledge, but she can't go beyond that.

MR JOHNSON: Yes.

MR JUSTICE GOSS: So really, is all that's left the Dr Brearey...?

MR JOHNSON: Well, I think the grievance is a fairly controversial area.

MR JUSTICE GOSS: I think it's the fact of a grievance procedure. It's difficult because it's in evidence in any event, isn't it? I think it's in evidence.

MR JOHNSON: I would have to check that, I'm sorry.

MR MYERS: We have -- actually, the final tile on the schedule, the post-indictment information, is the formal

lodging of the grievance procedure on 7 September.

MR JUSTICE GOSS: Exactly, so it's the extent to which one can go into the grievance procedure and the actual grievance procedure -- as I understand Mr Myers, the relevance, he says, is that it is potentially or it is relevant, say the defence, to material that is before the jury because some of that material was consequent upon there being a grievance procedure and what was taking place at that time.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Then it just becomes, if that is right and if it's admissible, it's then the weight to be attached to it by the fact-finders.

MR JOHNSON: And also the more vexed question and the one that's really going to cause problems or potential problems is to infer, as the defence are seeking to in the particular areas that they would like to establish, that the grievance was resolved in favour of Lucy Letby with all the consequential inferences that the jury might draw from that.

MR JUSTICE GOSS: Are you seeking that, Mr Myers? Is that what 9E is?

MR MYERS: That's the way -- we tried to put that as neutrally as possible because it's a fact that she was due to return to the unit and it's a fact that after

that was going to take place, or before it could take place, the police were contacted. But that's the way that that goes. The investigation concluded in December 2016 and, after that was concluded, she was due to return in March 2017, which was as neutral a formulation as we could put for that.

MR JUSTICE GOSS: Well, no, because that carries huge implications, doesn't it? I mean, was her grievance upheld in the sense that there was no material upon which she could be prevented from returning to work?

MR MYERS: It was upheld. We haven't gone into the detail. There's actually quite a lengthy report that upholds it.

MR JUSTICE GOSS: By whom?

MR JOHNSON: Not Eirian Powell.

MR MYERS: Not Eirian Powell, but moving away from Eirian Powell, as a fact of record it was upheld, and indeed -- and this isn't something we've gone close to -- the consultants were required to formally apologise to writing. We don't go to that, but we just make the point this isn't what we have tried to put in and we don't.

MR JUSTICE GOSS: This is a criminal trial based on the material that is now available. I hadn't appreciated that this point was going to be made and relied on. I hadn't read into 9E what you are now seeking to say.

But that is a very controversial issue that I am certainly not going to rule upon at this stage because I would be deeply unhappy to seek to adduce from a witness, who was not responsible for the conclusions of that grievance investigation, to give evidence about it.

MR MYERS: We understand that, which is why we include that because it's something we say is relevant. I hasten to add at no point have we sought, nor do we, to seek what happened at the conclusion of it or what happened with the consultants or what didn't happen with them. We're aware of that. But this matter, having been introduced, we observe, in just the same way the prosecution do, it has to be resolved in some way, otherwise it's just floating there with as much of a disadvantage to the defence as the prosecution perceive it has upon them, which is why we'd thought this was a neutral way of dealing with it. But we understand it's not something which can readily then be dealt with by Eirian Powell, although she would know, because she was still working at this time, that the defendant was due to return to the unit. So that was why we thought this was something that she could deal with.

But we have a situation where the fact there was a grievance procedure is in evidence and just as much as

the prosecution are anxious that that is not construed against their witnesses in any particular way, we have precisely the same concern that it isn't construed against the defendant, the outcome of that, because on one view it might be regarded that it was when we all know, whatever the basis for it, it was upheld in her favour. So we're most anxious that it's not held as something against her --

MR JUSTICE GOSS: Well, I can understand that. I'm just wondering whether there can't be the neutral fact that the grievance was lodged formally on 7 September 2016, there was a formal investigation into the grievance, it concluded in December 2016, and then the date when the police became involved -- just not giving any outcome in relation to it one way or the other.

MR MYERS: Perhaps we can consider that, my Lord.

MR JUSTICE GOSS: That then gets the fact in because it gets the point in, which as I understood, you were urging, saying that this was preying on her mind, so to speak, that this was going on. Otherwise, if we go down the route of that and the thoroughness, the evidence, the material on which the grievance procedure was being determined...

MR MYERS: We can see that.

MR JUSTICE GOSS: We've been spending, what, nearly 7 months

going through the detailed evidence here, chart by chart, event by event. I'm not being critical of the grievance procedure, but I rather suspect it will be a sort of HR-driven process within the terms of the hospital management board, a completely different scenario.

MR MYERS: Yes. We don't perceive that in any way is going to resolve the key issues in this case, so we don't seek to use it in that way, but we do seek to ensure that the relevant chronology is there in some way.

MR JUSTICE GOSS: I have said what I have said and I am not going to say any more and I'm not adjudicating on it formally at this stage, but certainly, so far as that is concerned, I think it requires very careful thought so that it cannot be misconstrued. I'm not suggesting it would be, I am not suggesting you would seek for it to be misconstrued, but in the jury's mind it may be misconstrued and I wouldn't want anyone to have any misunderstanding about it and the potential relevance of it. But the fact of a grievance procedure and the other matters to which you've referred does, I can see, have some relevance to the notes that are already in evidence.

MR MYERS: We can consider how best to deal with that.

MR JUSTICE GOSS: I'll leave that with you. So it's just

the Dr Brearey point. Otherwise I think that -- well, what I'll do is I'll put in writing what my conclusions are as to the extent to which these matters can be put in evidence.

MR JOHNSON: Can I just point out one feature which was put in writing but may have got lost? I only say it may have got lost because my learned friend didn't refer to it, not that I'm suggesting (inaudible: no microphone) everything needs to be referred to. It's an important point and it's that the meeting referred to by Eirian Powell in her witness statement is a meeting that took place in June 2015 -- sorry, no. There are two meetings. The first one, which is one referred to by Dr Brearey is the one in June 2015. The one referred to -- sorry, by Eirian Powell is 2015, the one referred to by Dr Brearey is 2016. There are two.

MR JUSTICE GOSS: Yes. My recollection of his evidence -- and I haven't checked the transcript in relation to this -- was that he was clear that it was June 2016, 2016, when the meeting of which he spoke took place.

MR JOHNSON: Yes, and this is important because it is a fairly good illustration of one of our principal concerns. In 2015 there had only, in inverted commas -- I use that word only as a comparator to what was the position a year later (inaudible: no microphone).

There'd been a few incidents by then and the point that Eirian Powell is saying in her witness statement is that there was -- Melanie Taylor had been on shift on quite a number of those occasions --

MR JUSTICE GOSS: Yes.

MR JOHNSON: -- but by contradistinction to the position by the end of 2016.

MR JUSTICE GOSS: That's the point: she was a regular witness to begin with in the early incidents but then very infrequent as time passed and further incidents occurred.

MR JOHNSON: And wasn't there, for example, when two children were poisoned with insulin, which the jury may think is a significant point. Who knows?

MR JUSTICE GOSS: Anyway.

MR JOHNSON: This is all dangerous ground because we run the risk, unless very clear boundaries are set with precisely what can be asked of Eirian Powell, that she, either by confusion or mistake or whatever --

MR JUSTICE GOSS: Or misrecollection.

MR JOHNSON: -- or misrecollection says something that then takes us 3 or 4 days to unpick. That's why I'm emphasising the difference in what she's talking about, which is the end of 2015, with what Dr Brearey was talking about, which is the position at the end

of June 2016. There were clearly a number of meetings and to suggest that because in her witness statement Eirian Powell doesn't mention the "Nice Lucy" remark that was spoken of by Dr Brearey she will necessarily come up with the goods in the witness box so far as that is concerned is a very dangerous assumption. My learned friend, with due respect, seems to be looking at the position that Dr Brearey has articulated from the witness box and comparing the absence of that particular line from the witness statement and making the necessary assumption that the witness is going to say that was never said. The best a witness will ever say, practically speaking is, "Well, I just can't remember". No witness from this sort of a background, with these sort of issues, at this remove of time from events is ever going to say," That didn't happen". That's why we respectfully submit that this line of cross-examination with Eirian Powell is not going to adduce any relevant evidence.

MR JUSTICE GOSS: All right.

MR JOHNSON: Because at the end of the day even if the witness were to say, "Well, I don't remember him saying that", how does that help the defence establish bias against Dr Brearey? And it certainly doesn't help the point which my learned friend has just been trying to

establish, which in some way that rubs off on [Dr B], because [Dr B] has given clear evidence that she wasn't aware of any of this, whilst things were going on, until right at the end.

So we're hanging something on a gossamer thread and the defence are putting ever heavier weights on it and we would submit that the possibilities of introducing material that is going to cause a real problem with the immediate progress of the trial is quite significant. Now, I don't know what the way through it is.

MR JUSTICE GOSS: I'll hear what Mr Myers says in response, but can I just ask you this. The remaining evidence -- we know that there's the rest of the interviews to be gone through, which will take half a day, I expect, or thereabouts.

MR JOHNSON: Yes, at most.

MR JUSTICE GOSS: Then would it be Eirian Powell if she is to give evidence?

MR JOHNSON: Yes, and if the defence won't make the admissions of fact that we're seeking, we'll have to call half a dozen witnesses to prove various things, but that won't take very long.

MR JUSTICE GOSS: Right. Then other evidence?

MR JOHNSON: No.

MR JUSTICE GOSS: Nothing? So...

MR JOHNSON: All things being equal, we should comfortably finish, subject to issues which may arise out of Eirian Powell, we should comfortably finish the prosecution case by the end of this week.

MR JUSTICE GOSS: Oh yes. I thought you were about to say by the end of Thursday.

MR JOHNSON: Well, hopefully, yes. I was taking a pessimistic line.

MR JUSTICE GOSS: All right. Thank you very much.

All right, Mr Myers.

Reply by MR MYERS

MR MYERS: A number of points are packed into that small response. I don't say "small" in a derogatory sense, but it appeared to be quite short and contain quite a lot.

It cannot be right, in fact, that this is a meeting in 2015. Your Lordship will see this from looking at the statement. Let me just start with that. It's at page 206 and it's about the first paragraph down.

MR JUSTICE GOSS: Which --

MR MYERS: Sorry, it's page 4 of 8, I was giving the statement page. The first paragraph down begins:

"I can't recall the exact date, but in early 2016, and prior to Lucy being redeployed to a non-clinical role, I was asked to put together a report concerning

the mortalities of babies."

Then she goes through to talk about highlighting commonalities and a thematic review that took place and she goes on from there.

So we cannot see how this conversation, which is at page 5 of her statement, over the page, which follows this through, is meant to have taken place in 2015 and we don't understand why it's attributed to them. This seems to come out of that report into commonalities that she was asked to look at some time, she said, in early 2016 and prior to redeployment on a non-clinical role, which we know is July 2016. So, as a matter of fact, looking at this, this isn't something which took place in 2015, it appears to be something that took place in 2016, and therefore the concerns described don't apply in that way. That's the first point, a factual matter, just reading the statement that we have.

The second point is that where [Dr B] is concerned, we're not linking that to this evidence, we simply gave that as an example in passing of where bias engages.

The third matter is this, that so far as Eirian Powell is concerned, the prosecution's description of her evidence makes it sounds as if it just stretches into the middle distance as far as one can see at this

point of the trial. These are very discrete issues. If there really is a concern as to exactly when the conversation on page 5 of 8 took place, we would have thought, respectfully, that could be dealt with by a statement taken from her in advance of giving evidence to clarify the matter and then there can be no doubt as to that. And if it transpires that it's utterly vague or so far away from the events we're looking at to be properly probative, then that may have a bearing upon what the defence can do with it, but it may be that, when asked to clarify, she will say just when that was, and that might be the answer if there's any doubt as to what was said and when.

MR JUSTICE GOSS: Sorry to interrupt you, but I just -- Mr Johnson, the suggestion is taking a further statement from her.

MR JOHNSON: Well, the trouble is that that has to be done by a police officer and we're then potentially getting into a suggestion that there's been some interference with what the witness is going to say about something which my learned friend is saying is so important to his defence, so I'm loath to get involved in that.

Can I just deal with the other issue that my learned friend has raised? The reason we submit it's 2015 is the Melanie Taylor point. That's why. Whatever the

witness says in -- and this is the example I'm giving of how the witness is clearly confused about what happened and when because she couldn't possibly say that there was a close similarity between the presence of Melanie Taylor and Lucy Letby at all these incidents if she'd conducted that review in 2016. It can only be if it's June 2015.

MR JUSTICE GOSS: The paragraph goes on, to which Mr Myers was referring:

"My report was completed before the thematic review with Nim Subhedar from Liverpool, so I was just looking at something that might be there. This would have been before the triplets died."

MR JOHNSON: Yes.

MR JUSTICE GOSS: So we can fix that date, two of the triplets:

"I was just reviewing collapses and we had a gap where nothing happened."

It doesn't appear as though she is referring to any notes or anything when she's doing this, any document, this is just her recollection.

MR JOHNSON: Yes, absolutely. If one goes right to the bottom of page 5 of 6:

"Steve Brearey was only aware of Lucy being the commonality when I informed him."

So that is a reference back to 2015 because that was the first time that the commonality was picked up, and one picks that fact up from looking at a number of other statements as well. I can't give you them off the top of my head.

So what appears to have happened here is there's been an amalgamation, really, of what the witness is saying at the top of page 5 of 8 and what the witness is saying at the bottom of page 5 of 8, and because the Melanie Taylor point is so stark, for the reasons that your Lordship has already given, that conversation between Dr Brearey and the witness can only refer to events at the end of June 2015. This is why we're so concerned about this.

In order to try to -- because what are the defence trying to prove? The defence are trying to prove that from this evidence Dr Brearey didn't say "Nice Lucy". That's where we're going with this.

MR JUSTICE GOSS: Well, I don't know whether Mr Myers is seeking to do that.

MR MYERS: We're trying to show that there is a bias against Lucy Letby.

MR JOHNSON: But that's the vehicle by which -- because Dr Brearey has said, "No, I said Nice Lucy", my learned friend is saying, "Well, that's not referred to by

Eirian Powell, we want to ask Eirian Powell about that to prove a negative", which I have already submitted (inaudible) we'll never get to the bottom of that. The problem here is the one that your Lordship's just identified, that we have a witness here that has, in effect, amalgamated a series of recollections in an unstructured way. The statement itself isn't clear -- the statement itself was made on 13 September 2019, so almost 4 years ago. If there were any clear records --

MR JUSTICE GOSS: Twenty-one months after she had retired from her role --

MR JOHNSON: Exactly.

MR JUSTICE GOSS: -- with no reference to documents.

MR JOHNSON: Exactly. That's why we submit what can reasonably be the relevance of a conversation that occurred maybe in 2016, maybe in 2015. It has no realistic evidential value either way. I fear, and I'm repeating now myself, that we're going to end up in a situation where, she having said whatever version she gives, we're off for a few days to try and sort out whether there's a record. It's just an absolute minefield.

MR JUSTICE GOSS: Mr Myers, I interrupted your response. So please continue, as you wish, either addressing any points that Mr Johnson's made, going back to where you

were going to be and then adding further comments, up to you.

MR MYERS: My Lord, this isn't, I respectfully observe, a minefield. The evidence is very clear from her statement; that's what we're working with at this point. The timing of this is clear, certainly to the extent it isn't in 2016.

We observe by the way what's been referred to as the Melanie Taylor point, Melanie Taylor has been called as a witness on some of the earlier counts on this indictment and in fact her evidence has featured across the indictment at various points and she's been on duty at various points and simply hasn't been a witness, from her statements, to events that she could give evidence upon.

But if one goes back to look at statements that have been read, for example, my recollection, but we can check this, is in dealing with [Babies O & P] twins her evidence was read. She didn't simply cease to appear on the unit after this, it's simply the defence haven't called her to give evidence on any charges that come later on.

So to try to seek to shut out this questioning on the basis that, well, this is referring to Melanie Taylor, she has no relevance to these matters

beyond the first three events on this indictment, that simply isn't correct: she is present well beyond that and has been throughout this trial.

We submit that the concerns that the prosecution raise, given what's in that statement, quite plainly can be met by seeking to clarify with this witness whatever it is they wish to clarify. We don't suggest or suspect there are records to go and look for that are going to take days to search for them. It's an enquiry that can be made quite rapidly and if the point is dealt with in evidence it will be rapid.

We have it in the papers. I don't see what there is that can extend it beyond that unless the witness was to volunteer some record somewhere that we're all unaware of. And so it is an important matter. It might seem small, but it is significant, and we submit that the impediments the prosecution identify are no real impediments to this evidence being given, but if there are concern the solution is simply to ask for clarification from this witness before she gives evidence --

MR JUSTICE GOSS: So you're suggesting she's asking to clarify in 2023 a recollection of events in 2015/2016 when she had made a statement in 2019 in these terms that there will then be clarification?

MR MYERS: If the prosecution's concerns are right. No other witness has had to do that and we're not raising the problem. The prosecution have called many witnesses and when the evidence has been evidence they seek to reply upon, they have had little concern as to issues such as the ones they're raising now. They raise them now when the defence seek to rely on what is potentially significant evidence. We don't, as our starting point, say there should be an additional statement taken from her. What we say is if there is concern from the prosecution that they haven't exhibited for any other witness then they can deal with it that way.

So far as we are concerned, it's quite clear from her statement what she says. It's a very discrete point, the timing is clear, and the concerns the prosecution raise are no basis to shut the defence out, we respectfully observe, from asking those questions.

It won't lead to a great extension of this case. And on a corollary matter, so far as agreed facts are concerned, the defence have worked very hard to assist with that, the prosecution, during this case. There are one or two issues left for which an officer may be required if that can't be clarified, but the prospect of a cohort of witnesses returning because of lack of agreement isn't one that's going to materialise. There

may be a requirement to call one or two police officers if agreement can't be reached on the final points, but any concerns as to the unnatural prolongation of the prosecution case are not ones the court need have. None of this extends the case dramatically.

My Lord, that's what we say about that.

MR JUSTICE GOSS: Right. I shall endeavour to put into writing my conclusions in relation to these points. There may be some that I'll be able to deal with quite quickly and simply. There may be others that I may wish to hear further submissions about. I'm concerned about this bias point that you're making in relation to Dr Brearey and I want to think that through in relation to the extent to which there is material upon which the proposition that you are seeking to advance can be based or not, whether it would simply be a speculative matter. But I'll deal with that.

MR MYERS: Very well, my Lord, thank you.

MR JUSTICE GOSS: Right. Is there anything else anyone wishes to say?

MR MYERS: We have informed the court of the position, a totally different matter, so far as an optician is concerned. It is something which Ms Letby is going to try to deal with as best she can and we have let the court know that position so your Lordship is appraised

of the situation.

MR JUSTICE GOSS: Thank you very much. Yes, I have that.

MR MYERS: Thank you.

MR JUSTICE GOSS: All right. 10.30 tomorrow morning then, please. Does anyone wish to see her now or not?

MR MYERS: We do. In fact, the defendant we request to be produced tomorrow, we are not sitting tomorrow of course.

MR JUSTICE GOSS: Yes. She should be here for 10.30 tomorrow. I didn't make that clear. I'm addressing the escorting officers: the defendant will be here tomorrow, 10.30 tomorrow morning, all right? But the court will not be sitting formally on this case tomorrow. We will be resuming at 10.30 on Thursday.

But someone does want to go --

MR MYERS: We'd be grateful if we could, briefly, my Lord. Thank you.

(4.18 pm)

(The court adjourned until 10.30 am on Thursday, 27 April 2023)

I N D E X