

1 Thursday, 27 April 2023
2 (10.30 am)

(In the absence of the jury)

Housekeeping

5 MR JUSTICE GOSS: Before the jury comes in, I've received
6 a note about days that a juror has hospital
7 appointments. I won't comment on the fact that
8 yesterday, which was a hospital appointment, didn't
9 actually take place and has now been rescheduled, but he
10 only found out when he got to hospital. I say no more.

11 So 4 May and 10 May are days to be added that we
12 won't be able to sit with the jury, which means that
13 next week the only days we will be sitting will be
14 Tuesday and Friday.

15 MR MYERS: My Lord, yes.

16 MR JUSTICE GOSS: I received your helpful note, Mr Myers.
17 Perhaps we could come to that later today.

18 MR MYERS: Yes.

19 MR JUSTICE GOSS: Then the following week, which begins with
20 the public holiday on Monday the 8th, we will not be
21 sitting the 8th, 9th or 10th, so we'll only be sitting
22 2 days of that week.

23 Then we have, we hope, a clear run through to Monday
24 the 22nd.

25 MR MYERS: That's where we are, my Lord. It's impossible

1 to --

2 MR JUSTICE GOSS: Exactly. It's not this juror's fault at
3 all. It's just a combination of unfortunate
4 circumstances.

5 MR MYERS: And a number of holidays that fall as well.

6 MR JUSTICE GOSS: Well, exactly, three public holidays in
7 a month. Right. So there we are.

8 Mr Johnson, I gather that you will have to leave
9 early this afternoon.

10 MR JOHNSON: It's not this afternoon, it's 10 May.

11 MR JUSTICE GOSS: Oh right. Sorry, I was told it was this
12 afternoon. Well, that's all right. That's at least one
13 happy coincidence. We'll carry on then now.

14 I should say also before the jury comes in, you have
15 seen my ruling in relation to that.

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

17 MR JUSTICE GOSS: In relation to all except the last one --
18 I think it's fairly clear what it is. The last one, I'm
19 just hoping that between you, you can agree the way that
20 can be done rather than --

21 MR MYERS: I should say it's something I was going to steer
22 round, that aspect.

23 MR JUSTICE GOSS: You can do. But as long as it's done
24 perhaps in agreed leading questions. That might be the
25 best way.

1 MR MYERS: Or it may be that I leave it to some other way as
2 we go along. If they're dates that are not contested in
3 some way, there's a variety of ways of putting that
4 before the jury without getting into it with the next
5 witness.

6 MR JUSTICE GOSS: Thank you very much. Sorry, I should have
7 mentioned that as well. I got sidetracked by the
8 disappointing news.

9 MR MYERS: Me too.

10 MR JUSTICE GOSS: Thank you.

11 (In the presence of the jury)

12 MR JUSTICE GOSS: Good morning, members of the jury. I'm
13 sorry that you've been kept waiting for a few minutes.
14 I have been discussing the note that one of you has sent
15 me, which I have now read and discussed with counsel.
16 The consequence is that I am adding to the days we are
17 not going to be sitting, unfortunately. It's just
18 a very unfortunate combination of circumstances but
19 there we are. So I will, before we part company at the
20 end of today, give you a revised list of non-sitting
21 days, adding two more days. It's going to mean that in
22 fact from next week we're going to have two two-day
23 weeks, but there we are. We'll carry on now. I'll come
24 back to that later today.

25 MR ASTBURY: My Lord, we'd reached the first of the

1 interviews concerning [Baby Q], which is very
2 much towards the end of bundle 2.

3 DS DANIELLE STONIER (continued)

4 EXAMINATION-IN-CHIEF BY MR ASTBURY (continued)

5 MR ASTBURY: The first of these interviews regarding [Baby Q]
6 took place on 5 July 2018.

7 A. Yes, that's correct.

8 Q. It began with the usual introductions and the officer
9 began:

10 Okay, so during this interview we're going to talk
11 about [Baby Q]. Okay? At 04.09 hours on
12 22/6/2016 [Baby Q] was born to [Mother of Baby Q] and
13 [Father of Baby Q]. At 09.10 hours on 25/6/16, [Baby Q]
14 collapsed. Okay? What can you tell us about the care
15 that you offered to [Baby Q], Lucy?

16 A. So I believe on that morning I was looking after [Baby Q]
17 and another baby that was in nursery 1. [Baby Q] was in
18 nursery 2 and from what I remember I was alerted by
19 another member of staff that he'd vomited and needed
20 some support when I was in the other nursery. That's
21 all I can remember from memory.

22 Q. Lucy Letby confirmed that she had the relevant notes and
23 that she had been [Baby Q]'s designated nurse on the
24 relevant shift. She was asked:

25 Okay. And, just generally, what can you tell us

1 about the clinical position of [Baby Q] when you took
2 over his care on that morning?

3 A. Um, [Baby Q] had a low temperature, which had needed his
4 incubator to be increased and also that he was
5 tachycardic.

6 Q. At the time you took over?

7 A. Yes.

8 Q. Okay. So what was being done about that?

9 A. So his be -- his incubator was being increased to combat
10 the temperature.

11 Q. Okay. So in terms of what you needed to do with him
12 from the beginning of the shift, moving forward with his
13 care plan, what -- what was in your mind that you were
14 going to progress with that?

15 A. With his care for the day?

16 Q. Yes.

17 A. I would be reviewing what medications he was due and
18 when, how often he was needing observations, if and when
19 he was being fed and when they were due, when his nappy
20 change would be due.

21 Q. Okay. Was he ventilated?

22 A. No.

23 Q. Lucy Letby was unable to recall which other baby was in
24 nursery 2 at the time, but she did remember that
25 Mary Griffith was the other nurse working in there. She

1 was asked:

2 Okay. So with regards to his position when you took
3 over that morning, were there any concerns for him at
4 that time?

5 A. That he had a low temperature.

6 Q. Okay. Sorry, just on that point, were you concerned
7 such that you were happy to leave [Baby Q]?

8 A. Leave in what way?

9 Q. Well, you said that -- at the initial start of the
10 interview you gave you said you were alerted to the fact
11 that he'd vomited [as read].

12 A. Yes.

13 Q. So where were you?

14 A. I believe I was in nursery 1 with the other baby.

15 Q. Right, okay. So the point I'm saying is [Baby Q] was
16 well enough to be left?

17 A. Yes.

18 Q. Yes. Okay. The next entry is at 9.10. Explain that
19 entry to us.

20 A. Okay. So I have written that he was attended to by
21 Staff Nurse Lappalainen, who I think was in charge that
22 day.

23 Q. Okay.

24 A. I think I'd been in nursery 1 and I came back out to
25 come to nursery 2 and saw that [Baby Q] was having

1 intervention and that I've written, from here, he had
2 vomited, mottled, desaturation in (sic) and had needed
3 Neopuff and suction and that [Dr A] had attended.

4 Q. Okay so at 09.10 when you handed him over, why was that?

5 A. I haven't handed him over. This -- Staff Nurse
6 Lappalainen had attended to [Baby Q], so she had gone to
7 him for a reason.

8 Q. Because you were out in the other nursery?

9 A. Yes.

10 Q. Do you know what alerted her to go in and attend to him?

11 A. No.

12 Q. Okay. And you were elsewhere dealing with another baby?

13 A. I believe so, yes.

14 Q. Between 08.00 and 09.00 hours Lucy Letby explained that
15 she'd completed [Baby Q]'s observations, he'd had
16 a slightly high respiratory rate, and she increased the
17 temperature of his incubator. And she was asked:

18 Would that -- is that something that needs any kind
19 of treatment, the increased respiratory rate?

20 A. No, so usually, you just find -- usually if they enter
21 this other band in here on the chart --

22 Q. Right, okay.

23 A. -- then we would -- you would let somebody know or the
24 doctors would review them when they were next on the
25 unit.

1 Q. Okay.

2 A. So the doctors usually attend to do the ward round at
3 9 o'clock. I don't think I escalated that at that
4 point.

5 Q. Okay. Can you remember any other treatment around the
6 observations just prior to your leaving?

7 A. No.

8 Q. Lucy Letby confirmed from the notes that she'd not fed
9 [Baby Q] and he was receiving Babiven and lipids.

10 Question:

11 Did you communicate with any other members of staff
12 that you were leaving the nursery?

13 A. I think Mary Griffith was in the room when I left and
14 I think I told her.

15 Q. Okay. Do you remember when you told -- you think you
16 told Mary what -- what might Mary have been doing at the
17 time?

18 A. I think she was with another baby in the nursery.

19 Q. Was she doing anything to that baby, treating that baby
20 at all?

21 A. I think she was at the incubator, yes, from what
22 I remember.

23 Q. Okay. When -- do you remember the words you said to
24 her?

25 A. No.

1 Q. Okay. So how did you first become aware that [Baby Q]
2 needed to be attended to?

3 A. I think from memory I came out of whatever I was doing
4 in nursery 1 and saw that people with [Baby Q] in
5 nursery 2.

6 Q. What were they doing?

7 A. I think when I went in they were giving him support with
8 the Neopuff.

9 Q. Okay. And who was that?

10 A. I think it was Minna Lappalainen.

11 Q. Just on her own?

12 A. No, I think -- I don't know if a doctor was there or
13 Mary was there as well.

14 Q. Okay. So what did you do then? What observations did
15 you make?

16 A. I don't remember entirely but I believe he was moved
17 into nursery 1 and we started CPAP on him.

18 Q. Okay. Did you see the vomit?

19 A. I don't remember the vomit.

20 Q. Okay. So where put he'd:

21 "... vomited clear fluid nasally and from mouth,
22 desaturation, bradycardia, mottled ++."

23 Were they your observations or were they what you
24 were told?

25 A. I believe they were what I was told.

1 Q. Okay. And the Neopuff and suction applied, are they
2 actions that you've done or actions that people who were
3 treating him have done?

4 A. No, I think they were actions by other people.

5 Q. Okay. So did you -- I don't know if I asked you, sorry,
6 did you see the vomit?

7 A. No, I don't think I saw the vomit.

8 Q. But that's how it was described to you?

9 A. Yes.

10 Q. And so after you were told the description of what some
11 of your colleagues have seen what did you think about
12 what had happened to [Baby Q]?

13 A. I was unsure as to why he would have been vomiting.

14 Q. Okay. What are the implications of a clear fluid,
15 nasally and from the mouth?

16 A. That he's vomited, but he hasn't got anything in his
17 stomach to vomit, so it's clearly bodily fluids that
18 he's vomiting.

19 Q. So when you left -- did you do a procedure for [Baby Q]
20 then prior to leaving?

21 A. I've documented observations at 9 o'clock.

22 Q. Okay. Did you administer anything to [Baby Q] before you
23 left?

24 A. I don't know from memory I'd have to check.

25 Q. If you could that would be great.

1 A. No, I don't think so.

2 Q. The observations at 9 o'clock, how long does that

3 process take?

4 A. Not long because we read them from the monitor, then we

5 count the respiratory rate.

6 Q. Are we talking seconds, minutes?

7 A. A minute maybe.

8 Q. I presume if you were concerned you -- would you stay

9 with [Baby Q]?

10 A. Yes.

11 Q. Did you see the mottling on [Baby Q]?

12 A. I don't remember.

13 Q. Right, okay. And was this vomit and desaturation -- was

14 that expected from your point of view, from what you'd

15 observed from [Baby Q]?

16 A. No, but sometimes babies do vomit and they can -- that

17 can lead them to have a desaturation because they have

18 vomited.

19 Q. Okay. So the next line is:

20 " [Dr A] attended. Air ++ aspirated from NG

21 tube. Transferred to nursery 1."

22 Okay. So the air ++, are they your entries and your

23 observations?

24 A. I'm not sure whether I aspirated the tube or whether

25 that was done by somebody else whilst I was there.

1 Q. Right okay. So air ++ from the NG tube, how does that
2 happen?

3 A. How do you get air in the --

4 Q. Yes.

5 A. I am not sure. Sometimes if babies are vomiting they
6 can gulp down air.

7 Q. Right. Are there any other ways that air can get there,
8 air ++ especially?

9 A. I'm not sure.

10 Q. Okay.

11 A. If the baby's maybe got some sort of blockage in the
12 bowel, that air isn't passing through the rectum.

13 Q. Any others?

14 A. No, not that I know of.

15 Q. Who contacted the registrar?

16 A. I'm not sure.

17 Q. Okay. Was he one of the people that were in attendance
18 when you first became aware of members of staff treating
19 [Baby Q]?

20 A. I don't recall specifically who -- if he was there or
21 not at that moment, no.

22 Q. Okay. And you don't recall whether you aspirated the
23 tube?

24 A. No.

25 Q. Okay. Did you continue to care for him after that?

1 A. Um, I think so, yes.

2 Q. As designated nurse, I mean.

3 A. Yes.

4 Q. Lucy Letby explained that [Baby Q]'s parents visited
5 later that day. They were upset that nobody had told
6 them about what had happened. She and [Nurse B] had
7 apologised that it must have been an oversight. Whilst
8 [Baby Q] was being treated as the priority, they had not
9 had chance to contact the parents. And she was asked:

10 Okay, are there any other observations you've got
11 regarding [Baby Q]?

12 A. No.

13 Q. Can you give us any explanation as to why this event
14 happened, where he vomited and collapsed?

15 A. No.

16 Q. And the interview, insofar as [Baby Q] was concerned, was
17 suspended at that point.

18 A. Yes.

19 Q. Thank you.

20 Moving on to the second occasion when Lucy Letby was
21 asked questions about [Baby Q], we can see
22 that took place on 12 June 2019.

23 A. Yes, that's right.

24 Q. It began with the observation:

25 Lucy, I'm going to ask you about [Baby Q].

1 The officers then summarised the previous interview
2 concerning [Baby Q]. Ms Letby was told and then asked:

3 Mary Griffith states Nurse Letby was also caring for
4 a second baby in nursery 1. Which baby were you caring
5 for in nursery 1?

6 A. I think her name was B.

7 Q. That's our editing, the full name was given.

8 A. Yes, it was, yes.

9 Q. Well, certainly the first name:

10 You left the nursery shortly before [Baby Q]
11 collapsed?

12 A. Right.

13 Q. Do you agree with that?

14 A. Yes.

15 Q. Lucy, explain to me what did to [Baby Q] before leaving
16 nursery 2 to cause his collapse?

17 A. I didn't cause his collapse, I checked his observations.

18 Q. Okay. And what did his observations suggest? Was he
19 stable?

20 A. That his temperature had decreased, so I've increased
21 his incubator.

22 Q. Mm-hm. Was he stable at that time Lucy?

23 A. He's got a rise in respiratory rate and heart rate but
24 it's not going completely into the warning area so...

25 Q. Okay. Would you class [Baby Q] as stable at that time?

1 A. Yes.

2 Q. Would you have left the nursery if he wasn't?

3 A. No.

4 Q. What did you do?

5 A. And I've asked Mary to keep an eye on him in my absence.

6 Q. What did you do to him, Lucy, to cause him to collapse?

7 A. I took his observations, I didn't cause a collapse.

8 Q. There was two people in the room, Lucy, wasn't there,

9 Mary Griffith and you?

10 A. Yes.

11 Q. Mary was treating another baby and then [Baby Q]

12 collapses. Are you responsible for his collapse?

13 A. No.

14 Q. Lucy Letby was informed of Dr Evans' opinion regarding

15 air via the NGT into his, that meaning [Baby Q]'s,

16 stomach.

17 A. I don't think I fed him at that point, did I? I think

18 I just did observations.

19 Q. [Baby Q] suffered a single collapse; do you agree?

20 A. Yes.

21 Q. Did you inject air into [Baby Q]?

22 A. No.

23 Q. Were you responsible for his collapse?

24 A. No.

25 Q. Lucy, are you responsible for the attempted murder of

1 [Baby Q]?

2 A. No.

3 Q. Okay. It's quarter to 12 and the interview is now at an
4 end.

5 That was the conclusion of that particular
6 interview.

7 A. Yes.

8 Q. The third and final occasion when Lucy Letby was asked
9 questions about [Baby Q] was on
10 11 November 2020.

11 A. Yes.

12 Q. The interview begins:

13 You were away from [Baby Q] when he suffered
14 a desaturation and vomited. You denied causing [Baby Q]
15 to collapse and denied causing him any harm. Is that
16 accurate?

17 A. Yes.

18 Q. Is there anything you want to add regarding that?

19 A. No.

20 Q. At 09.00 hours you completed [Baby Q]'s observations and
21 he was due a feed. However, this was not given. When
22 Minna attends to [Baby Q] after his desaturation she
23 evidences that he had quite a bit of mucus and he'd been
24 sick. If it wasn't feed, what had you given to him to
25 cause him to vomit?

1 A. I didn't give him anything. If it's not documented that
2 I didn't feed him then I didn't give him anything.

3 Q. Was it air that you administered?

4 A. No.

5 Q. Did you deliberately leave the room to blame the
6 collapse on Mary Griffith and Minna?

7 A. No, the baby in nursery 1 was due cares at that time.

8 Q. Dr Lakin from Alder Hey Children's Hospital shows that
9 he made a quick recovery. Do you agree with that?

10 A. Yeah, that's actually what happened, yeah. That's not
11 stay that he wouldn't have recovered if he had stayed
12 with us on the unit.

13 Q. The officers summarised the statement of [Dr D], who
14 describes [Baby Q] as having been stable overnight on the
15 shift on the 24th into 25 June:

16 Is that just a coincidence then, is it?

17 A. Yeah. Babies can deteriorate any time.

18 Q. At 13.30 hours on the 25th you messaged [Nurse E] and said
19 in speech marks, "Aspirated". Was he aspirated?

20 A. I don't recall, but I think "aspirated" meant that when
21 a baby's vomited and then inhaled the fluid back into
22 their lungs, that's an aspiration.

23 Q. Do you remember doing that?

24 A. Doing what?

25 Q. Aspirating.

1 A. No, so aspirated would be me withdrawing the feed from
2 him and aspiration -- if I'm saying that he's aspirated,
3 it means he's been sick and then inhaled some of the
4 fluid, which is like pneumonia.

5 Q. Okay.

6 A. I am saying he's aspirated then, that's the context
7 I think.

8 Q. At 22.46 hours on the 25th you messaged [Dr A] and
9 asked if you should be worried about what Dr Gibbs wa
10 asking; do you recall that?

11 A. Yes.

12 Q. What was that about then, Lucy?

13 A. I became aware that Dr Gibbs had been asking why --
14 either why or where I was when [Baby Q] collapsed, why
15 I wasn't in the nursery with him, and it was discussed
16 that obviously I had two babies in separate nurseries
17 and I was concerned that I was going to be -- you know,
18 be a problem that I wasn't there at the time.

19 Q. Were you trying to seek his reassurance?

20 A. Yeah, I suppose so, yeah. I wouldn't have just left
21 a baby unattended: Mary was in the room and Minna was
22 just outside at the desk.

23 Q. That wasn't trying to blame the others?

24 A. No, there was no blame to be apportioned. It was just
25 that I had not left the nursery unattended to tend to my

1 other baby.

2 Q. At 16.44 on the 26th you messaged [Nurse E] and told her
3 [Baby Q] had NEC and that [Dr A] had told you; is that
4 correct?

5 A. I don't recall that specifically, no.

6 Q. Did [Baby Q] have NEC?

7 A. I'm not sure without looking.

8 Q. [Nurse E] tells you that [Baby Q] may have volvulus; do you
9 remember that?

10 A. No.

11 Q. Were you concerned people were talking about [Baby Q] and
12 what was going on with him and why he deteriorated?

13 A. I don't think I was worried. I think it happened
14 because we were concerned why it had happened to him,
15 yeah. And if [Nurse E] had -- I don't remember that, but
16 if [Nurse E] had heard that he possibly had volvulus she
17 would have wanted me to know that.

18 Q. What is a volvulus?

19 A. I think it's like a twist in the bowel, in the abdomen.
20 I'm not 100% sure.

21 Q. Okay. Thank you.

22 Then:

23 Okay. That's the end of the interview.

24 And the time is given as 11.06.

25 A. Yes.

1 Q. I'm just asked to confirm that when Ms Letby initially
2 confirmed which nursery she'd been in, that was a point
3 before she had the notes before her; is that right?
4 I think it's in the first interview.

5 If we go to [document redacted] -- it's the second
6 interview, in fact.

7 A. Yes.

8 Q. At the bottom of [document redacted]:

9 "Which baby were you caring for in nursery 1?"

10 And then at the top of [document redacted] we have the name
11 given.

12 A. Yes.

13 Q. Do you recall whether Ms Letby had her notes in front of
14 her at that time or was that from memory?

15 A. I believe she would have had her notes with her in front
16 of her at that time.

17 Q. Okay. Those notes presumably would have been the notes
18 from [Baby Q], not the other baby?

19 A. Yes, that's right.

20 Q. Thank you. Now, we move on to what's described as OA.
21 Now, the interviews didn't just centre on the babies
22 themselves, although that took up most of the
23 interviewing; is that right?

24 A. Yes, that's right.

25 Q. There were more general questions about, for example,

1 exhibits found at Ms Letby's home?

2 A. Yes.

3 Q. And also certain general events at the hospital and
4 practices; is that right?

5 A. That's correct.

6 Q. The next four interviews again have been distilled into
7 that sort of topic and where babies were mentioned
8 that's been taken out and put in their individual
9 interviews; is that right?

10 A. Yes.

11 Q. And these are described as overarching interviews, hence
12 the OA?

13 A. Yes.

14 Q. And there are four in total?

15 A. Yes, there are.

16 Q. Thank you. So the first of those that we're going to
17 look at took place on 3 July 2018; is that correct?

18 A. Yes, that's correct.

19 Q. It took place in the evening. Just to remind everybody
20 and to put it into context, that was the very day that
21 Ms Letby was arrested for the first time?

22 A. Yes, that's right.

23 Q. Okay. So introductions and caution repeated again.

24 It's a similar situation there are a number of

25 interviews but they've been reduced to just the relevant

1 parts; is that right?

2 A. Yes.

3 Q. Lucy Letby was asked to tell the police about the note
4 that she'd written with the exhibit reference NAC10;
5 is that correct?

6 A. Yes, that's correct.

7 Q. Again just to remind people that's the small Post-it
8 that was inside the diary in the chest of drawers?

9 A. Yes.

10 Q. Can you give the answer, please?

11 A. I just wrote it because everything had got on top of me.
12 It's when I'd not long found out I'd been removed from
13 the unit and they were telling me that my practice might
14 be wrong, that I needed to read all my competencies, my
15 practice might not have been good enough, so I -- I felt
16 like people were blaming my practice, that I have hurt
17 them without knowing through my practice and that made
18 me feel guilty and I just felt really isolated. They
19 made -- they stopped me speaking to people and...

20 Q. Do you want to elaborate on some of the things that
21 you've put down in there?

22 A. I was blaming myself, but not because I'd done
23 something, because of the way people were making me
24 feel, but like -- I'd only ever done my best for these
25 babies and then people were trying -- trying to say that

1 my practice wasn't good and that I'd done something and
2 I just couldn't cope. And I just didn't want to be here
3 any more.

4 Q. Do you remember what you wrote down?

5 A. I think I do.

6 Q. And then Ms Letby's solicitor interjected:

7 I have read it out to her.

8 And she was asked:

9 Yeah, would it help if we go through it then, Lucy?

10 A. Yes.

11 Q. So at the top of the note -- I think you have seen
12 a copy of the note, like you said.

13 The solicitor confirmed that. Then the officer
14 quotes:

15 "Not good enough", you've written and underlined.

16 So my colleague is just putting it there in front of
17 you.

18 A. Because I felt like I was good enough, that people were
19 trying to suggest that, that I hadn't been good enough
20 for them.

21 Q. Which people were they?

22 A. The trust and the staff on the unit.

23 Q. What sort of things were they saying?

24 A. Just that I'd been there for a lot of the deaths and
25 they were going to review all my competencies because at

1 that point they didn't know -- hadn't a clue what had
2 happened and they wanted me to redo all my competencies
3 in case there was something wrong with my practice and
4 competencies.

5 Q. You go on to say, "There are no words, I can't breathe,
6 I can't focus". Do you want to go through what was
7 going through your mind at that time?

8 A. I just felt it was -- it was all just spiralling out of
9 control, I just didn't know how to feel about it or
10 halves going to happen or what to do.

11 Q. When was this written?

12 A. I think it was the July time, after I'd been removed
13 from the unit.

14 Q. So July 2016?

15 A. Sorry, yeah, 2016.

16 Q. And then you go on to say, "Kill myself right now,
17 overwhelming fear and panic". Do you want to describe
18 how you're feeling there?

19 A. Pardon?

20 Q. Can you describe to me how you were feeling there?

21 A. As I put there, it just felt that it was all -- it was
22 all happening out of my control.

23 Q. Did you talk to anyone about that?

24 A. I went to the GP.

25 Q. Your own GP?

1 A. Yes.

2 Q. Did you get any help?

3 A. Yes, just some antidepressants.

4 Q. When you say, Lucy, that the trust said they were going

5 to review your competencies, can you be more specific

6 with that?

7 A. So when I was removed from the unit, it happened

8 in July, and I met with the head of nursing and they

9 told me that there'd been a lot more deaths and that I'd

10 been linked as somebody that was there for a lot of them

11 and they also said that there were some other people

12 that had been flagged as being on shift for a lot of

13 them and myself and these other people are going to have

14 to be going and redoing our competencies.

15 Q. What do you mean by competencies?

16 A. So competencies, to do things on the unit. So equipment

17 competencies and transfusion competencies. We have

18 competencies for most things, clinical care that we give

19 on the unit.

20 Q. And who assesses those competencies?

21 A. The practice education development nurse on the unit.

22 Q. Right, okay. So who were those other people?

23 A. I was never told who.

24 Q. Right, okay.

25 A. I was just told that it -- the process wasn't happening

1 just for me, it'd be happening for a number of people.

2 Q. What do you think was going on with your competencies up
3 to that point? Were you okay?

4 A. Yes.

5 Q. Did you feel confident?

6 A. Yes.

7 Q. Okay. So then on the back of that, did you have any
8 concerns that there was a rise in the mortality rate?

9 A. Yes.

10 Q. Okay, so tell me about that. What concerns did you
11 have?

12 A. I think we'd all just noticed as a -- as a team in
13 general, the nursing staff, that this was a rise
14 compared to previous years, um, and that we were meeting
15 babies that had a lot more complex needs that we --
16 we weren't seeing a few years ago and it was talked
17 about that this was something that was unusual.

18 Q. Okay, and what happened when that was recognised?

19 A. Well, I believe things happened behind the scenes with
20 management and the nursing team and they just carried on
21 and just supported each other --

22 Q. Okay.

23 A. -- and carried on as a team.

24 Q. At which point did it all become sort of the extent
25 where you're saying things like, "kill myself now",

1 "overwhelming"?

2 A. It was when I was removed from the unit in the July of
3 2016.

4 Q. Right. Why at that stage did it culminate in those
5 feelings?

6 A. Because I suddenly felt that things had been directed
7 towards me.

8 Q. Why was that?

9 A. Because they were saying they were going to have to
10 review my competencies, so I took it to mean my practice
11 hadn't been good enough.

12 Q. Did you ever recognise that it wasn't? Did you ever
13 make any mistakes?

14 A. No.

15 Q. So in terms of "overwhelming fear and panic", what were
16 you afraid of?

17 A. That they were going to think that I'd done something
18 wrong.

19 Q. Okay. And how would that -- what would happen if they
20 thought that?

21 A. If they thought that I'd done something wrong?

22 Q. Yeah.

23 A. That this would happen --

24 Q. Right.

25 A. -- that the police would get involved and I'd lose my

1 job.

2 Q. And was it a job that you enjoyed?

3 A. Yeah. Yeah, I loved my job.

4 Q. How does -- in your area, how does competencies or, you
5 know, when people call into question your competencies,
6 how does that lead to a police investigation?

7 A. I don't know. I just panicked. I just thought if they
8 found my competencies weren't good enough, it'd be
9 assumed that I hadn't done -- like, missed something or
10 not done something doing that I should have, that the
11 babies had died or become unwell.

12 Q. Okay. How does that become a criminal matter though?

13 A. I'm not sure. I thought they might refer me to the NMC
14 and I didn't know if that went to the police.

15 MR JUSTICE GOSS: NMC?

16 MR ASTBURY: It's on the next page, my Lord.

17 The officer asks the same question:

18 I don't know what that is.

19 A. The Nursing and Midwifery Council who has our
20 registration, who we are registered with. Just panic.

21 Q. What's the difference between being incompetent or
22 somebody saying you're incompetent or criminal in your
23 world?

24 A. For the criminal it's something that's done
25 deliberately, whereas you're not being competent would

1 be that you're not competent in something that can give
2 you a result that wasn't intentional.

3 Q. Okay. So in terms of where you say, "Kill myself right
4 now", is that something that you were considering?

5 A. Yes.

6 Q. Why was that?

7 A. Because I just felt so isolated and alone and --

8 Q. Other than the doctor, did you speak to anyone else,
9 family, friends?

10 A. At the time I was because I was told I could only speak
11 to two friends and I didn't want to tell them too much
12 about it. The same with mum and dad, nobody knows.

13 Q. Did you get any support from work?

14 A. They referred me to occupational health and things,
15 yeah.

16 Q. You mentioned there that you were panicking. What were
17 you panicking about?

18 A. Just that it was all out of my control.

19 Q. So you were panicking about your -- personal emotions?

20 A. Yes.

21 Q. In your own mind, had you done anything wrong at all?

22 A. No, not intentionally, but I was worried that they would
23 find that my practice hadn't been good.

24 Q. Are there any particular practices that you think might
25 not have been as good as they should have been?

1 A. No.

2 Q. What made you think that they might find something that
3 was wrong or something that you shouldn't have done?

4 A. It was more that I was worried that obviously they'd
5 already gone to the lengths of redeploying me and moving
6 me from the unit and banning contact. I didn't know how
7 it was going to go. I didn't think that they'd find
8 that I'd been incompetent, but I was worried that they
9 might try and assume that I had been just because I was
10 there for all these babies.

11 Q. Were you there for all those babies?

12 A. Yes.

13 Q. In this note here you've written down:

14 "Police investigation forgot."

15 What was going through your mind at that time?

16 A. I was worried that the police might be involved.

17 Q. Like I said before, was there a reason why you thought?

18 A. I think it was just panic at the time.

19 Q. Another word, "Slander, discrimination, victimisation".

20 A. Because I felt that the trust and the team were trying
21 to imply that it -- it was something that I had done.

22 Q. Was there any individuals that implied that?

23 A. Yes, all the consultants.

24 Q. Go on, tell us who they are.

25 A. Ravi Jayaram and Stephen Brearey.

1 Q. So what can you tell us about them?

2 A. I just found out that they were the ones who had raised
3 concerns about myself being the common factor in the
4 deaths and that they felt that I'd deliberately harmed
5 them.

6 Q. So do you want to tell us your professional relationship
7 with Ravi Jayaram and Stephen Brearey? Did you have any
8 issues with them?

9 A. I felt we'd always had a good working relationship.
10 I've worked more with Ravi than Steve, but that was just
11 through circumstances, who was on shift. But I always
12 felt that we'd had a good working relationship.

13 Q. So do you think they -- can you give a reason why they
14 might want to victimise you or point the finger towards
15 you?

16 A. It had crossed my mind at times whether they were trying
17 to put the blame on me for something that somebody else
18 had done.

19 Q. Are you aware of somebody else doing something?

20 A. No.

21 Q. So when it crossed your mind what were you thinking?

22 A. If they were questioning my competencies, that maybe
23 they were questioning -- well, they told me they were
24 questioning other people's as well or there'd been a
25 competency issue with somebody else. They were trying

1 to make it my problem because I was there.

2 Q. So up to that point that you say they might have
3 discriminated against you or victimised you, you had no
4 real issues with either Stephen Brearey or Ravi?

5 A. No.

6 Q. No? No fallings out with them sort of professionally
7 or?

8 A. No.

9 Q. How did you get on with them personally?

10 A. I didn't really know them in a personal capacity, only
11 professional.

12 Q. Professional, okay. You go on to say in your notes:

13 All getting too much, everything. Taking over my
14 life. Everyone. I feel very alone and scared."

15 When you were writing these down, where were you,
16 these notes?

17 A. At home.

18 Q. Again, did you speak to anyone about this other than the
19 doctor?

20 A. No.

21 Q. Were you particularly close to anyone at work, Lucy?

22 A. Yes.

23 Q. Who was that?

24 A. My best friend is [Nurse E].

25 Q. Okay. Did you speak to her at all about how you felt?

1 A. Not to the extent of wanting to kill myself, no.

2 Q. And then you put:

3 "How will things ever be like they?"

4 There on the sheet, what did you mean by that?

5 Then the officers added:

6 And overwritten with "hate".

7 A. How will things ever be like they used to.

8 Q. So what was going through your mind at that time?

9 A. I'd been removed from the unit, I'd been banned contact

10 with everyone, I couldn't see how it was going to go

11 back to how it used to be.

12 Q. Why did you think that?

13 A. Because the redeployment would go on my record, it would

14 affect my practice, everything.

15 Q. So when you were redeployed, exactly what did they say

16 to you when you were moved from the unit? Did they give

17 an explanation?

18 A. There'd been an increased mortality rate and that they

19 needed to have an external review done. Until that was

20 complete they wanted me to redo all my competencies.

21 And then it transpired they didn't have the staffing to

22 facilitate that, so they redeployed me and said it would

23 be on a temporary basis until the external review had

24 been done and it was for my own protection.

25 Q. But you were thinking at this time things aren't going to

1 be the same again? But you were still employed up to
2 this point as a nurse?

3 A. Yes.

4 Q. Whereabouts was it?

5 A. After? When I was redeployed?

6 Q. Yes.

7 A. So the Risk and Patient Safety team in the Countess.

8 Q. What kind of department's that?

9 A. It's a -- it's still part of the corporate nursing team.

10 They look at incidents and complaints and things that
11 have come into the trust.

12 Q. Right.

13 A. So I was moved into that department, office based.

14 Q. Lucy Letby then named the friends with whom she keeps in
15 touch outside of work. And she was asked:

16 Okay. When you said you were lonely, and if we sort
17 of take out people from the Countess, that you didn't
18 have a massive support network, is that how you felt?

19 A. Yeah, yeah.

20 Q. Okay, so was that quite a big thing for you, leaving the
21 unit and being told not to communicate with people?

22 Is that where the isolation --

23 A. I'd lost everything, and obviously mum and dad were down
24 in Hereford. And I thought we were a good team
25 regardless who was my friends. We were a good nursing

1 team on the unit and I'd just lost that. We were like
2 a little family and I felt like I'd lost that.

3 Q. But what's the format of this? Obviously these are sort
4 of emotional outpourings, would you say. How would you
5 describe the thing as a whole?

6 A. I think it was just a way of me getting my feelings out
7 on to paper. It just helps me process it a bit more,
8 I think.

9 Q. Okay. Is that all in one session, if you like?

10 A. I believe so, yes.

11 Q. Is this how your emotions would manifest themselves, an
12 outlet?

13 A. Yes.

14 Q. Okay. Lucy, you then go on to say that:

15 "I don't deserve to live. I killed them on purpose
16 because I'm not good enough to care for them. I am
17 a horrible, evil person."

18 A. I didn't kill them on purpose. I felt if my practice
19 hadn't been right, then I had killed them and that was
20 why I wasn't good enough.

21 Q. So in what way do you think your practice might have
22 been the reason why these babies had died?

23 A. I didn't know. I thought maybe I had missed something,
24 maybe I hadn't acted quickly enough.

25 Q. Give us an example.

1 A. I hadn't played my role in the team. I'd been on a lot
2 of night shifts when doctors aren't around. We have to
3 call them. There are less people and it just worried me
4 that I hadn't called them -- quick enough or.

5 Q. And you felt evil?

6 A. Other people would perceive me as being evil, yes, if
7 I had missed something.

8 Q. "I'm a horrible, evil person"; that's your take on you?

9 A. I think it's how this situation made me feel.

10 Q. "I don't deserve mum and dad."

11 A. I felt so guilty that they had to go through this, that
12 I wasn't good enough for them or any of them and it was
13 all just becoming a big mess and I'd just be better off
14 out of it for everybody.

15 Q. You put down there, Lucy, that you "killed them on
16 purpose".

17 A. I didn't kill them on purpose.

18 Q. Do you believe there's a potential that you caused their
19 deaths?

20 A. Not intentionally.

21 Q. Okay. So do you believe that you were carrying out
22 practices that weren't competent?

23 A. No.

24 Q. Okay. So where's this pressure that's led to having
25 these feelings come from?

A. I think it was just the panic of being redeployed and everything that happened.

Q. Okay.

A. It makes more sense now, but at the time I did think that they might think I was incompetent, that I might have unintentionally caused something.

Q. Lucy Letby explained that she'd reviewed her competencies since being removed from the unit with Yvonne Farmer:

Is that on your neonatal unit or your new unit?

A. We didn't do them on the unit, we just did them in an office environment and went through all the competencies. We didn't do a practical on the unit.

Q. Okay. And that was last year?

A. Yes.

Q. Okay. So I think, just to make it clear what you just said there, it was implied that your level of competency may have resulted in deaths and that's where you got all these feelings from, but the trust didn't say it directly, and you don't think that you failed with regards to your care and the competencies offered to the babies?

A. That's correct, yes.

Q. Okay. Which competencies was -- could you be failing with that would result in a death of a baby?

1 A. I suppose the thing that come to my mind was
2 medications, because that's something that we do a lot
3 of on the unit, and the babies are on a lot of
4 medications.

5 Q. What part of your competency would you be failing with
6 if it wasn't being done correctly? So going through the
7 process of when you administer medicine to the baby,
8 what part of that process would cause the death if it
9 wasn't done correctly?

10 A. The wrong drug or the wrong dose.

11 Q. Are there any other competencies that you might think,
12 if you didn't do that correctly, it could cause a
13 problem with the baby?

14 A. Maybe if I wasn't competent with a piece of equipment.

15 Q. And do you feel competent with all the equipment you
16 use?

17 A. Yes.

18 Q. With regards to your parents, you mentioned, "I don't
19 deserve mum and dad". Is that purely in relation to the
20 problem you were having on the unit and being removed?

21 A. Yes.

22 Q. Okay. So was nursing something that they were
23 particularly proud that you were doing? So tell me
24 about that.

25 A. Well, it was -- it was a big thing. I was the first

1 person in the family to get into university and to move
2 away and come and do nursing and, yeah, they were really
3 pleased. So I just felt anything like this -- well,
4 anything that's in the note, they'd be disappointed, and
5 they were. They were really, really upset about it.

6 Q. What were they disappointed and upset about?

7 A. That I'd been removed from the unit.

8 Q. Did you need to tell them?

9 A. Yeah.

10 Q. Why?

11 A. I didn't want to lie to them.

12 Q. Okay. The only other thing is that in terms of,
13 I think, within that note, you were questioning maybe,
14 "What does the future hold?" What were your thoughts
15 around that?

16 A. I think I just didn't know what was going to happen. It
17 just all overwhelmed me at the time. It was hard to see
18 how anything was ever going to be okay again.

19 Q. So moving forward prior to this point, what did you
20 envise your life being, moving forward?

21 A. I was very career-focused.

22 Q. Right.

23 A. And I was worried that all of this would stop anything
24 like that, that I'd lose my job or that it'd just be on
25 my record, other people would change their opinion of

1 me.

2 Q. Lucy Letby described her family with whom she was very
3 close and she was asked:

4 Okay. You then go on to say in your notes Lucy,
5 "The world is better off without me". What do you mean
6 by that?

7 A. That they'd all be better off without me.

8 Q. Why?

9 A. Because I disappointed them.

10 Q. And in capital letters, "I AM EVIL, I DID THIS".

11 A. Because that's how it had all made any feel at the time.

12 Q. That you'd done something wrong?

13 A. Yeah. Not intentionally, but I felt if I'd done
14 something, if my practice wasn't good enough or people
15 didn't think I'd done something in the right way, then
16 it made me an evil person because I couldn't do the job
17 properly.

18 Q. "I am an awful person and I pay every day for that right
19 now."

20 A. Because I felt like I was having to pay for something
21 that I didn't do, being away from my jobs and my friends
22 and having to go to a new area where I didn't know
23 anyone.

24 Q. So this is all how others are making you feel and how
25 you were feeling yourself?

1 A. Yes.

2 Q. "I'll never have children or marry. I'll never know
3 what it's like to have a family."

4 What did you mean by that, Lucy?

5 A. Just that I'd never meet anybody and therefore I'd never
6 have a family.

7 Q. Why did you think that?

8 A. Because nobody would want to -- if you say to somebody
9 you had to be redeployed, then people make assumptions,
10 don't they, and if my practice had caused these problems
11 then I wouldn't deserve to have children myself.

12 Q. Purely because you had been redeployed off one unit?

13 A. Yes, because at the time it was huge.

14 Q. You then put down:

15 "I hate myself so much for what this has -- I did
16 this, why me?"

17 A. Again, I was made to feel I had done it through not
18 being not competent.

19 Q. Did what?

20 A. Well, did something that -- that had led to these babies
21 collapsing, dying.

22 Q. Did you ever consider that it might have nothing to do
23 with you or your incompetency?

24 A. Not that moment in time, I just...

25 Q. Okay. What about now?

1 A. No, I don't feel it is my competencies.

2 Q. So what changed between these kind of thoughts and now
3 that you're confident that your competencies weren't
4 lacking enough to cause any serious collapse or death?

5 A. Time. And I've re-done my competencies and had that
6 grievance procedure and nothing was sort of raised
7 through that or any of the other investigations that
8 have taken place to sort of suggest that I'd been
9 incompetent in something.

10 Sorry:

11 That I hadn't been competent in something.

12 Q. "No hope, despair, panic, fear, lost."

13 Is that how you felt, you had no hope?

14 A. It just made me feel like no hope for anything, yeah.

15 Q. If you knew that you'd done nothing wrong?

16 A. Well, at that point I was made to feel that maybe I had,
17 so I was worried that maybe I had in terms of my
18 practice and my competencies.

19 Q. Who had made you think that?

20 A. The trust.

21 Q. Lucy Letby explained that she was informed on behalf of
22 the trust that she was being redeployed as her
23 competencies were an issue:

24 Has anyone ever said that you have done something
25 wrong?

A. I found out via the grievance procedure and the Royal College of Nursing that some of the consultants had made comments.

Q. The comment that's in there referring to the note presumably, "I did this. Why me?", what does that refer to?

A. That I just caused the disappointment.

Q. What's the "why me"?

A. I felt -- well, why was it happening to me? Because at the time they were saying that I was a common feature but so were other staff.

Q. Okay.

A. But then it was only myself that was redeployed, so obviously but why me, why is it just me that it's happening to?

Q. What was the "I did this"?

A. The upset and everything that I caused those people. I felt that it was me, not intentionally but through that situation, through the redeployment.

Q. Lucy Letby then explained that the period up to her redeployment had been a low point:

Okay, what made the first part of 2016 so

challenging then?

A. Well, just reflecting all the year that we had had
before and I think it just affected morale on the up-

1 We were all feeling -- it's a shock, we're not used to
2 deaths like that. And when you're involved with them...

3 Q. Okay. At which point did the unit start to feel like
4 that?

5 A. I'd say about earlier in the year, perhaps January.

6 Q. January. Why particularly then? What had happened?

7 A. I'm not sure specifically, it is just with it being
8 the New Year and things people just were hoping for
9 a better year and then things happened again.

10 Q. "Things happened again", what do you mean?

11 A. We continued to have sick babies and lost some babies.

12 Q. Were there any in particular that you lost that you
13 recall?

14 A. When? At that time period?

15 Q. Yes.

16 A. I can't remember specifically then, no.

17 Q. When you say "we" -- you refer to "we were feeling quite
18 low". Who were you referring to as the "we"?

19 A. The nursing team.

20 Q. Who do you class the nursing team as, everybody?

21 A. Yes, the nurses and the nursery nurses on the unit.

22 Q. You talk about the babies being specifically sick.
23 What was the difference from another year?

24 A. I think we were seeing more babies who had complex
25 needs, we were having babies with chest drains that we

1 don't get very often, babies with stomas that we don't
2 care for a great deal. We had quite a few that were
3 quite extreme prem babies with congenital abnormalities,
4 a lot of twins and then we had the triplets.

5 Q. In terms of emotional outlets for coping, you know, your
6 coping mechanisms, what would you use?

7 A. Usually just talking things through with the team or
8 with my friends.

9 Q. Is this an emotional outlet, doing things like this?

10 A. Yeah.

11 Q. Right. Okay. Do you use social media and stuff?

12 A. Yes.

13 Q. And that's the way that you used to speak to your
14 friends?

15 A. Some of them, yes.

16 Q. Okay. We'll take a break there and I think the time is
17 24 minutes to 9.

18 The interview concluded.

19 A. Yes.

20 Q. If we go to the next overarching interview, please, that
21 took place on 5 July 2018, 2 days later?

22 A. Yes, that's correct.

23 Q. It began with introductions and:

24 Okay. In terms of the investigation, and obviously
25 this is your opportunity, is there anything that you

1 feel us, us as an investigation, need to look at
2 concerning the amount of deaths and collapses over
3 a short period of time?

4 A. I think the staffing maybe needs -- I'm not saying that
5 staffing has caused it, but I think staffing levels were
6 quite poor at times with an inadequate skill mix
7 sometimes.

8 Q. Okay.

9 A. And I think a lot of people, like myself, were doing
10 a lot of additional shifts and overtime and having
11 shifts changed round at short notice. I think a lot of
12 people were feeling the strain physically and
13 emotionally. I don't think a lot of support was offered
14 to the team throughout this event with the deaths and
15 things. There's also some issues with the unit just in
16 terms of it's very small, we don't always have the
17 equipment that we need, we have to go and get it from
18 other units, or are pushed for space and trying to look
19 after sick babies in not always ideal environments and
20 I personally just found during this that there wasn't
21 always a very clear and supportive sort of management,
22 structural, medical support particularly towards nursing
23 staff. That's a personal opinion.

24 Q. How was staffing levels different during that period
25 than they were a month before [Baby A] collapsed and died

1 and a month after [Baby Q] collapsed and died [it says],
2 for example?

3 A. I don't recall specifically, but often sort of from May,
4 June onwards, we are short of staff due to people taking
5 more holidays.

6 Q. Right.

7 A. And I remember at that time we had a lot of new starters
8 that had just started on the unit, so we were quite
9 bottom-heavy in terms of having more inexperienced staff
10 that needed support on the unit -- and I think we also
11 had a couple of members of staff that were on long-term
12 sick leave during these times as well.

13 Q. Okay. So do you think any of these deaths and collapses
14 occurred due to poor care?

15 A. I don't think anybody intentionally gave poor care, but
16 I think maybe if staffing had been better people may not
17 have been caring for as many babies at once or would
18 have had different shift patterns, maybe, or the doctors
19 would have been more readily available.

20 Q. What about equipment? Do you think any of these babies
21 had collapsed or died because of the equipment that was
22 around or the lack of equipment?

23 A. I think there's been delays with them having some of the
24 support that they need because we've had to go and get
25 equipment, yes.

1 Q. Would any of the lack of equipment or staff cause the
2 collapse of a baby, the initial collapse?

3 A. No, I don't think it would cause the collapse, no.

4 Q. It's clear that the babies that we've been speaking
5 about over the last few days we're saying aren't just
6 unexpected but suspicious.

7 A. Right.

8 Q. Do you understand that?

9 A. Yes.

10 Q. That's the initial collapse --

11 A. Yes.

12 Q. -- as opposed to subsequent collapses.

13 A. Okay.

14 Q. If you say lack of staff, lack of equipment, doctors not
15 reacting maybe as quickly as they should do, can you
16 apply any of those three factors to the babies that
17 we've spoken about here?

18 A. Yes, for some of them I think if staffing had been
19 better then maybe there would have been more people
20 around for that baby.

21 Q. And who -- can you recall who they were specifically?

22 A. I think [Baby Q] is one because I was stretched between
23 two --

24 Q. Yes.

25 A. -- nurseries which is not ideal.

1 Q. I think you alluded to that in the interview for him,
2 yeah.

3 A. I recall the day that I had [Baby G] and she was down in
4 nursery 4 and I had a number of other babies at that
5 time as well.

6 The day with [Baby M], the nursery was very busy in
7 nursery 1 and he was not in a correct space. Either
8 he was in just parked in the corner which -- it wasn't
9 ideal.

10 I don't remember -- and then I just remember we had
11 a lot of junior staff that we were supporting during
12 that time as well.

13 Q. Okay.

14 And Ms Letby's solicitor said:

15 I think that when you gave the initial interview
16 with regard to [Baby P], I think you described that as
17 quite chaotic when they were actually trying to --

18 A. Yes.

19 Q. -- resuscitate.

20 Then the officer says:

21 I understand that. They are certainly factors that
22 could affect every walk of life, aren't they, but what
23 we are saying is that we are treating the babies'
24 collapses and deaths as suspicious; you understand that,
25 don't you?

1 A. Yes.

2 Q. Okay. In general terms, the investigation's looking
3 into a number of deaths between 2015 and 2016 and other
4 babies who have collapsed and survived. So a direct
5 question is: between those dates and that amount of
6 babies, have you done anything to intentionally harm
7 those babies?

8 A. No.

9 Q. When did you first become aware that there was an
10 unnatural high rate of mortality on the unit?

11 A. In a formal way it was said to me by the unit manager --
12 I think in the May 2016.

13 Q. Okay. What do you mean "in a formal way"?

14 A. Well, she took me into the office and I think it was at
15 that point I was moved on to day shifts and she
16 explained that there had been an increased rate and she
17 was currently working on some tables to work out the
18 statistics.

19 Q. Okay. So informally when did you have the realisation
20 or were told that this is really an unnatural high
21 level of mortality for Chester's unit?

22 A. I think at the very beginning when we lost the three
23 babies, when we lost [Baby A], to have three so quickly,
24 that in itself was unusual and it was probably more
25 deaths than we usually have.

1 Q. In a year?

2 A. Mm.

3 Q. Okay. In that first month, I think from what you were
4 saying earlier, that's more deaths than you've
5 experienced since you've worked in neonatal?

6 A. I think so, yeah.

7 Q. Okay. When you were first made aware of the
8 investigation that the hospital were doing, were you
9 told specifically the names of the babies that they were
10 investigating?

11 A. No.

12 Q. So even the ones here, the ones that resulted in death
13 for example, were you told formally by them?

14 A. No, no.

15 Q. Okay. In terms of the investigation from the Countess'
16 point of view, but also from the police investigation,
17 have you done any form of research into any of the
18 babies or any of the deaths?

19 A. In what way do you mean research?

20 Q. For example, you know who died because you were there or
21 who collapsed, you're aware of the babies' names. When
22 you were still on the neonatal unit would you research
23 their medical notes, for example, that sort of thing,
24 kind of thing?

25 A. I think I'd reviewed their medical notes, yes, at some

1 point, yes.

2 Q. And what was the purpose of that?

3 A. Just as a recap, really, to think -- to take things in
4 better when it's not happening at the time.

5 Q. Okay. For what purpose?

6 A. I think it just helps to go back in to read what
7 happened, so obviously you have it clear in your mind
8 that everything was done.

9 Q. At the time of collapse or death, you mean, or as
10 a result of the subsequent investigation?

11 A. What do you mean, sorry?

12 Q. All right then, take [Baby A]. Did you do any research
13 yourself with regards to [Baby A]?

14 A. So did I access his notes after he died?

15 Q. Yes?

16 A. I might have done. I don't recall specifically.

17 Q. Okay. All right then, any of these babies that you
18 looked into after death or collapse, what was the
19 purpose of that?

20 A. Just for clarity and for sort of my own debrief as such,
21 just to recap.

22 Q. How close to the death or collapse was that?

23 A. I don't remember.

24 Q. Okay. Was that research as a result of the
25 investigation launched by the hospital?

1 A. No, I'll not sure. I might have looked after and
2 before. I might have done that prior to the
3 investigation, I'm not sure.

4 Q. Okay. With regards to the police investigation, at
5 which stage did you become aware of the babies' names
6 that we were investigating?

7 A. I don't think I did until now.

8 Q. Okay. So on 7 April you were moved to a day shift and
9 you've kind of told us how that made you feel. You said
10 that you felt that people's attitudes towards you had
11 changed and you'd doubted your own capabilities. Is
12 that a fair --

13 A. Yes.

14 Q. Okay. So you were moved on to days. And after you were
15 moved on to days in the June, as we've just discussed,
16 [Baby O] and [Baby P] both died and [Baby Q] collapsed.
17 So what are your thoughts on that?

18 A. That they have collapsed?

19 Q. Yes. After you've been swapped on to days.

20 A. I am not sure.

21 Q. Okay. So a lot of the collapses and deaths prior to you
22 getting moved on to days have been during the
23 night-time, on a night shift.

24 A. Yes.

25 Q. Okay. After you get moved on to days there are two

1 deaths and a collapse within 3 days of each other.

2 A. Yes.

3 Q. Okay. Do you have any comment to make about that?

4 A. I can't explain that, no.

5 Q. Do you have anything in your possession which relates to

6 any of the allegations for which you've been arrested?

7 A. What do you mean? Sorry.

8 Q. Paperwork, medical records, anything.

9 A. No. Not that I know of, no.

10 Q. Okay. Have you ever taken anything relating to the

11 babies that we've discussed home?

12 A. No. I don't know if -- I might have sometimes taken

13 handover sheets accidentally home with me.

14 Q. Okay.

15 A. Not medical notes, no.

16 Q. No. Not just sticking to medical notes, anything

17 relating to --

18 A. I don't know specifically to them. I think sometimes I

19 have brought handover sheets home, yes.

20 Q. Why? What's the purpose of that?

21 A. Just inadvertently. They've just been left in my

22 pocket.

23 Q. Okay. And I think we asked you sort of a little bit

24 throughout whether you would take any mementos from the

25 babies yourself and I think you said no; is that right?

1 A. No.

2 Q. I just wanted to ask you a few more things about the
3 note, NAC10. Did you write all that at the same time?

4 A. I don't remember specifically, but I think so.

5 Q. Okay. Is there a reason why it's written in that
6 format? You see that some of the writing is to one side
7 and some on the edge of the page.

8 A. I think I've just done it when I was very upset and it
9 all just kind of come out at once in different ways.

10 Q. Okay. And where were you when you wrote that?

11 A. At home.

12 Q. What was going through your mind at the time?

13 A. I just felt like I'd let everybody down, that I'd let
14 myself down, that people were changing their opinion of
15 me, that I thought I'd lost my job and I was isolated
16 from my friends.

17 Q. And just confirm when you think roughly, the time, month
18 year?

19 A. I know it was after when I'd been -- I'm not sure of the
20 exact time but it was some time after I'd been removed
21 in July 2016.

22 Q. You particularly got the word "hate" there. I'm right
23 in saying that's the word "hate"?

24 A. Yes.

25 Q. Which is circled with a big black circle, "hate" in bold

1 letters. What's the significance of that?

2 A. That I hate myself for having left everybody down and

3 for not being good enough.

4 Q. And just confirm to me why you think that you're not

5 good enough when you wrote that down?

6 A. Because I'd just been removed from the job I loved,

7 I was told that there might be issues with my practice,

8 I wasn't allowed to speak to people, I was having to do

9 a job that I didn't enjoy with people that I didn't

10 know.

11 Q. And this was within a couple of months of being removed?

12 A. Yes, I think so, yes.

13 Q. And all these emotions, these feelings that you put on

14 this stage, had this come to a head?

15 A. Yes.

16 Q. Had anything triggered on this particular day for you to

17 write that?

18 A. I don't recall specifically, no.

19 Q. Have you ever shown that note to anyone?

20 A. No.

21 Q. Can we have a look at that for me again and where you

22 specifically say, "I don't deserve to live, I killed

23 them on purpose". Can you explain to me again what you

24 actually meant by that?

25 A. That -- that's how I was being made to feel, that if my

1 practice hadn't been good enough and I was linked with
2 these deaths, then it was my fault and I had done it and
3 they thought that I was doing it on purpose, not that
4 I had done it on purpose, but that's how I was made to
5 feel.

6 Q. Specific words:

7 "I killed them on purpose and I'm evil. I did this.

8 [And] I'm an awful person. I pay every day for that."

9 A. It's because I felt I was awful because I -- I maybe
10 hadn't been good enough.

11 Q. You're being very hard on yourself there if you haven't
12 done anything wrong.

13 A. Well, I am very hard on myself.

14 Q. "I did this. Why me? I did this."

15 What did you do?

16 A. I felt that I wasn't good enough. That's -- that's what
17 they were implying, that I hadn't -- that my
18 competencies hadn't been good enough, they were removing
19 me. I felt that I had -- bad person, I wasn't good
20 enough, I had caused them, I had caused them to think
21 that.

22 Q. "That I did this." What is this?

23 A. I don't know. I felt the situation had been caused by
24 them implying that, that I hadn't been competent.

25 Q. Lucy, were you responsible for the deaths of these

1 babies?

2 A. No.

3 Q. Okay. We shall take a break.

4 Then the time is given and the interview concludes.

5 A. Yes.

6 Q. Two of those interviews we've heard are on the first
7 occasion when Ms Letby was arrested. The next interview
8 is 10 June 2019.

9 A. Yes.

10 Q. So this interview would have taken place during the
11 second arrest; is that correct?

12 A. Yes, that's correct.

13 Q. It begins with the introductions, caution and the
14 explaining of legal rights.

15 A. Yes.

16 Q. Lucy, prior to starting this interview you've mentioned
17 before about a handover process that takes place at the
18 start of your shift with the nurse previously; is that
19 correct?

20 A. Yes.

21 Q. Okay. Are you given any documentation during that
22 handover?

23 A. Yeah, we have a handover sheet of -- of the patients
24 that are on the unit at that time.

25 Q. Okay. Explain the purpose of those handover sheets.

1 A. Well, to relay information between staff so that each
2 member of staff's got the brief outline on each of the
3 babies.

4 Q. Okay.

5 A. Then we get a more in-depth handover on your own baby.

6 Q. Who has a copy of this handover sheet?

7 A. All members of staff on the unit.

8 Q. Where are they kept during the shift?

9 A. In our pockets -- in the staff's pockets.

10 Q. Why's that?

11 A. So we can make reference to it throughout the shift
12 if we need to.

13 Q. Okay. And when you were personally given handover
14 sheets, Lucy, what did you used to do with yours?

15 A. Keep it in my pocket for the shift.

16 Q. And when you finished your shift, what would you do with
17 the handover sheets?

18 A. Um, ideally put it in the confidential waste bin.

19 Q. And why would that be?

20 A. For confidentiality, so the public can't pick up the
21 sheets.

22 Q. Mm-hm. Then where's that situated Lucy?

23 A. On -- by the nurses' station.

24 Q. Okay. Is that what you would do with your handover
25 sheets?

1 A. Yes. Not every time though. There have been times when
2 they've come home with me.

3 Q. Okay. Is there a policy in place around handover
4 sheets, Lucy?

5 A. Not that I know of.

6 Q. What does generally happen to them then with the other
7 colleagues on the unit? What do they do with them?

8 A. They put them in the confidential waste.

9 Q. Is that at the end of the shift?

10 A. Yeah.

11 Q. Okay. So there's no filing system for them at all?

12 A. No, they're just discarded at the end of the day by that
13 member of staff.

14 Q. Okay. When you were previously arrested, Lucy, you were
15 aware that your home address was searched and a large
16 quantity of these handover sheets were found at your
17 home address. Can you explain that?

18 A. They're just sheets that have inadvertently come home
19 with me in my pocket. I have no emptied my pockets
20 before coming home.

21 Q. Okay. Can you explain why you kept these at your home
22 address?

23 A. Um, no. There's no specific reason. They just came
24 home with me and I didn't do anything with them.

25 Q. Can I ask what you actually wear when you're a unit?

1 A. A set of scrubs, so a pair of trousers and then a tunic
2 top that's got two pockets here and a pocket at the top.
3 Q. So which pocket would you put the handover sheet in?
4 A. One of the bottom pockets.
5 Q. Bottom. Either left or right or?
6 A. I don't remember having a specific pocket --
7 Q. Okay.
8 A. -- that I put it in.
9 Q. And tell me at what point when you got home did you
10 realise that you were still in possession of these
11 handover sheets?
12 A. When I have got home and taken my uniform off.
13 Q. So talk me through then when you have taken your uniform
14 off and you've found these handover sheets, what did you
15 do with them?
16 A. I just put them all in one area.
17 Q. Which area was that?
18 A. They were all together in a folder in the spare room.
19 Q. Okay. Explain to me why you put them all together in
20 a folder?
21 A. Because I didn't know how to dispose of them, so
22 I didn't dispose of them.
23 Q. You didn't know how to dispose of them?
24 A. No.
25 Q. Whose permission did you have, Lucy, to remove these

1 handover sheets from the hospital?

2 A. No one's.

3 Q. Who else knows you've got them at your home address?

4 A. No one.

5 Q. Have you shown them to anyone?

6 A. No.

7 Q. Whilst they've been in this folder at home, what have

8 you used them for?

9 A. I haven't.

10 Q. How often have you looked at these handover sheets,

11 Lucy?

12 A. Hardly ever.

13 Q. Did those sheets that are in your folder that you've

14 kept at your home address, Lucy, relate to babies which

15 you were the designated nurse for?

16 A. Yes, they're all babies that are on the unit at that

17 point, whether you look after them or not, so yeah.

18 Q. Okay. Have you ever previously taken any of these

19 handover sheets home and disposed of them?

20 A. No, I don't think so, because I haven't got a shredder

21 and that's how I would -- that's how I would have to get

22 rid of them.

23 Q. Okay. So why would you have only kept some of the

24 handover sheets in a folder, Lucy?

25 A. Because they're just the inadvertently ones that have

1 come with me [as read].

2 Q. Have you retained in any way any other documentation
3 from the hospital of any description?

4 A. No. I have some printed-out policies --

5 Q. Okay.

6 A. -- but I don't know if that's not allowed.

7 Q. Have you retained any other confidential documentation
8 at home?

9 A. No.

10 Q. Have you retained any other documents from any other
11 hospitals that you've previously worked at?

12 A. Again, I've -- I've got policy sheets from different
13 hospitals, but not patient information.

14 Q. When you say policy sheets, describe them to me.

15 A. Like guidelines for how different hospitals do things,
16 I've printed them off and brought them home for
17 assignments and things.

18 Q. So specifically what policy sheets are you referring to?

19 A. I think I've got some on -- loads because I did my ITU
20 course and we had to have policies for a lot of the --
21 so I've got things on feeding, on jaundice, on
22 hypoglycaemia, on necrotising enterocolitis, I've got
23 various.

24 Q. Okay. Where are those policies kept that you've printed
25 off?

1 A. Um, some are within the -- my intensive care folder,
2 some are just loose. I'm not sure exactly where all of
3 them are.

4 Q. Okay.

5 Then you ask your colleague:

6 Do want to ask anything?

7 You say that the handover sheets that you put in
8 your pocket relate to being -- to you being
9 a designated nurse for these babies; yes?

10 A. So the handover sheet has every baby on the unit at that
11 time.

12 Q. Right, okay.

13 A. And it's not just the baby you're looking after, it's
14 every baby.

15 Q. Would you have had cause to take some out of the waste,
16 Lucy?

17 A. Out of the clinical waste? No.

18 Q. Okay. So just to confirm, Lucy, when I've asked you why
19 you decided to keep the handover sheets, you've
20 confirmed that you weren't aware, didn't know how to
21 dispose of them, therefore you kept them in a folder?

22 A. Yes, at the time I've got home, realised they're there,
23 and I've just not done anything about it.

24 Q. Moving on, Lucy, I would like to talk to you about your
25 mobile phone and telecoms. Would you have used it at

1 work?

2 A. Yes.

3 Q. Okay. Is that permitted? Is there any issue about
4 allowing you to use it at work?

5 A. We're advised not to use it, like, near to the patients,
6 but on breaks and out of the clinical area.

7 Q. Where would you keep whilst you were at work?

8 A. Either in my pocket or in my bag.

9 Q. Lucy Letby could not recall the exact device she would
10 have had in 2015 and 2016, but it would have been an
11 Android with access to social media and she was asked:

12 Okay. Does anyone else have access to your phone?

13 Do you give it out to anyone or lend it to anyone?

14 A. Not particularly no.

15 Q. Okay. So you obviously use your phone at work during
16 work time. If you've got any -- a bad day or issues
17 going on at work, who would you sort of use your phone
18 to contact? Who'd be your first port of call?

19 A. Um, a friend.

20 Q. Any particular close friend that you would use your
21 phone to?

22 A. [Nurse E].

23 Q. Okay. And [Nurse E], she works at the [redacted]?

24 A. Yes.

25 Q. Okay. Are there any other close friends that you would

1 contact or your family?

2 A. I've got a couple of different close friends over the
3 years that I probably would have contacted, yeah.

4 Q. Right, okay. And how often would you contact them in
5 regards to anything that was going on at work? Would
6 that be frequently?

7 A. I'm not sure. It would depend on what was going on
8 at the time.

9 Q. Lucy Letby confirmed that she would use WhatsApp, text
10 or Facebook Messenger, not iMessage, as she didn't have
11 an iPhone:

12 Did you discuss the welfare of babies at all with
13 any of your friends?

14 A. Um, oh yeah, I've discussed patients at times, yeah.

15 Q. Okay what sort of things have you discussed?

16 A. I'm not sure exact details now. I've communicated with
17 friends when babies have been unwell or if they've
18 passed away.

19 Q. Right. So would that be sort of straightaway or within
20 the same sort of shift a few hours later?

21 A. I'm not sure, I can't --

22 Q. So, you know, we discussed, the first time you were
23 brought here and arrested, and the babies you were
24 involved in the care of.

25 And then Lucy Letby was nodding her head. It's not

1 recorded, obviously, audibly:

2 So would you have contacted friends following those?

3 A. Yes.

4 Q. And how often would that communication go on for
5 generally?

6 A. About the babies specifically?

7 Q. Yeah.

8 A. I'm not sure.

9 Q. Would there be a purpose for you doing that, contacting
10 friends?

11 A. Yeah, they were -- they're my support network.

12 Q. So did that make you feel better when you communicated
13 with them?

14 A. Yeah and it was somebody in the same profession that
15 could -- rather than speaking to a family member who
16 didn't understand the unit and things, it's helpful to
17 speak to a colleague.

18 Q. Did you discuss theories about what was going on?

19 A. I'm not sure, possibly.

20 Q. Or individual patients?

21 A. I don't know. Possibly.

22 Q. What about family members? Did you communicate with
23 them at all?

24 A. Yes, I used to speak to my parents every day after I'd
25 finished work -- well, every day, anyway, but...

1 Q. Okay. And after the collapse of a baby, which family
2 member would you turn to?

3 A. My mum.

4 Q. For the same reasons, to help you get through?

5 A. Well, for her support -- I wouldn't talk to her about it
6 in the level of detail that I would with a colleague.

7 Q. So can you just describe to me how it made you feel,
8 discussing this with friends and family, how it sort of
9 helped you with the whole process?

10 A. I suppose I just saw it as -- that was a safe way of me
11 sort of offloading how I felt to somebody I trusted.
12 I wasn't somebody that would go home -- I lived alone.
13 I wasn't somebody that would go and necessarily seek out
14 somebody to speak to in person. That was my way of
15 thinking through things.

16 Q. Okay. And did it help?

17 A. Yes.

18 Q. In what way?

19 A. Well, because they would have been supportive or, you
20 know, share -- a nurse knows how you feel when things
21 happen and it's just having that common ground with
22 somebody and a bit of support from them.

23 Q. Okay. Did you ever seek advice regarding the treatment
24 of a baby or what was going on through the use of your
25 phone through social media?

1 A. No, I don't think.

2 Q. As in one of your colleagues who might be experienced?

3 A. Um, I'm not sure. I think I rang -- um, had ran some

4 things past one of the doctors that I was friendly with

5 at the time.

6 Q. Who was that?

7 A. [Dr A].

8 Q. Okay. And what sort of advice did he give to you?

9 A. Just, I suppose, reassurance. Just somebody on another

10 level to talk to about what was happening or if I was

11 having a difficult day.

12 Q. So you'd -- she'd be the first person you'd turn to and

13 after [Nurse E]?

14 A. Well, at different times [Dr A] was -- I was close to [Dr A]

15 in the later stages. I had other friends:

16 [Nurse A], Minna Lappalainen.

17 Q. Okay. So you've committed with all those over the

18 years?

19 A. At some point, yes.

20 Q. And this would be during and after work?

21 A. Yes.

22 Q. Is there a reason why you wouldn't get advice or support

23 face to face?

24 A. We get support sometimes on shift, but it would depend

25 who you were working with and what was going on in the

1 unit, and who it was that -- well, whether you felt able
2 to talk to that person or not. When we've had
3 a difficult day on the unit, a baby's been unwell or
4 it's been particularly busy, I don't know, somebody had
5 phoned in sick or anything that was a bit different on
6 the unit, out of the normal, I might seek support from
7 somebody.

8 Q. Okay. And when you were asked about occasions that you
9 have messaged colleagues for advice relating to work,
10 you have said it was for reassurance. Explain what you
11 meant by that.

12 A. I can't remember specific -- but I know I -- I've
13 mentioned [Dr A] before now in terms of when we'd lost
14 certain babies. I know he'd gone to like debriefs and
15 different things that nursing staff weren't invited to
16 and I think I checked some different policies with him
17 over time.

18 Q. And explain why you were particularly interested in
19 those debriefs.

20 A. Because they were babies that I'd had involvement
21 with --

22 Q. Okay.

23 A. -- or been present for.

24 Q. Okay. And you said that you weren't invited to these
25 debriefs; is that correct?

1 A. Not all, some. Some of them.

2 Q. Right?

3 A. Some you're not and then there's things were discussed
4 at medical level only and things, so...

5 Q. Okay. The next area I want to talk to you about Lucy is
6 your training and, correct me if I'm wrong, but our
7 understanding from the investigation is you qualified as
8 a band 5 nurse some time in 2012. Can you confirm if
9 that's correct?

10 A. September 2011.

11 Q. Okay.

12 A. And I started working on the unit January 2012 and that
13 was my first job.

14 Q. Lucy Letby discussed her training in administering blood
15 transfusions and blood components, her mentorship for
16 students, and acquiring credits towards a master's
17 qualification. She explained that she had qualified in
18 specialty training at Liverpool Women's Hospital in
19 February 2015.

20 She was asked:

21 Okay, during the training, obviously, you have
22 described to me what it involved and the competencies.
23 What about any risks or dangers dealing with neonatal
24 babies? Were you taught anything specifically
25 in relation to that?

1 A. Yeah, we had different lectures and things about
2 different neonatal conditions.

3 Q. Mm-hm.

4 A. We spent time going out with the resus coordinator --
5 we had somebody that is on shift that attends any
6 collapses or resuscitations or births at that point and
7 we spent time with that person to go out and get
8 experience of the acute sort of emergency setting.

9 Q. And how did you find that?

10 A. Just very different to Chester. It's just not something
11 that we would see and do and they're sort of like --
12 I went to a lady that was delivering in the corridor and
13 things. That's just something that I'd never seen
14 before.

15 Q. So all these areas was (sic) knowledge you could
16 potentially bring back --

17 A. Yes.

18 Q. -- to the unit?

19 A. Yes.

20 Q. And amongst the staff on the neonatal unit, Lucy, were
21 there any other nurses of band 5 who'd done this
22 training?

23 A. Yes, there was myself and Bernie Butterworth. We were
24 the only two --

25 Q. Okay.

1 A. -- which is why I found I was quite often allocated
2 these babies because I was on shift with people that
3 didn't have the ITU course and therefore weren't able to
4 care for them.

5 Q. Yes.

6 Lucy Letby described further training in basic life
7 support and infection control, breastfeeding support and
8 annual neonatal updates:

9 Okay, moving on, Lucy. In May 2015 there was
10 a competency assessment for "Safe administration for
11 medication by bolus/intermittent via a long line,
12 Broviac line or umbilical venous catheters" [as read].

13 Do you recall that training?

14 A. Yes.

15 Q. Can you explain to me what that involves?

16 A. Okay, so we didn't have any training as such, it came
17 from -- when you've done the intensive care course, you
18 are then eligible to access these sort of lines and to
19 do the competency. So usually you would just work with
20 another nurse and then they would support you and watch
21 you in drawing it up and preparing whatever needs to be
22 given via that line. Then there's a competency -- of
23 questions that they ask you as well.

24 Q. Okay. So did you say, sorry, that there wasn't
25 a specific training?

1 A. So there wasn't any -- no, there wasn't a specific --

2 Q. Right.

3 A. -- training aspect. No, it's just something you sort of

4 learn on the job.

5 Q. And how long does that take place for?

6 A. I think you'd have to be watched three times, if

7 I remember correctly.

8 Q. Okay. And do you recall who you were assessed by?

9 A. I think one was Chris Booth.

10 Q. Mm-hm.

11 A. Somebody, [Nurse A], I can't remember.

12 Q. And explain to me how, this training, you would then

13 apply it to your role?

14 A. I'd then be able to give baby medications via these

15 sorts of lines. Rather than just being a second checker

16 I would actually be able to --

17 Q. Okay.

18 A. -- have access to those lines.

19 Q. Okay. And how often would you then use that method, so

20 be able to give medication?

21 A. Quite frequently.

22 Q. Mm-hm?

23 A. Most of the babies on the unit have some form of central

24 access and when you're new to having learnt something,

25 they are usually quite keen for you to get as much

1 experience as you can --

2 Q. Yes.

3 A. -- so you end up doing a lot of the drugs and things.

4 Q. Okay. How did you find that?

5 A. Okay, I think it was certainly very different. It was
6 very different learning about those separate lines to
7 just a normal peripheral line. Obviously there's
8 a little more risk and sort of learning. You have to
9 learn where the line placement is in terms of X-rays
10 a little bit and it's more responsibility.

11 Q. When asked about the risks involved, Lucy Letby
12 identified infection, the line moving or the line
13 leaking and was asked:

14 Okay. And having done the training, would you class
15 yourself as competent in that area?

16 A. Yes.

17 Q. Is there any part of that training, Lucy, that you're
18 not that happy with?

19 A. Um...

20 Q. Or are you fully confident with?

21 A. I think the only thing we -- we don't see a lot of
22 babies on the unit with a Broviac line.

23 Q. Okay. Moving on, Lucy, you've also completed in
24 May 2015 assessments for the safe administration of
25 medication by bolus and by bolus [as read] and also

1 safeguarding children as well. I'm guessing those are
2 two separate areas of training?

3 A. Yes.

4 Q. So the first area then, the safe administration of
5 medication, what can you tell me about that?

6 A. I don't remember that training specifically.

7 Q. Did you do or did you attend any specific resuscitation
8 training for neonatal babies?

9 A. Yes, we attend the neonatal life support programme.

10 That's done every 4 years. That's lasts for 4 years.

11 Q. And what did that training involve?

12 A. Resuscitation scenarios and skill stations and at the
13 end of the day you're assessed. Then you get called
14 through and it's sort of like a random scenario and
15 you have to manage that.

16 Q. Is there any other training, Lucy, that you received
17 while you're a nurse on the neonatal unit that I haven't
18 gone through with you?

19 A. I attended an IV study day at Alder Hey.

20 Q. When was that?

21 A. That's when I first qualified to be able to give
22 medications via a line. That had a competency
23 assessment. And I've attended various study days, but
24 they were just for my own --

25 Q. Yeah.

1 A. They weren't assessed study days.

2 Q. Okay.

3 A. I don't think there's anything else that I've been

4 assessed in.

5 Q. Is there any training that you've failed at all, Lucy?

6 A. No, not that I'm aware of, no.

7 Q. Okay. In relation -- we've touched on it before when

8 speaking to you, Lucy, in relation to insulin training.

9 Tell me about any specific training you've had about

10 that.

11 A. Well, I don't recall having any specific training in

12 insulin specifically, no.

13 Q. Have you received any inputs around it?

14 A. Um, hypoglycaemia and hyperglycaemia. It isn't

15 something that's really discussed at updates, no.

16 Q. So explain to me then how you become aware of how to

17 deal with a situation involving hypoglycaemia then?

18 A. Through just experience, experiencing it on the unit,

19 and from when the different pathways that come out.

20 Usually they did change the pathway a couple of times,

21 then you get a little bit of an email sent round, maybe

22 with a new policy, but then you would have to wait until

23 you had a baby to then sort of fully get your head round

24 it.

25 Q. Okay. And you've mentioned to me these pathways.

1 Describe to me how you're taught about them.

2 A. You're not really taught about them, they're just sort

3 of uploaded to the guideline system.

4 Q. Right.

5 A. You're told if there's any changes and you're expected

6 to go and look and --

7 Q. Okay.

8 A. -- and familiarise yourself with anything.

9 Q. And what about air embolisms, Lucy, did you receive any

10 training in relation to those?

11 A. No.

12 Q. Okay were you aware of them or?

13 A. Not really, no.

14 Q. Have you heard of them before?

15 A. Um, yeah.

16 Q. When was that?

17 A. I've heard of them more from an adult perspective.

18 Q. And tell me what that was in relation to.

19 A. I don't know specifics. Like sometimes we've had mums

20 on the unit who have been unwell and it's been found

21 they've had a PE, pulmonary embolism, so that's just how

22 I've heard of it, via that.

23 Q. Specifically whilst working on the neonatal unit have

24 you ever come across it before?

25 A. No.

1 Q. Then you ask your colleague:

2 Is there anything you want to ask?

3 And they say:

4 Has the air embolism training ever popped up in

5 respect of dangers with other training that you might

6 have had, done things incorrectly?

7 A. Not that I can think of specifically.

8 Q. No? Or any of your sort of general nursing training

9 before you qualified?

10 A. It's been mentioned in terms of line care: you'd have to

11 be mindful that you don't leave a line open and things

12 like that.

13 Q. Mm-hm.

14 A. But it's not something that's discussed frequently in

15 any detail.

16 Q. When you say line care, you needed that competency

17 assessment in May 2015 that we talked about, the safe

18 administration of medication by the different lines.

19 Is that the type of training that you're referring to?

20 A. Yes. I'm not sure if that's on the list or not.

21 Q. Okay. And have you had any concerns during care duties,

22 what's the protocol if you had concerns in relation to

23 your baby?

24 A. You'd escalate it to a band 6 or the shift leader.

25 Q. Okay.

1 A. And they would take it from there usually.

2 Q. Mm-hm. Did you feel comfortable in doing that in your
3 role?

4 A. Yes, sometimes. It would depend who the member of staff
5 was. Some people are more amenable than others but
6 I think -- but, yeah, I think when I needed to escalate
7 I did.

8 Q. Okay.

9 The particular interview concluded there.

10 I'm moving on to our final interview in the summary
11 bundles. This is an interview on 10 June, again, 2019,
12 a little later in the day.

13 A. Yes.

14 Q. Introductions and caution. Lucy Letby identified her
15 personal diaries. She agreed that she would record
16 various matters within shifts, personal thoughts,
17 events, and some of the collapses. She confirmed only
18 she ever wrote in it -- sorry, only she ever wrote in
19 and had access to those diaries:

20 My colleague asked you if you used your diaries,
21 Lucy, to express your thoughts and feelings and you said
22 sometimes. What would or explain to me what would
23 trigger you to write that down?

24 A. If there was something I was particularly struggling
25 with or something that I felt I just needed to write

1 down and express myself without telling anybody.

2 Q. Okay. And you said -- when he asked you the question,
3 you said "sometimes". Can you quantify that? How often
4 would you do that?

5 A. So there have been points when it's been daily, when
6 something's been difficult for me. Other times it might
7 be weekly. I'm not sure.

8 Q. Right. And then my colleague asked you about the
9 collapses of the babies and you said that you recorded
10 those as well. Why?

11 A. I think I've made reference but I don't know in what way
12 I've recorded them, but...

13 Q. Okay. Can you explain that to me in more detail?

14 A. I suppose it is just a way of me thinking things through
15 myself in my own time and expressing those thoughts on
16 paper.

17 Q. Okay. Explain to us what type of things you wrote,
18 Lucy?

19 A. I don't remember specifics but there have been times
20 when I've really struggled and I thought maybe things
21 were my fault and that people were blaming me, I've not
22 been good enough, things like that, but I don't know
23 that I've described -- that I've written down every
24 collapse --

25 Q. Right, okay.

1 A. -- or the detail of that collapse.

2 Q. Why would you want to reflect on those, Lucy?

3 A. Because that's just how I cope with things. I don't

4 talk to anyone about it, I just internalise things and

5 do it in my own time. I think some of the diary entries

6 I have made have been about how I feel about being

7 potentially blamed for things, yeah.

8 Q. Okay. So do you remember when you started doing that,

9 putting entries in diaries in respect of that?

10 A. I think it was once I was removed from the unit.

11 Q. Okay. So we're looking, what, post-July 2016?

12 A. Yeah, I think it was at a time when we were particularly

13 busy and there were lots of staffing issues and I think

14 I started to write things because I was starting to be

15 used as second on call.

16 Q. What was the purpose of writing that down?

17 A. I'm not too sure. I think it was just my own record of

18 knowing of who I looked after and when, how many babies

19 I have per shift.

20 Q. Is there no method at work to do that?

21 A. Um, not unless you were -- not unless you went through

22 each of the nursing notes. You'd have to look. There's

23 no way of looking who looks after which baby on which

24 days, no, without going into the nursing notes.

25 Q. Lucy Letby explained that the names appearing in the

1 2016 diary are those of the babies for which she was the
2 designated nurse:

3 Were there any concerns or issues on the unit at
4 this time, Lucy?

5 A. Yeah. There'd been mention about the concerns, that
6 there had been a rise in mortality rate and we had
7 staffing issues.

8 Q. This had been raised in February?

9 A. I think it was early, yeah, I think so.

10 Q. Does that coincide as to why you have documented names?

11 A. Yes.

12 Q. To what purpose?

13 A. So I would know who I have looked after and how many
14 babies.

15 Q. Okay. So you've also written things in red. Again,
16 they're personal home points, are they?

17 A. Yes.

18 Q. Lucy Letby was then shown a specific note from her
19 diary, the exhibit reference KL4. Officer, that's the
20 larger A4 sheet that was inside the diary; is that
21 correct?

22 A. Yes, that's correct.

23 Q. If you look to the bottom left, there's a -- highlighted
24 in a box the words "Kill me".

25 A. Mm.

1 Q. Why have you written that?

2 A. Because I wish sometimes that I was dead and someone

3 would just kill me.

4 Q. Why is that, Lucy?

5 A. Because at that point I had lost everything and wasn't

6 working on unit and was being -- I didn't really know

7 what was going on and I hated working in the office.

8 Q. There's another box there, this box here, where there's

9 a bit written in and then crossed out. Do you know what

10 that says?

11 A. No.

12 Q. So you don't remember when you did this?

13 A. No.

14 Q. Because you didn't date or time it?

15 A. No.

16 Q. Do you think you might have done it at work?

17 A. I think -- looking at it, it started off as some notes

18 about work and then I've just used it then as a doodle

19 thing and added more to it.

20 Q. Then it's your way to express yourself, is that what

21 you're doing?

22 A. Yeah.

23 Q. I mean, would you put things that weren't sort of

24 accurate or truthful?

25 A. Well, I am not sure. Some of it is just doodling, it's

1 something that comes in my mind at that time.

2 Q. Why have you kept this piece of paper, Lucy?

3 A. I am not sure. I think I -- it was obviously put inside
4 my diary and then just left there.

5 Q. But that suggests that it was -- to you, that suggests
6 it was written around the time that you were using the
7 diary.

8 A. Yes, yeah, and I would say -- because it's some of this
9 is relating to the work that I was doing in the office.
10 It's from when I was removed onwards.

11 Q. Okay. Thank you for that, Lucy. We have come to the
12 conclusion of this particular interview now. Is there
13 anything else you want to ask or tells us about the
14 diaries?

15 A. No, thank you.

16 Q. How are you feeling now?

17 A. Well, I'm just a bit exhausted now.

18 Q. You feel exhausted? Okay. We'll turn this -- we'll
19 complete this interview now anyway.

20 And we're given the time and the interview
21 concludes?

22 A. Yes, that's correct.

23 Q. Thank you. That's the conclusion of our summaries?

24 A. Yes.

25 MR ASTBURY: I have no more questions. If you could wait

1 there, please.

2 MR JUSTICE GOSS: Have you got many questions?

3 MR MYERS: No, I think perhaps, my Lord, about 10 minutes or
4 so.

5 MR JUSTICE GOSS: All right. We are scheduled for a break.

6 MR MYERS: It may be, unless of course your Lordship or the
7 jury wish for a break immediately, that I could conclude
8 the questions for Sergeant Stonier now and then her
9 evidence is completed insofar as we understand.

10 MR JUSTICE GOSS: All right. We'll do that.

11 Cross-examination by MR MYERS

12 MR MYERS: Sergeant Stonier, I just want to ask you a little
13 bit about the process that we're dealing with here, the
14 interview process, and how it applied in this case.

15 We're going to receive some agreed facts that give
16 us dates and timings, so I am not expecting you to
17 recall everything or us all to remember it all, but we
18 know, and could you confirm, Ms Letby was arrested on
19 three occasions?

20 A. Yes, that's correct.

21 Q. The first was 3 July 2018?

22 A. Yes.

23 Q. The second was 10 June 2019?

24 A. Yes.

25 Q. And the third was 10 November 2020?

1 A. Yes, that's right.

2 Q. And on each occasion that she had been arrested, she was

3 interviewed whilst held in police custody?

4 A. Yes, that's correct.

5 Q. So the interviews that we've been through are the

6 interviews that took place after those arrests?

7 A. Yes, that's right.

8 Q. Now over the period that she was interviewed and held in

9 police custody she'd remain at the police station; is

10 that right?

11 A. Yes, that's right.

12 Q. And when someone is in that position -- this isn't

13 personal to, Ms Letby, it is just the procedure -- their

14 possessions are removed them, their personal

15 possessions, things like that?

16 A. Yes, they are, when you first arrive at the custody

17 suite --

18 Q. And they are logged and when they leave they are given

19 back, aren't they?

20 A. Yes, that's correct.

21 Q. And save for those times when they come to the room to

22 be interviewed or go to the lavatory, they're kept in

23 a cell? That's just what happens.

24 A. Yes.

25 Q. And they're told they have various rights whilst they're

1 in police custody; that's right, isn't it?

2 A. Yes, that's correct.

3 Q. One of those rights is that they can have a legal
4 representative if they want?

5 A. Yes, that's right.

6 Q. And we know that Ms Letby had a legal representative
7 with her during these interviews.

8 A. Yes, she did, throughout them all.

9 Q. What happens with the legal representative, and what
10 happened here, I'm just going to ask you to confirm, is
11 when the representative came, he would speak to the
12 police and be given what's called some advance
13 disclosure; is that correct?

14 A. Yes, that's right.

15 Q. And advance disclosure in this case meant that he
16 received documents -- certain documents that related to
17 the events that you were looking at and you were going
18 to ask questions about?

19 A. Yes, that's correct.

20 Q. In the case of each child that Ms Letby was going to be
21 questioned about, she and her solicitor were provided
22 with documents, like nursing notes, where she'd made
23 them -- this is before the interview?

24 A. Yes.

25 Q. And also some of the key charts that we've been looking

1 at in this trial; is that right?

2 A. Yes, that's right.

3 Q. So things like the feeding chart or the observation
4 chart for that child?

5 A. Yes, that's correct.

6 Q. The solicitor would have the opportunity to speak to the
7 police about what was taking place --

8 A. Yes.

9 Q. -- whilst at the station and then also Ms Letby and her
10 solicitor had time to speak about the interview that was
11 coming up before it was held each time; is that correct?

12 A. Yes, that's right. They were afforded the opportunity
13 to speak in confidence.

14 Q. Then she would be able to go into the interview and
15 answer questions if she chose to do so?

16 A. Yes.

17 Q. And of course one of the rights that everybody has is
18 not to answer questions if they wish not to do so?

19 A. Yes.

20 Q. And they're reminded of that at the start of each
21 interview?

22 A. Yes.

23 MR JUSTICE GOSS: And also the consequence of not answering.

24 MR MYERS: And the consequence, which is that it could be,
25 putting it in loose terms, potentially held against them

1 if they don't answer questions.

2 A. Yes, that's right.

3 Q. Thank you, my Lord.

4 Just so that we understand the scale of this, the
5 documents that Ms Letby received wouldn't amount to the
6 type of, I don't say this critically by the way, but
7 it's not the suite of documents and collection of
8 evidence we have on the sequence of events, things like
9 that, was it?

10 A. No, as I recall, as you've pointed out, it was the
11 collection of nursing notes, feeding charts, ITU
12 observation charts where Ms Letby had made reference or
13 documented herself personally.

14 Q. Yes. So this is just an illustration, but if we just go
15 to the [Baby O] divider, also [Baby O],
16 which is in the second interview bundle, just behind the
17 first divider, page 2, please, Sergeant Stonier, ladies
18 and gentlemen.

19 MR JUSTICE GOSS: About halfway through this. The tab is
20 [document redacted].

21 MR MYERS: It's the first of the [document redacted] tabs, just
22 page 2, just to illustrate something if we could. It's the
23 first tab it's the tab with [Baby O] actually written on it.
24 And if you look behind there in red it's got at the
25 top corner "[document redacted]".

1 A. Yes.

2 (Pause)

3 Q. Next to the tape counter that says 0203, having been
4 asked about [Baby O], Ms Letby then goes through in
5 some detail there about how she remembers him, who she
6 was caring for and aspects of his care in that long
7 paragraph, doesn't she?

8 A. Yes, that's correct.

9 Q. So we can follow, that takes place after she's received
10 notes that she has made and relevant documents relating
11 to [Baby O], doesn't it?

12 A. Yes.

13 Q. So this is after she's had the time to review that and
14 speak about it?

15 A. Yes, that's correct.

16 Q. You were involved in a number of the recordings, weren't
17 you?

18 A. Yes, I was.

19 Q. We're going to see, and this is just so I can deal with
20 this now, that there are about 13 interviews or 13 tapes
21 after the first arrest?

22 A. Yes.

23 Q. That's the arrest on 3 July. There were 14 interviews
24 held after the second arrest on 10 June. And there were
25 three interviews after the third arrest on 10 November?

1 A. Yes, that's correct.

2 Q. Right.

3 MR JUSTICE GOSS: Forgive me, Mr Myers, I don't want to
4 interrupt, but can I just be clear, you've used tapes
5 and interviews.

6 MR MYERS: I'll be quite clear. The figures I've given --
7 when I say 13 interviews, I'm referring to 13 sessions
8 with the tape running.

9 A. Yes.

10 Q. So it could be regarded as one interview process over
11 the whole of her period of arrest, but we're going to
12 see there are 13 separate tapes recording interviews,
13 is that correct --

14 A. Yes, separate recordings.

15 Q. -- between the 3rd and 5 July after the first arrest --

16 A. Yes.

17 Q. -- and 14 after the second arrest on the 10th, and three
18 of those after the third arrest on 10 November 2020?

19 A. Yes, I believe so.

20 Q. Yes. In each case, whichever babies Ms Letby was going
21 to be asked about, there would be some disclosure about
22 them in advance of that tape or that interview taking
23 place?

24 A. Yes, at the start of that recording there would be.

25 Q. So we've got a series of opportunities to have memories

1 jogged and then answer questions?

2 A. Yes.

3 Q. In some of the interviews, the focus was on just one
4 baby; is that correct?

5 A. Yes, it depends how long that particular interview took
6 in relation to that baby as to did we then move on to
7 another baby or finish that interview.

8 Q. In some of interviews a number of the babies might be
9 dealt with one after the other in the course of that one
10 interview, or interview tape rather, that we are
11 listening to?

12 A. Yes, within that same recording.

13 Q. As the jury have been told, what we have here is that
14 those interviews have been split up so they can be
15 organised according to the children?

16 A. Yes. As you say, a number of babies were covered within
17 one recording on occasions.

18 Q. I'm going to just illustrate that if I could -- I'm
19 coming to the end of what I want to ask you, by the way,
20 bearing in mind the 10 minutes. I want to ask you to
21 illustrate that with one of the interviews and the
22 interviews towards the end of this process with
23 [Baby N].

24 A. Okay

25 Q. We're going to look at some interviews in both folders.

1 ladies and gentlemen, but the first reference I'm going
2 to is in the folder that you should have open already,
3 folder 2, but behind the [Baby N] tab, so [document
4 redacted] and we're going to go to tab 3 for [document
5 redacted] and if we go to the first page behind tab 3,
6 which will have at the top right-hand corner "[document
7 redacted]". Let's just check we've all got that.

8 If we just look at the information on the front of
9 that page, can you see Sergeant Stonier it's got the
10 time of the interview? It says, about five or six of
11 the lines down:

12 "Time: 10 November 2020. Time: 21.05 to 21.22."

13 A. Yes.

14 Q. That relates to the time of the interview when it was
15 dealing with [Baby N], doesn't it?

16 A. Yes, that's correct.

17 Q. We can see, from the way it's been done here, that the
18 actual interview commenced at 20.27 and finished at
19 21.22?

20 A. Yes, that's correct.

21 Q. And we can see this is the interview, an interview on
22 10 November 2020, just above that?

23 A. Yes.

24 Q. Which of course is the third occasion that Ms Letby had
25 been arrested and then interviewed over the period of

1 this part of the investigation?

2 A. Yes.

3 Q. I say that because she had already been interviewed
4 about [Baby N] on earlier occasions after earlier arrests,
5 hadn't she?

6 A. Yes, she had.

7 Q. If we just go towards the end of that interview,
8 page 32, [document redacted], towards the bottom of
9 the page we can see, as the questioning continues:

10 "I think I might need to stop now, please."

11 Can you see that?

12 A. Yes, I can, yes.

13 Q. And then, over the page, the solicitor confirmed at
14 page 33, "You want to stop?"

15 A. Yes.

16 Q. And Ms Letby says, "Okay".

17 A. Yes.

18 Q. And that, in fact, concluded the interviews that day,
19 didn't it?

20 A. For that day, yes, it did.

21 Q. As it happens, that day, Ms Letby had been interviewed
22 about a large number of the babies we're dealing with in
23 this case, hadn't she?

24 A. Yes, she had, yes.

25 Q. And I'm just going to show that -- and again this isn't

1 done as a criticism of the process, it's just so we
2 understand what she was dealing with.

3 A. Yes, of course.

4 Q. I'm going to go to file 1, ladies and gentlemen, if
5 I could. We'll get the hang of what I'm doing fairly
6 rapidly once we start, but if we go to the
7 [Baby A] tab, it's the first tab in file 1 and go
8 behind tab 3 for [Baby A]. So the page says [document
9 redacted]. Have you got that, Sergeant Stonier?

10 A. Yes, I have.

11 Q. This is 10 November, you were one of the interviewing
12 officers. This part of the interview ran from 15.56 to
13 16.14?

14 A. Yes.

15 Q. Can you see that? It was part of an interview that, as
16 a whole, ran from 15.56 to 17.38, if we look below that.

17 A. Yes, that's correct.

18 Q. So this is the first interview held on that day, isn't
19 it?

20 A. Yes.

21 Q. It dealt with [Baby A]. Then if we move behind
22 tab 3 for [Baby B], [document redacted], it's tab 3 behind
23 [Baby B], we can see there, during that interview,
24 the next child to be dealt with was [Baby B]; is
25 that correct?

1 A. Yes, that's correct.

2 Q. If we move forwards to [document redacted], please.

3 Next was [Baby C]; is that right?

4 A. Yes.

5 Q. He was dealt with after that?

6 A. Yes.

7 Q. Then we go to [Baby E], tab 3, please, not

8 [Baby D]. On the first page behind tab 3 for

9 [Baby E], we can see that she then was asked questions

10 about [Baby E] during the same interview; is that

11 correct?

12 A. Yes, that's correct.

13 Q. And in fact we don't need to repeat the process for all

14 of these, I can just summarise it. In this interview

15 between 15.56 and 17.38 you and your colleague went on

16 to question Ms Letby about [Baby F] and [Baby G].

17 We can confirm it if you like but --

18 A. It's okay, yes.

19 Q. That was between 16.45 and -- 15.56 and 17.38. A second

20 interview took place that evening, didn't it?

21 A. Yes.

22 Q. That's the one which we've looked at which concluded

23 with [Baby N], didn't it?

24 A. Yes.

25 Q. And that took place between 20.26 and 21.22. And if

1 we were to repeat the same process, we'd find that the
2 babies that Ms Letby was asked about then were
3 [Baby H] -- do you want to confirm it, sergeant?
4 A. It's okay, I can see.
5 Q. [Baby H]; that's correct, isn't it?
6 A. It is, yes.
7 Q. [Baby I]?
8 A. Yes.
9 Q. [Baby J], [Baby K]?
10 A. Yes.
11 Q. [Baby L]?
12 A. Yes.
13 Q. [Baby M]?
14 A. Yes.
15 Q. And then finally [Baby N]?
16 A. Yes, that's correct.
17 Q. And it was at the end of that she said she was tired and
18 would like a rest?
19 A. That's right.
20 Q. The questioning finished then and you moved to the
21 remaining babies the following morning, didn't you?
22 A. Yes, we did.
23 Q. You didn't need to return to [Baby N] though?
24 A. No.
25 Q. Those were what might be regarded as the concluding

1 interviews in the investigation?

2 A. Yes, they were.

3 Q. So you covered quite a number of the babies in each
4 interview, didn't you?

5 A. Yes, we did.

6 Q. In the earlier interviews there might be one or several
7 babies but not usually at that rate, would that be fair
8 to say, in the earlier parts of investigation?

9 A. Yes, they were more in-depth interviews with going
10 through the notes (overspeaking) --

11 MR MYERS: That's right. All right.

12 Thank you very much Sergeant Stonier.

13 Re-examination by MR ASTBURY

14 MR ASTBURY: Only a few questions, my Lord.

15 Officer, you were asked about the -- a detained
16 person's property being taken from them in the police
17 station. Why does that happen?

18 A. To protect both themselves and ourselves as interviewing
19 officers. The same happens to every person that's
20 brought into police custody: all their personal property
21 is removed from them, documented on the custody record,
22 and then returned to them once they leave the station.

23 Q. The custody record, just very briefly, what's the
24 custody record, please?

25 A. The custody record is a document that's completed by the

1 custody sergeant, through a booking-in process, with
2 the detained/arrested person where everything is
3 documented, so their rights, their property, their
4 medical health, it documents the time and date of
5 arrest.

6 Q. Is anyone in particular responsible for the welfare of
7 a detained person whilst in a police station?

8 A. Yes, the custody sergeant is responsible.

9 Q. Right. Whilst in custody, does the custody sergeant
10 have to ensure the treatment of that detained person is
11 in accordance with the rules and regulations?

12 A. Yes, they do, which is set out by PACE.

13 Q. Does that include a period of rest when required?

14 A. Yes, it does.

15 Q. A night's sleep?

16 A. Yes.

17 Q. Refreshments when required?

18 A. Yes, we obviously take that on board too during the
19 interview process.

20 Q. And meals at recognised mealtimes?

21 A. Yes.

22 Q. All right. Now one of the rights you have also been
23 asked about is a right to have a solicitor for the
24 purposes of legal advice; is that correct?

25 A. Yes. That entitlement is afforded to everybody who's

arrested.

Q. Could you confirm, please, that it was the same solicitor who attended on all three of the dates that we've heard about?

A. Yes, that's correct.

Q. That solicitor was present through each and every one of the interviews that we've heard about?

A. Yes, he was.

Q. Same person, continuity; is that right?

A. Yes, that's correct.

Q. We heard that that solicitor would be given disclosure before an interview took place.

A. Yes, he was.

Q. And would they be then given the time to sit with their client, whoever it would be, and give them suitable advice based on that disclosure?

A. Yes. As I say, they were afforded as much time as they required.

Q. Does the solicitor's responsibility continue during the course of the interview?

A. Yes, throughout the whole interview process.

Q. Are they at liberty to interject if they feel appropriate?

A. Yes, at any point.

Q. Did we see, on a number of occasions, Ms Letby's

solicitor interjecting during the course of these interviews?

A. Yes, he did on a couple of occasions.

Q. And if, for example, a solicitor were to say, please may we have a break because my client is tired, what would your reaction be to that?

A. Yes, absolutely, and I think that did happen on an occasion where a break was afforded to Ms Letby.

Q. Thank you. And we've heard about the recording of the interview.

A. Yes.

Q. Was the interview recorded both by audio recording --

A. Yes, it was.

Q. -- but also a video recording?

A. Yes, it was. So all interviews have been video recorded as well.

Q. And they are available if any issue arises as a consequence?

A. Yes, they are.

MR ASTBURY: I have no more questions. Does my Lord have any?

Questions from THE JUDGE

MR JUSTICE GOSS: PACE. You referred to PACE, the Police and Criminal Evidence Act, which is the governing statute under which there are codes of practice that

1 have to be followed?

2 A. Yes.

3 MR JUSTICE GOSS: And one other thing by way of clarity:
4 once arrested, a person can only be detained in police
5 custody for a certain period of time. Applications can
6 be made to extend that period of time to the court.

7 A. Yes, that's correct.

8 MR JUSTICE GOSS: And then they have to be released or
9 charged?

10 A. Yes, that's right.

11 MR JUSTICE GOSS: I'm sure no one wants to -- if the jury
12 have televisions, which I anticipate they do, they've
13 probably seen programmes that have people taken into
14 police custody, which is actually filmed in a police
15 station generally. It's not a drama that's created, so
16 it is actually what takes place.

17 MR ASTBURY: Yes.

18 MR JUSTICE GOSS: All right. Thank you very much.

19 Thank you very much indeed, Sergeant Stonier, that
20 completes your evidence. Thank you for coming.

21 It's later than anticipated, but we will have still
22 a break though. A ten-minute break, members of the
23 jury.

24 (12.18 pm)

25 (A short break)

1 (12.30 pm)

2 MR JUSTICE GOSS: Mr Johnson.

3 MR JOHNSON: My Lord, Eirian Powell, please.

4 MS EIRIAN POWELL (recalled)

5 Examination-in-chief by MR JOHNSON

6 MR JOHNSON: Welcome back, Mrs Powell. I think you were
7 last with us on 14 December last year, where you gave
8 the jury some evidence about [Baby G].

9 A. Yes.

10 MR JOHNSON: Would you wait there, please, because
11 I understand there are some more questions for you.

12 Cross-examination by MR MYERS

13 MR MYERS: Mrs Powell, I just have some questions for you,
14 general questions relating to some of the matters we're
15 looking at, not about any particular baby, but just on
16 the unit. If you could help me with this, I'd be
17 grateful.

18 Just to remind you, at the time we're looking at in
19 2015 through to 2016, were you the ward manager on the
20 neonatal ward at the Countess of Chester?

21 A. I was.

22 Q. Was that a position that you held between 2011 and the
23 end of 2017?

24 A. It was.

25 Q. So in fact you would have been a ward manager over the

1 time that Ms Letby was working as a nurse on the
2 neonatal unit itself?

3 A. I was, yes.

4 Q. What stage of her career was she at when you first met
5 Lucy Letby?

6 A. That was before -- well, I think it was before 2011, I'm
7 not sure of the exact time, as she was a student at that
8 time.

9 Q. So you met her when she was a student; is that correct?

10 A. Yes.

11 Q. Had she come to the neonatal unit as part of a four-week
12 placement?

13 A. She was indeed, yes.

14 Q. And that was her nursing training?

15 A. Yes.

16 Q. And that was at the University of Chester, wasn't it?

17 A. It was indeed.

18 Q. Was she somebody who, so far as you could assess at that
19 time, was striving very hard to achieve good standards
20 as a nurse?

21 A. She was indeed, yes.

22 Q. And seemed to be very keen to improve her practice?

23 A. Yes, she did strive to -- to get where she wanted to be.

24 Q. And you were able to see her from that period onwards to
25 the point that that she was working on the unit; is that

1 correct?

2 A. Yes.

3 Q. And would it be fair to say that in the time you saw her
4 working there, on the unit, she always struck you as an
5 exceptionally good nurse?

6 A. Yes, she was.

7 Q. We know now from the case that there's different bands
8 or level of nurse on the unit.

9 A. Yes.

10 Q. For a nurse to be able to look after intensive care
11 babies, does he or she have to become specifically
12 qualified for that?

13 A. She does, yes.

14 Q. Right. Was that something that Ms Letby did in due
15 course?

16 A. She did. She did a few sessions in Liverpool Women's
17 Hospital. She did her preceptorship with us on the
18 unit, which is -- because it's a specialty, it needs to
19 be a twelve-month preceptorship. And then she went on
20 to Liverpool then to do an induction programme, which
21 was a ten-week placement.

22 Q. Do you know in the period we're looking at, say from
23 2010 to 2015, roughly when she would have done that
24 ten-week placement?

25 A. It's usually done within 12 months that they'd been on

1 the unit because sometimes they're not suited, they
2 don't know that that's not for them, so they move on,
3 and therefore the investment in doing the induction
4 programme wouldn't be worthwhile. So they need to show
5 that they've got a keen interest before they go on these
6 programmes. So they have the preceptorship, they
7 actually pass them through to go on the induction
8 programme, and then that will have taken them to the
9 first 12/18 months' time on the unit.

10 Q. Right. And through that period, she was, so far as you
11 could see, committed to what she was doing?

12 A. She certainly was, yes.

13 Q. And she wanted to develop in her progress as a nurse;
14 is that correct?

15 A. Yes, she was.

16 Q. Did she eventually go on what we've heard is the
17 qualified in specialisation course, QIS?

18 A. She did.

19 Q. Is that what qualifies a nurse so that he or she can
20 then look after the intensive care babies?

21 A. It is.

22 Q. And they're the most poorly babies on the unit?

23 A. That's right.

24 Q. And was that something she qualified in during 2015?

25 A. I can't be sure of the timeline.

1 Q. But that, again, is a particular course that she had to
2 go on; is that right?

3 A. She has to, yes.

4 Q. And was that at Liverpool Women's Hospital --

5 A. Again, yes.

6 Q. -- as well? And Liverpool Women's Hospital, is that
7 what's called a tertiary unit?

8 A. It's a level 3.

9 Q. A level 3?

10 A. Yes.

11 Q. So that deals with the most intensive, prolonged level
12 of care for babies?

13 A. And the most premature.

14 Q. And the most premature?

15 A. Yes.

16 Q. In terms of the work Ms Letby did, and I'm looking
17 particularly at the period we're looking at in this
18 case, 2015 into 2016, is she one of the nurses who, as
19 it happens, did do a lot of the work with the intensive
20 care babies on the neonatal unit?

21 A. I can't remember exactly for that time. She must have
22 done 11, 12, 13 -- yes, she would have done, yes.

23 Q. Because she'd got her QIS qualification --

24 A. She was (sic), yes.

25 Q. And did she strike you as somebody who was very

1 hard-working and flexible in terms of shifts?

2 A. Yes, she was. Extraordinarily so.

3 Q. And that meant, I'm going to suggest, and ask you if
4 this is right, that she ended up looking after the
5 intensive care aspect of the babies very often?

6 A. Yes, she did, and certainly there was a swing sometimes
7 between the intensive and high dependency and
8 vice versa.

9 Q. Yes.

10 A. Because even though they step down to high dependency,
11 they can as easily become high -- um, intensive care,
12 you know, until they stabilise enough --

13 Q. Yes.

14 A. -- to actually become special care.

15 Q. And throughout that period, from what you could see, her
16 standards remained as high as --

17 A. Yes.

18 Q. -- you could have hoped for?

19 A. Yes.

20 Q. And so did her commitment?

21 A. It was indeed. As I have mentioned, she was very
22 particular and -- attention to detail.

23 Q. We know that in or around April 2016, Ms Letby was moved
24 in general to day shifts.

25 A. Yes.

1 Q. We see, in fact, she also did cover night shifts from
2 time to time, but most of the shifts were day shifts; is
3 that right?

4 A. Yes, it was.

5 Q. Now, that was after a time when there had been a number
6 of deaths on the unit, hadn't there?

7 A. There was.

8 Q. And Ms Letby had been identified as someone who'd been
9 on duty and present at a number of those deaths, hadn't
10 she?

11 A. She had.

12 Q. So that we all understand the reason for the shift at
13 that point, was the purpose of that to give her some
14 more support by putting her on the day shifts?

15 A. Yes.

16 Q. It wasn't meant to be a punishment of some sort?

17 A. No.

18 Q. And why was going on to the day shifts something which
19 would give her more support? What was the difference?

20 A. Well, because there were more people about to be able to
21 support her. There were the opportunities for debriefs
22 with the consultants and the other doctors to sort of
23 help at that time. There were also debriefs 10 days
24 later. There were opportunities for some HR support,
25 occupational support, you know. So there was, in the

1 daytime, better opportunities for her.

2 Q. That sort of support?

3 A. That's right.

4 Q. But, as it happens, the unit remained busy, didn't it --

5 A. It did.

6 Q. -- in terms of babies?

7 A. Yes.

8 Q. And she was still required from time to time to work at

9 night, as it happens, wasn't she?

10 A. I believe so, but I'm -- I can't be specific.

11 Q. I'm not going to ask you to recall particular shifts,

12 Mrs Powell. Thank you.

13 Moving on from there --

14 A. Yes.

15 Q. -- we know Ms Letby was moved to a non-clinical role --

16 A. Yes.

17 Q. -- in early July 2016?

18 A. Yes.

19 Q. I'm going to ask you some questions about that.

20 A. Okay.

21 Q. That was a role working in a different part of the

22 hospital, in an office-based role; is that correct?

23 A. It was.

24 Q. And did that happen round about the time of her return

25 from annual leave in 2016? Do you recall that?

1 A. I don't recall.

2 Q. We've got a couple of emails. I'm going to show you the
3 first one. Tab 226, please, Mr Murphy. We're going to
4 see it says from Yvonne Griffiths, but if we just go
5 right down to the bottom of this, can see it's:

6 "Kindest regards, Eirian Lloyd Powell."

7 A. Yes.

8 Q. Which is you, isn't it? This is Friday, 15 July 2016 at
9 11.16. I'll read it through, if I may, but with your
10 name at the end of it, do we presume you must have sent
11 this out and under the Yvonne Griffiths email?

12 A. No, Yvonne would have sent it out under my email.

13 Q. Under yours?

14 A. Yes.

15 Q. Can I read it to see if you're familiar with it:

16 "Hi everyone. In preparation for the external
17 review, it has been decided that all members of staff
18 need to undertake a period of clinical supervision. Due
19 to our staffing issues, it has been difficult to
20 determine how we undertake this process. We can only
21 support one member of staff at a time, therefore we have
22 decided that it would be useful to commence with staff
23 who have been involved in many of the acute events,
24 facilitating a supportive role to each individual.

25 "Therefore Lucy has agreed to undergo this

1 supervision first, commencing on Monday, 18 July 2016.

2 I appreciate that this process may be an added stress
3 factor in an already emotive environment, but we need to
4 ensure that we can assure a safe environment in addition
5 to safeguarding not only our babies but our staff. This
6 is not meant to be a blame or a competency issue, but
7 a way forward to ensure that our practice is safe. It
8 will probably be developed into a competence-based
9 programme to be undertaken every 2 to 3 years in line
10 with our mandatory update training."

11 It's signed off in your name, but you recall, or you
12 believe, by Yvonne Griffiths?

13 A. That could have been me doing it and asking her to check
14 it over, yes.

15 Q. Right. Now, this coincides with a period, roughly, that
16 Lucy Letby was taken off the unit and put on
17 non-clinical duties, doesn't it?

18 A. Yes.

19 Q. And, in fact, was it explained to Ms Letby, certainly
20 at the outset, that competencies would be reviewed
21 across the staff generally and she would be the first?

22 A. Yes.

23 Q. She did actually become quite upset at being removed,
24 didn't she?

25 A. She did.

1 Q. And as it appeared that competencies were in question
2 she became more upset, didn't she?

3 A. I don't recall the exact timing. I just think it was
4 upsetting that she was being removed.

5 Q. Yes. Was she in due course told that her competencies
6 would be reviewed or tested?

7 A. No, it's just that she had to go through the
8 competencies to come back on the unit.

9 Q. That's what she was told?

10 A. Yes.

11 Q. Now, in fact, was this something which, in reality, was
12 taking place only with Lucy Letby or was it --

13 A. At that time, yes.

14 Q. At that time.

15 A. Yes.

16 Q. And was it something which took place also because there
17 were doctors on the unit who wanted her to be removed
18 from it as well? Was that part of what lay behind this?

19 A. Um... At that time -- what time are we discussing,
20 July?

21 Q. This is July 2016, yes.

22 A. So that was after June. Yes, I believe that one --
23 yeah.

24 Q. I'm not going to ask for specific details, but just to
25 keep pace with where we are with everything.

1 A. Right.

2 Q. Now, as part of what was happening with Ms Letby was
3 there a meeting that was held with Sian Williams, a lady
4 called Sian Williams?

5 A. Yes.

6 Q. And to assist everybody, Sian Williams was the Deputy
7 Director of Nursing at the Countess of Chester.

8 A. Yes.

9 Q. And that's a meeting I'm going to ask you about that
10 took place again in early July 2016.

11 A. Yes.

12 Q. Round about the time of --

13 A. Yes.

14 Q. -- we're looking at now.

15 A. I have got a timeline on my computer, so -- but I have
16 no access to it. Not my computer, my work's computer.

17 Q. It's the period that we're looking at, so I think that
18 will be all right. If we do need to look at it, we can.

19 There was a meeting that took place with Sian Williams
20 at about this time.

21 A. Yes.

22 Q. I'm going to suggest to you one of the things that
23 happened was that Sian Williams told Lucy Letby not to
24 talk to other staff members about what was taking place
25 with reviewing her competencies. Do you recall anything

1 like that?

2 A. I don't recall that, no.

3 Q. Do you recall that Sian Williams wanted to create the
4 impression that what was taking place with Lucy Letby
5 was voluntary, although Lucy Letby didn't actually want
6 to do this? Do you remember something like that taking
7 place?

8 A. Um... I remember the meeting was very upsetting and
9 certainly for Lucy and myself.

10 Q. Yes.

11 A. I can't remember the actual details. I know it was
12 suggested that she needed to come off.

13 Q. Was she told that she wasn't to be talking about
14 what was taking place with her with other members of
15 staff?

16 A. I don't recall that, but then I don't recall very much
17 of that meeting --

18 Q. All right.

19 A. -- other than we were both quite upset because we went
20 to HR straight after that.

21 Q. Again, tell us if you can recall this or not, but I'm
22 going to suggest that it was made plain that there were
23 a couple of people who she got support from, who she
24 could talk about these things with, but not with
25 everybody. Do you recall something like that being

1 said?

2 A. No.

3 Q. Anything about Minna Lappalainen and [Nurse E] and

4 [Dr A] being people she could have -- speak with

5 about what was taking place?

6 A. No, I don't. I don't remember it.

7 Q. But was Ms Letby upset --

8 A. Yes.

9 Q. -- at what was taking place?

10 A. Yes, very.

11 Q. And she didn't want --

12 A. I remember that.

13 Q. -- to come off the unit and be treated --

14 A. Well, I don't think --

15 Q. -- in this way?

16 A. -- she had much choice because she was distraught at

17 that point.

18 Q. And that's it. She didn't have much choice, did she?

19 She was being told what she was going to have to do?

20 A. Yes.

21 Q. Yes, and that made her more upset as well, didn't it?

22 A. Well, I think she was upset by the -- what was said

23 in the meeting, you know.

24 Q. And was that that there was a problem with her practice?

25 A. Not necessarily practice, but what was suggested.

1 Q. That she was responsible for things that had happened?

2 A. Yes.

3 Q. Yes, and she was upset?

4 A. Very.

5 Q. Can we go forwards to another email that was sent,
6 please, Mrs Powell.

7 It's at tile 263, Mr Murphy, on the post-indictment
8 schedule.

9 Again, this is an email that says "from Eirian
10 Powell" and it's dated --

11 A. And that would be -- yeah.

12 Q. That's you?

13 A. Yes.

14 Q. Tuesday, 9 August 2016 at 14.19 hours:

15 "Dear all. There are currently opportunities for
16 staff to apply for secondments throughout the trust.

17 It has therefore come at an opportune time for us and we
18 were able to facilitate this for Lucy. Lucy is
19 currently seconded to the Risk and Patient Safety Office
20 for a period of 3 months. Laura is currently seconded
21 to the haemodialysis unit and will be returning
22 in November 2016. Should anyone have an interest in
23 other areas, please discuss this further during your
24 appraisal or come to me directly."

25 A. Yes.

1 Q. We can see we've moved forward to August 2016 at this
2 point. The email talks about this opportunity coming at
3 an opportune time and it was possible to facilitate this
4 for Lucy. Do you see that?

5 A. Yes.

6 Q. Was the reality in fact that it wasn't really something
7 she had picked to do, it was something she was being
8 compelled to do, wasn't it?

9 A. Yes.

10 Q. And that was something that upset her as well, wasn't
11 it?

12 A. I don't know whether she was upset about this email,
13 sorry.

14 Q. She was upset during this period?

15 A. Yes.

16 Q. And increasingly so as she learnt some of the things
17 that were being said about her; is that right?

18 A. Yes.

19 Q. And the kind of allegations that were being made?

20 A. Okay, yes.

21 Q. Do you agree with that?

22 A. Yes, I agree.

23 Q. Do you recall whether anybody else was taken to have
24 their competencies reviewed or looked at again in the
25 way Lucy was or is it something that only happened to

Lucy Letby?

A. Well, it was because in the midst of all that was going on at that moment and everybody has their competencies reviewed.

Q. Yes, all right.

A. But not to that degree, because we were trying to get Lucy back on the unit, so we had to try and prove that the competency issue wasn't the problem.

Q. And not with those sort of things being said about them by other people?

A. No.

MR MYERS: All right. Thank you, Mrs Powell. That's what I wanted to deal with.

Re-examination by MR JOHNSON

MR JOHNSON: Just two issues I'd like to ask you about, Mrs Powell, and I just want to accurately remind you of a couple of the things that you've just said, first of all.

First of all, you were -- do you remember at the beginning of the evidence you were being asked about Lucy Letby's training and her commitment?

A. Yes.

Q. You were asked this question:

"And throughout that period, from what you could see, her standards remained as high as --"

1 And you said "yes".

2 "-- you could have hoped for", said Mr Myers.

3 And you said "yes".

4 Then this was said to you:

5 "And so did her commitment?"

6 And you replied:

7 "It was indeed. As I have mentioned, she was very
8 particular -- and attention to detail."

9 Was she a very competent nurse?

10 A. Yes, she was.

11 Q. Did she make mistakes?

12 A. Like everybody makes mistakes, and she was very good at
13 reporting her mistakes as well as her colleagues' and
14 indeed her friends'. It made no difference: a mistake
15 was a mistake, no matter how small it was. She was very
16 good to relay them.

17 MR JUSTICE GOSS: Carry on.

18 MR MYERS: You said something about reporting her colleagues
19 and her friends as well.

20 A. Yes.

21 MR JUSTICE GOSS: I was just going to clarify that.

22 So she would report any mistake that she made?

23 A. Yes.

24 MR JUSTICE GOSS: And she would report any mistake that any
25 other --

1 A. Yes.

2 MR JUSTICE GOSS: -- nurse practitioner made?

3 A. Yes, irrespective of the seniority or whatever, it was
4 an error, and she would also ensure that she would see
5 me, when I'd come on, to explain what had happened.

6 MR JUSTICE GOSS: What about medical staff?

7 A. Yes, it wouldn't matter.

8 MR JUSTICE GOSS: It didn't matter? Nurse, doctor, she'd
9 report them?

10 A. Yes, it didn't matter.

11 MR JOHNSON: Later in the questioning, you were asked about
12 Lucy Letby being upset at being moved. Do you remember
13 that series of questions?

14 A. Yes.

15 Q. You said:

16 "I remember that. I don't think she had much choice
17 because she was distraught at that point."

18 A. She was.

19 Q. And it was said to you:

20 "Question: She didn't have much choice, did she?

21 "Answer: Yes.

22 "Question: That made her more upset as well, didn't
23 it?

24 "Answer: "I think she was upset by the -- what was
25 said in the meeting."

1 A. That we were in.

2 Q. Yes.

3 A. Yes.

4 Q. What was said at the meeting?

5 A. Well, that she would have to come off the unit and
6 I just -- honestly, I cannot remember what Sian actually
7 said.

8 Q. The next question that was put to you:

9 "Question: "And was that that there was a problem
10 with her practice?"

11 "Answer: Not necessarily practice, but what was
12 suggested."

13 Then Mr Myers said to you:

14 "Question: That she was responsible for things that
15 had happened?"

16 And you agreed with that. What was being suggested?

17 A. Well, that she was the predominant -- no, she was the
18 commonality within all the deaths that were there.

19 That's all I could say.

20 Q. When you agreed with what was put to you by Mr Myers,
21 that she was responsible for things that had happened,
22 and you said yes, what was being suggested?

23 A. Well, there was nothing suggested.

24 Q. So you should have answered, what, "no" to that
25 question?

1 A. Okay.

2 Q. Well, I don't know. I'm asking you.

3 A. I don't know. It was just that that was the decisions
4 that the heads had made.

5 Q. What was it that was upsetting her, Mrs Powell?

6 A. That she thought that she'd caused the deaths of the
7 children that were involved, that were in the report
8 that I'd actually compiled.

9 MR JOHNSON: Thank you. Does your Lordship have any
10 questions?

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

12 Thank you, Mrs Powell, for coming back and giving
13 evidence again. That completes your evidence and you're
14 free to go. Thank you.

15 (The witness withdrew)

16 MR JOHNSON: My Lord, I'm going to ask for a slightly
17 extended break, please, so we can resolve a few issues
18 between us.

19 MR JUSTICE GOSS: Yes. Just so that we can have, if
20 possible, some update as to timetable, because days are
21 increasingly precious.

22 MR JOHNSON: Oh yes.

23 MR JUSTICE GOSS: They're always precious, but we've seen
24 there are unavoidable circumstances which mean that
25 we're going to have a bit of a sporadic run from now on.

Is it anticipated that the prosecution evidence will end today?

MR. JOHNSON: Yes.

MR JUSTICE GOSS: Right. So we will reach that stage.

There you are. On that note, we will break off now.

How long would you like, Mr Johnson? Don't underestimate the time because there's nothing worse than everyone coming here expecting to start and being told, no, we're delayed and delayed.

MR JOHNSON: 2.30.

MR JUSTICE GOSS: Right. This is in relation to the outstanding evidence?

MR JOHNSON: So the jury knows what's coming, there's no secret, there's some agreed facts and it's literally dotting Is and crossing Ts.

MR JUSTICE GOSS: And checking them. So an hour and a half we're going to have until 2.30, please, ladies and gentlemen. When we do finish today, at whatever time that is, I will give you the revised non-sitting day list for you. Thank you very much.

(In the absence of the jury)

MR MYERS: Only a brief matter, thank you, my Lord. By way of the agreed facts, we anticipate we will have dealt with and cut through a good deal of evidence that would otherwise have come from the police officers. One

1 officer who we had originally intended to give
2 evidence was Detective Chief Inspector Hughes, who was
3 the officer in the case originally. In fact, the issues
4 that would have been dealt with in his case have been
5 resolved one way or the other and there is one matter
6 which will remain -- and having considered this with
7 Mr Johnson, remain as a matter of comment, but I want to
8 explain to your Lordship what it is so it doesn't create
9 any surprise for your Lordship when we make it. It's
10 only a small matter.

11 Your Lordship may recall it was put to Dr Evans by
12 me at an early stage in his evidence that he would have
13 heard about the suspicion of air embolus before he came
14 to write his reports and he was keen to say that
15 that isn't what happened, he got there independently.

16 It's a contention we make, given the nature of the
17 investigation, that he will have heard about that at
18 some point from someone, whether it's at the NCA or the
19 police. He says he didn't. If Detective Chief
20 Inspector Hughes gave evidence, it's a matter we would
21 put to him, but the view taken -- and we understand
22 this -- is in fact he can hardly account for who might
23 have said what, where or when and there is no way of
24 auditing that at all. It is something that could be
25 said and the evidence from Dr Evans is he didn't say it

1 and our contention is that --

2 MR JUSTICE GOSS: Unless it's said to him, to the detective
3 chief inspector, that's the only way that he could give
4 direct evidence of that.

5 MR MYERS: Yes. That would seem to be right. So rather
6 than leaving it in that speculative way with him, it's
7 a matter still that we maintain, it's a matter Dr Evans,
8 in terms of evidence, disagrees with, but it seemed
9 appropriate to let your Lordship -- it remained an issue
10 of contention between us so that the court didn't form
11 the view that we were pursuing something without
12 having -- the prosecution know it's something we would
13 have otherwise put to the officer in the case.

14 MR JUSTICE GOSS: So what you're saying is you will still
15 make the comment --

16 MR MYERS: We will.

17 MR JUSTICE GOSS: -- and address the jury in due course
18 in relation to that aspect --

19 MR MYERS: Yes.

20 MR JUSTICE GOSS: -- but that issue has not deliberately
21 been avoided but the fact is (overspeaking) I understand
22 entirely.

23 MR MYERS: We know -- we have the history of events so far
24 as they're in evidence and we will work with that. But
25 insofar as it can't be said that he can possibly account

1 for who has said what to who or where, it's an
2 artificial exercise, just so your Lordship isn't
3 concerned by it being raised when it might not appear to
4 have been dealt with in evidence, I let your Lordship
5 know now.

6 MR JUSTICE GOSS: Thank you very much. That's helpful to
7 know.

8 There is then -- there will come a point when we're
9 going to address the timetable. We may do that this
10 afternoon then --

11 MR MYERS: Yes, of course.

12 MR JUSTICE GOSS: -- if that will be convenient when we've
13 completed the evidence for the prosecution. You can
14 then raise matters you want to raise.

15 MR MYERS: And it may be your Lordship may wish to deal
16 with, I know not, before the jury have departed, in case
17 there's any directions to give to them as to when they
18 might be required again. A matter for your Lordship.

19 MR JUSTICE GOSS: I will. Thank you very much. Good,
20 thank you. 2.30, please.

21 (1.00 pm)

22 (The short adjournment)

23 (2.30 pm)

24 (In the absence of the jury)

25 MR MYERS: My Lord, we're grateful -- just before the jury

1 come in, we're grateful for the time to finalise the
2 admissions, which has been done. There's one matter
3 which is agreed but will be introduced during the
4 defence case, so that your Lordship is appraised of it,
5 and it relates to additional Facebook searches by the
6 defendant.

7 That's been reduced to a schedule with some
8 preliminary points as to the nature of those searches.
9 That's all been agreed. There's one or two entries on
10 the schedule to finalise. But the view has been taken,
11 and we understand it, it's better introduced as part of
12 the defence case, so it won't appear in the admissions,
13 but it will be admitted at that stage. Thank you.

14 MR JUSTICE GOSS: I was anticipating that it would be
15 introduced in some way or another because I was aware of
16 it.

17 MR MYERS: We've reached agreement, just the final points on
18 the schedule, but otherwise we'll wait for the defence
19 case.

20 MR JUSTICE GOSS: Thank you very much. I did prepare an
21 updated non-sitting days. As you'll see, I have put "As
22 at 27/04".

23 MR MYERS: Yes, that's today's non-sitting dates.

24 MR JUSTICE GOSS: Yes, exactly. All right. Thank you very
25 much. Jury, please.

(In the presence of the jury)

MR JUSTICE GOSS: I think you've been given the updated sheet. You'll see I've put "As at 27/04", today's date. Right, thank you very much. So that's obviously for you to take with you when you leave later this afternoon.

Summary of agreed facts (read)

MR ASTBURY: My Lord, we are moving on to some more agreed facts. Could I ask for the documents to be distributed with the members of the jury.

(Handed)

We've had some agreed facts before, if I can remind everybody, behind divider 3 of jury bundle 1, and they follow sequentially.

My Lord, the admissions numbered 26 to 31 in sections 5 and 6 were read in fact before DC Johnson gave evidence. The jury will remember about the searches, so I don't think there's any reason to read them back into the record unless my Lord would wish me to do.

MR JUSTICE GOSS: No, I don't see any need for that. We can just put those in.

MR ASTBURY: These are just paper copies of what we heard on that particular day. I'm going to pick this up at section 7 if I may and read into the record then once everybody's ready.

1 Section 7 bears the heading "Interviews under
2 caution and charge".

3 Number 32. Lucy Letby was interviewed under caution
4 at the western custody suite Chester on the following
5 dates between the following times.

6 It's represented in a table, my Lord, and it
7 indicates:

8 Interview 1. 3 July 2018, between 4.10 and 4.20 in
9 the afternoon, 16.10 and 16.20. It contains the
10 references should they become relevant.

11 Interview number 2. 3 July. 19.29 to 20.35.

12 Interview number 3. 4 July. 10.23 to 12.04 hours.

13 Interview 4. 4 July 2018. 13.41 to 14.17 hours.

14 Interview number 5. 4 July 2018. 18.54 to
15 20.08 hours.

16 Interview number 6 on that date, 4 July, 20.17 to
17 20.58.

18 The interviews then continued the next day:

19 Interview number 7. 5 July 2018. 09.43 to 10.07.

20 Interview number 8. 5 July. 11.05 to 11.48.

21 Interview 9. 5 July 2018. 13.15 to 13.44.

22 Interview number 10. 5 July 2018. 14.25 to 14.49.

23 Interview number 11. 5 July 2018. 15.34 to 16.26.

24 Interview number 12. 5 July 2018. 18.05 to 19.14.

25 My Lord, the jury will notice there's an asterisk

1 next to the reference. That will be explained in
2 a moment.

3 Interview number 13. 5 July 2018. 20.27 to 20.34,
4 described as a welfare interview.

5 Moving on:

6 Interview 14. 10 June 2019. 12.24 to 13.39.

7 Interview 15. 10 June 2019. 14.41 to 16.14.

8 Interview 16. 10 June 2019. 18.13 to 19.29.

9 Interview 17. 10 June 2019. 20.00 hours to 21.03.

10 The following day, interview 18. 11 June 2019.

11 13.27 to 13.40 hours.

12 Interview 19. 11 June 2019. 14.16 to 14.58.

13 Interview 20. 11 June 2019. 17.44 to 18.36.

14 Interview 21. 11 June 2019. 19.22 to 20.39.

15 Interview 22. 11 June 2019. 21.13 to 21.39.

16 Interview 23. The following day, 12 June 2019.

17 09.40 to 10.15.

18 Interview 24. 12 June 2019 between 11.20 and
19 11.45 hours.

20 Interview 25. 12 June 2019. 13.36 to 14.00.

21 Interview 26. 12 June 2019. 15.55 to 16.10.

22 Then at the end of that particular day,
23 interview 27, 12 June 2019, 16.35 to 16.40, a further
24 welfare interview.

25 Moving on to the third date of arrest -- sorry,

1 interview 28 on 10 November 2020, 15.56 to 17.38.

2 Interview 29. 10 November 2020. 20.26 to 21.22.

3 A double asterisk on this occasion, which we'll come to
4 in a moment.

5 Finally, interview 30 on 11 November 2020 between
6 10.35 and 11.06 hours.

7 Admission number 34 or agreed fact number 34:

8 "At the commencement of each interview (save for
9 after the breaks in the interviews marked star and
10 double star above when it was not repeated), the
11 defendant was cautioned in the following terms:

12 "You do not have to say anything but it may harm
13 your defence if you fail to mention when questioned
14 something that you later rely on in court. Anything you
15 do say may be given in evidence."

16 That she, Ms Letby, was legally represented with her
17 solicitor present throughout and the interviews were
18 visually recorded.

19 Each and every interview was fully transcribed. The
20 recordings and full transcripts are exhibited in this
21 case.

22 Finally, agreed fact number 36. The
23 summarised/edited transcripts presented during the trial
24 are accurate reflections of the relevant parts of the
25 above interviews agreed for presentation between, agreed

1 that is, the prosecution and defence.

2 So that's that section, my Lord.

3 MR JUSTICE GOSS: Thank you.

4 MR ASTBURY: We'll move on to some more agreed facts
5 if we may.

6 MR JUSTICE GOSS: Yes, certainly.

7 (Handed)

8 MR ASTBURY: If these can go in divider 3 behind the last
9 set, please. There are some exhibits to show alongside
10 these, so if we pause for a moment while we give
11 Mr Murphy a chance to catch up.

12 (Pause)

13 It'll take 5 minutes, I'm sorry. I've got an index
14 for the interviews to hand out, if that doesn't cause
15 too much confusion, and we could to use the time --

16 MR JUSTICE GOSS: I think we can cope with that.

17 MR ASTBURY: Thank you, good.

18 My Lord, in respect of the two interview bundles, as
19 requested, we've done an index.

20 MR JUSTICE GOSS: That will be helpful. Let's do that. You
21 remember I thought it would be helpful to have for each
22 of the files an index as to where they come. So one for
23 each, I anticipate. Is that right?

24 MR ASTBURY: Two sheets, one to go in each of the bundles.

25 (Handed)

1 (Pause)

2 MR JUSTICE GOSS: Whilst we're waiting, Mr Astbury, I have
3 a recollection from many months ago, I mean the early
4 part of the trial, when the jury were played video
5 recordings of the neonatal unit and a question arose
6 about when it was that those recordings were taken.
7 I know that a lot of witnesses were asked questions by
8 reference to plans and some of the recordings. I think
9 it was said that you were going to try and find out when
10 the dates were. Does it come in this?

11 MR ASTBURY: It's in the document, we have remembered, I'm
12 pleased to say. It's 3 October 2021 when we get there.
13 So it was a little late in the piece but that's when it
14 was --

15 MR JUSTICE GOSS: I hadn't read on through these, but I just
16 thought, whilst we were filling in time, before
17 I forgot -- we have dealt with it?

18 MR ASTBURY: No, we have incorporated it. Thank you.

19 MR JUSTICE GOSS: It is a long time ago that we saw those.

20 MR ASTBURY: Yes. We're nearly there, I'm told. Thank you.

21 (Pause)

22 MR ASTBURY: There are a number of exhibits which are
23 mentioned in the admissions, so we thought it best to
24 have them available. I am very grateful to Mr --

25 MR JUSTICE GOSS: That's absolutely fine.

1 (Pause)

2 MR ASTBURY: We thank Mr Murphy for his efforts and we're
3 ready to move on.

4 We have, hopefully behind divider 3, admission 37,
5 which follows on from our earlier agreed facts, under
6 the heading "Telecommunications" and the sub-heading
7 "Telephone handset".

8 Number 37. Items seized from 41 Westbourne Road,
9 Chester, in July of 2018, included the following
10 communications device: an HTC One Mini 2
11 internet-enabled smartphone. The exhibit reference
12 follows, JB31, and of course the date upon which it was
13 seized, 04/07/18.

14 The digital contents of that exhibit, JB31, have
15 been extracted and stored in a file entitled "JB31
16 04/07/18 device examination report". This extraction is
17 the source of the relevant WhatsApp, SMS text and
18 Facebook Messenger communications relied upon by the
19 prosecution.

20 So all those messages, my Lord, we see in the
21 sequence of events charts --

22 MR JUSTICE GOSS: Have come from that phone?

23 MR ASTBURY: -- come from that phone.

24 The images of a thank-you card from the [Babies E & F] family.
25 That exhibit reference is SGO300419-2. And two images

1 in particular, 5300 and 5301, were recovered from the
2 images file on the handset JB31.

3 I'm going to ask Mr Murphy if he can put up, please,
4 J2462 and the following page, please.

5 Those two images found on the handset. My Lord,
6 they also appear in the sequence of events chart for the
7 [Babies E & F] family.

8 Agreed fact number 40. Further analysis of the
9 metadata from these images establishes that they were
10 taken on the same device, JB31, at 03.40 hours on
11 20 November 2015. The GPS coordinates indicate it was
12 taken in a location in the south corner of the Women and
13 Children's building at the Countess of Chester Hospital.

14 Can I ask Mr Murphy next, please, to go to J13163.

15 Agreed fact number 41 reads:

16 "The images of a sympathy card addressed to the
17 [Baby I] family."

18 And the exhibit reference SGO300419-1 and the images
19 5292 and 5293 were recovered from the images file on the
20 handset JB31.

21 If we can maybe look at the second page as well
22 Mr Murphy, thank you.

23 MR JUSTICE GOSS: That's just an enlargement of the first
24 page. Can we go back to the enlargement on the first
25 page because, for my part, I couldn't read it in the

1 smaller form, just to remind ourselves what it said.

2 MR ASTBURY: So it's a card addressed to:

3 "[Mother of Baby I], [Father of Baby I] and family.

4 There are no words to make this time any easier. It was a
5 real privilege to care for [Baby I] and get to know you as
6 a family, a family who always put [Baby I] first and did
7 everything possible for her. She will always be a part of
8 your lives and we will never forget her. Thinking of you
9 today and always. Sorry I cannot be there to say goodbye."

10 I think the second image was the other side of the
11 interior of the card, signed "Lots of love, Lucy".

12 MR JUSTICE GOSS: And that was the day of the funeral, which
13 she couldn't attend?

14 MR ASTBURY: Yes.

15 Reading on to agreed fact number 42:

16 "Further analysis of the metadata from these images
17 establishes that they were taken on the same device,
18 [that being JB31] at 07.34 hours on 10 November 2015.
19 The GPS coordinates indicate they were taken in
20 a location in the south corner of the Women's and
21 Children's building at the Countess of Chester
22 Hospital."

23 43:

24 "A full copy of the original and complete extraction
25 has been provided to the defence."

1 That's the extraction from the entire phone. Under
2 the sub-heading "Facebook and email":

3 "On the 26th and 27 June 2019, a digital forensic
4 investigator accessed Lucy Letby's Facebook and email
5 accounts..."

6 It then gives the address, [redacted]:

7 "..., and downloaded the entire contents of the
8 profile and messages."

9 *My Lord, these are in italics but there's no*
10 *significance in that. The times and dates of these*
11 *Facebook searches placed before the jury are accurate.*
12 *So they're specifically the searches that appear in the*
13 *sequence of events chart.*

14 Section 9 entitled "Other exhibits":

15 "The shift rota for Lucy Letby with the exhibit
16 reference KTL14B has been accurately compiled from the
17 original nursing rotas obtained from the Countess of
18 Chester Hospital for the relevant period."

19 Pausing there if I may, that's a document that
20 appears at the front of jury bundle 2. If everyone
21 would like to go to that, please, so we can remind
22 ourselves which document that is.

23 I think it was left at the front. It should
24 probably be slotted in now to divider 23. It's the
25 coloured chart, my Lord, with shifts on. Thank you,

Mr Murphy.

MR JUSTICE GOSS: So you want us to put that in section 23?

MR ASTBURY: 23, I think, which is the next available
divider.

MR JUSTICE GOSS: Right, thank you.

(Pause)

MR ASTBURY: I just wonder if Mr Murphy can scroll through the remaining pages so we familiarise ourselves with the contents. We can see June and July of 2015 with the relevant colour coding. Continuing through...

(Pause)

And the last long day shift being 30 June 2016.

Thank you, Mr Murphy.

If we move, please, to agreed fact 47. Can I please distribute the document that this refers to?

(Handed)

The next divider in jury bundle 2, please, for these.

(Pause)

This was shown in the opening, but we'll look at it in a bit more detail now if we may, please. If everyone keeps it out in front of them, I'll read the admitted fact first, 47:

"The schedule entitled 'Staff presence -- temporal analysis'..."

1 If I ask Mr Murphy to put it up on the screen.

2 Thank you:

3 " ... is an accurate record of the paediatric medical
4 and nursing staff on duty on the NNU of the Countess of
5 Chester Hospital at the time and dates of the events
6 under consideration and in this trial."

7 If I can ask, please, everybody to look at page 1.

8 It suggests page 3 of 6, but there was a frontispiece,
9 as you've often seen on other exhibits, and we didn't
10 burden you with that.

11 Looking at this, everybody will see, down the
12 left-hand side of the first column, the events which the
13 prosecution say are significant in this case.

14 Pausing there, everyone will notice that for
15 [Baby P], near the bottom of that column, there are
16 two entries. You'll notice that the first of those
17 entries was the event that the Crown say is significant
18 the night before his death when he was fed and an X-ray
19 was taken.

20 Along the top of the document we can see the names
21 of the staff -- and in fact this spreads across pages 1
22 and 2 because there are so many staff to be considered.
23 In the body of the chart is a cross where the presence
24 of a particular member of staff coincides with the
25 particular incident on the left-hand column.

1 You will see from page 2 it includes not only
2 nursing staff but doctors and indeed the consultants on
3 the furthest right of the second page.

4 The Crown suggests it gives an easy representation
5 of who was present and when. The column in light blue
6 shading is the column for Lucy Letby.

7 The very bottom row gives you a tally of the number
8 of occasions upon which any particular individual was
9 present on the events the Crown rely upon. That's an
10 introduction to pages 1 and 2. You'll have it in your
11 bundle and you can consider that at the appropriate
12 stage as and when it becomes relevant.

13 If we move to the third page, what's entitled
14 chart 3, it's what's sometimes called a heat map,
15 described here as:

16 "A total presence combined staff heat map."

17 It details each member of the staff under the
18 heading of their job description and, very much in the
19 same way as the row at the bottom of the previous two
20 pages, tallies up presence for those 24 occasions. It
21 shows in descending order of frequency the number of
22 times each member of staff was present.

23 So concentrating for a moment, as the Crown would
24 invite you to do, on the list of nurses, Lucy Letby
25 appears on all 24 occasions. The next in the list, and

1 there are five of them, appear on seven occasions.

2 There is, if it assists, in the bottom right a key
3 to show why the colours have been chosen.

4 So that deals with agreed fact 47 and the associated
5 exhibit.

6 MR JUSTICE GOSS: So that goes behind divider 24?

7 MR ASTBURY: Yes, please.

8 MR JUSTICE GOSS: Which is?

9 MR ASTBURY: Bundle 2.

10 MR JUSTICE GOSS: And after that I just have one more
11 divider marked S, I think, S for spare.

12 MR ASTBURY: Yes. I think it may remain like that for now.

13 If I can move on to agreed fact 48, please:

14 "The video presentation of the NNU at the Countess
15 of Chester Hospital [and we have the exhibit reference
16 for completeness, RC20/21] was recorded on
17 3 October 2021."

18 Agreed fact 49:

19 "The videos of various medical procedures and
20 equipment played for explanatory purposes have been
21 prepared at the request of the prosecution by medical
22 staff not involved in these proceedings."

23 My Lord, that covers all of the videos and
24 presentations that we've had.

25 Moving on, please, to number 50, and could I ask

1 Mr Murphy to put up J26510. The jury will remember that
2 image, I'm sure, from the [Baby G] case. And the
3 agreed fact reads:

4 "The photograph annotated by Ailsa Simpson, exhibit
5 reference AS4, was selected from pictures of the
6 relevant location taken by Ricky Crellin, a crime scene
7 investigator."

8 If we can move on next, please, to agreed fact 51.
9 I'll ask Mr Murphy to put up image 25368:

10 "At 9.45 pm on 24 August 2020, CSI Ricky Crellin
11 attended nursery 2 at the NNU within the Countess of
12 Chester Hospital and took a selection of photographs.
13 Ashleigh Hudson was present and was asked to set up the
14 cot, room and lighting as she remembered it on
15 7 September 2015. She having done so, he [Ricky
16 Crellin] took a series of six images at differing
17 exposures. Ashleigh Hudson was asked to select which
18 she felt best reflected the lighting on the night in
19 question. She selected the image subsequently produced
20 in evidence."

21 Which is this image, my Lord.

22 Moving on to agreed fact 53, please, could I ask
23 Mr Murphy to put up page J11. Thank you.

24 This exhibit, CLM2, is:

25 "The competency assessment for administration via IV

1 lines (exhibit reference CLM2) was obtained from,
2 amongst other items, Lucy Letby's HR file at the
3 Countess of Chester Hospital."

4 This was a document that was discussed in the parts
5 of the interview that we heard this morning. I'm going
6 to ask Mr Murphy to take us through page by page and
7 perhaps enlarge it a little to see what the nature of
8 this particular competency involved.

9 We see the heading:

10 "Assessment for safe administration of medication by
11 bolus/intermittent administration via a long line,
12 Broviac line or umbilical venous catheter."

13 We can see Lucy Letby's name on the top, various
14 other information, including the name of the assessor,
15 who, as she recalled in interview, was [Nurse A].

16 Scroll down, please, Mr Murphy. Again, everybody
17 can look at this, it'll be on the iPads, my Lord, in due
18 course. One can see the competencies that are required.

19 (Pause)

20 Move on, please, Mr Murphy, to the next page.

21 First of all, the additional boxes.

22 (Pause)

23 Could we look at the lower part, which includes the
24 date, please, upon which this was completed?

25 (Pause)

1 Thank you. If we could move on to agreed fact 54,
2 please, page J60, Mr Murphy, thank you.

3 Fact 54 reads:

4 "The blood transfusion workbook (exhibit reference
5 CLM6) was obtained from, amongst other items,
6 Lucy Letby's HR file at the Countess of Chester
7 Hospital."

8 I'll ask again Mr Murphy, please, if you can take us
9 through the document. In particular, the handwritten
10 entries.

11 So references to when they are used, how they are
12 secured and, the Crown would say, complications of
13 having a UVC or a UAC in situ. There are four
14 complications listed there.

15 MR JUSTICE GOSS: No, no, that's not strictly accurate. It
16 says:

17 "Give 4 potential complications of having a UVC/UAC
18 in situ."

19 And those are the four that have been written in.

20 MR ASTBURY: If I didn't say that, I'm sorry, that's what
21 I meant to say. Thank you.

22 Then if we look at the lower part of the form,
23 please, Mr Murphy. Reference there to spotting an air
24 bubble in the line and what to do. Other
25 recommendations about the position of UVC and UAC.

1 Continue, please. This perhaps is the type of
2 information that can be looked at at leisure.
3 If we scroll through, please. Thank you. Some small
4 handwritten entries on the form.

5 Thank you, Mr Murphy. We can move on in the
6 document and look at the handwritten entries again,
7 please.

8 The lower half, please. Thank you.

9 Further handwritten entries, or certainly tick
10 boxes, further down the form, please.

11 Again, it appears to have been signed off and
12 there's a date on the right-hand side of the form.

13 We can move on, please, to agreed fact 55:

14 "It is agreed that the handwritten notes (exhibit
15 reference PMB8), seized from 41 Westbourne Road,
16 Chester, on 4 July 2018 are the resuscitation notes
17 written at the time of [Baby M]'s resuscitation."

18 Moving on to the next sub-heading, "Swipe data",
19 which everyone will recall appears in some of the
20 sequence of events charts and not others:

21 "On 22 April 2021, officers seized a computer base
22 unit with an exhibit reference TTL3, which records the
23 use of swipe fob entry data for secure access at the
24 Countess of Chester Hospital. This data was extracted
25 and analysed."

1 57:

2 "Insofar as the dates with which this indictment is
3 concerned, the data was limited to periods between
4 12 May 2015 and 16 July 2015 and 22 October 2015 until
5 31 January 2018. There was no data available for the
6 intervening period."

7 58:

8 "Officers also found individual dates within those
9 periods when data was unavailable. However, where data
10 was available for relevant dates, it accurately appears
11 within the sequence of events charts."

12 Finally, moving on to section 10, which is headed
13 "Lucy Letby". Fact number 59:

14 "Lucy Letby was born on 4 January 1990. She has no
15 criminal convictions, cautions or reprimands recorded
16 against her."

17 60:

18 "The NNU at the Countess of Chester Hospital was
19 reclassified as a level 1 unit on 7 July 2016. This
20 decision was made by the trust itself."

21 MR JUSTICE GOSS: Mr Astbury, can I just check? You gave
22 some J numbers there for various documents that
23 Mr Murphy put up on the screen. Can I just confirm, are
24 they on the iPad presentations or not? And if they
25 are -- I see he's nodding.

1 MR ASTBURY: They're in the post-indictment section and
2 in the additional exhibits, but at the moment I think
3 they just appear with J numbers, so one of our
4 housekeeping tasks is to ensure that the description
5 matches that which has been read out, but that's going
6 to be attended to very soon.

7 MR JUSTICE GOSS: Right. Well, I don't know whether the
8 jury were making notes of those J numbers but it might
9 help, while you have this document in front of you and
10 it's fresh in your mind, to make a note of these
11 J numbers in case you wish to refer to any of them in
12 due course. So going back to agreed fact 39 on the
13 first page of this section, section 8,
14 telecommunications, 39. The thank-you card from the
15 [Babies E & F] family. You've got the exhibit reference
16 number. The J numbers are J2462 and J2463. Some of you
17 had already written that down, I think.

18 41, the sympathy card to the [Baby I] family, J13163.

19 Down to 46. Other exhibits, section 9. The shift
20 rota you've now got in section 23 in your second jury
21 bundle, so I put JB23 there, just to remind you that's
22 where it is.

23 Over the page, number 47. The schedule entitled
24 "Staff presence -- temporal analysis", CEH16A, that's in
25 JB24.

1 Halfway down that page, 50. The photograph by
2 Ailsa Simpson that she selected is J26510.

3 51, a photograph that Ashleigh Hudson selected,
4 J25368.

5 Over the page, 53, at the top, a competency
6 assessment for administration via IV lines, CLM2, is J11
7 to J14. I just made the note that that was completed on
8 31/5/15 (sic).

9 54, the blood transfusion workbook, CLM6, is J60.

10 That's it, I think, Mr Astbury.

11 MR ASTBURY: Yes. Thank you, my Lord.

12 MR JUSTICE GOSS: Right.

13 MR ASTBURY: I'm reminded, that was completed 11 May 2016.

14 MR JUSTICE GOSS: 11 May 2016, yes. Although it was in her
15 HR file, it doesn't actually have her name on it.

16 MR ASTBURY: No, that's right. It's unsigned by the subject
17 of the training, yes.

18 My Lord, that concludes the prosecution case.

19 MR JUSTICE GOSS: Thank you very much, members of the jury.

20 As you anticipated, we were going to complete the
21 prosecution evidence this afternoon, and that stage has
22 now been reached.

23 Mr Myers, I think -- is the best thing just to have
24 a short break now?

25 MR MYERS: Yes, my Lord, it is.

1 MR JUSTICE GOSS: Will 10 minutes be sufficient?

2 MR MYERS: Maybe we should take 20. There are a couple of
3 matters to consider. Fifteen minutes, just in case we
4 run over, but 10 might be a little short.

5 MR JUSTICE GOSS: I'll say this will be at least 15 minutes,
6 it may be 20 minutes. The reason for this is I'm trying
7 to make some enquiries to ascertain what happens
8 hereafter and determining when you're going to be
9 required again. All right? This is done in virtually
10 every case, certainly any case of any substance at this
11 stage, at the end of the prosecution evidence before we
12 go any further, and it needs to be done in this case.

13 All right? Thank you very much. So at least
14 15 minutes.

15 (In the absence of the jury)

16 MR MYERS: We're grateful, my Lord, for the current rota of
17 non-sitting days. We keep that in mind.

18 MR JUSTICE GOSS: Yes.

19 MR MYERS: Before we proceed, so far as the defence are
20 concerned, there are two matters for the court to deal
21 with. The first one is a matter of law, which I'll
22 provide now to your Lordship, of course, and to the
23 prosecution. I've indicated the general nature of that,
24 but of course they will need time to consider that and
25 respond.

1 The other matter to be considered, although having
2 discussed this briefly with Mr Johnson, we don't
3 anticipate it will take very long, are any particular
4 arrangements for the court to take to assist Ms Letby
5 with the process of giving evidence. Your Lordship's
6 been provided with a bundle and submissions on that.

7 MR JUSTICE GOSS: Yes.

8 MR MYERS: The principal matter to be dealt with before we
9 move to the giving of evidence, which is anticipated by
10 Ms Letby, is the question of no case to answer. So it
11 comes to me to serve that and for my learned friends to
12 consider how long they would need. But it would seem to
13 me at this stage that at the very least that will have
14 to be considered and whatever response they see fit to
15 make wouldn't be capable of resolution alongside the
16 defence argument until tomorrow. So that at least would
17 be required to deal with that matter of law.

18 It would seem to me it would take at least tomorrow
19 for the court to deal with that and then, looking
20 forwards, if I may, to assist your Lordship -- we're
21 obviously waiting to hear what my learned friends say --

22 Dealing with the submission will take tomorrow and
23 it's possible could go into Tuesday. Possible.

24 We don't anticipate that the arrangements concerning
25 Ms Letby's giving evidence would add greatly to the

1 timescale. So that would mean that, depending upon the
2 way matters go and how your Lordship were to
3 determine -- to deliver any ruling that follows, and
4 of course sometimes that can be done quickly with
5 reasons to follow later, howsoever your Lordship
6 determines, the soonest we would come to the start of
7 the defence case and the calling of Ms Letby to give
8 evidence would be this coming Tuesday. That would be
9 the soonest.

10 There's a possibility, if matters took longer than
11 tomorrow to resolve, or the earliest part of Tuesday,
12 that it may be the next available date would be when her
13 evidence would commence, which would be Friday, 5 May.
14 That's possible.

15 I just observe this, but it may be there's little
16 we can do about it: naturally, when considering her
17 position and the defence case, and looking at the dates
18 we have, if evidence -- if Ms Letby were to give
19 evidence, which we anticipate would happen, and were
20 that to start on Friday, 5 May, there would then follow
21 in fact a weekend and 3 days, which is a five-day break
22 after the first day of evidence.

23 Were it possible to avoid that, it seems to me that
24 would be desirable. At the same time I recognise that
25 we have a rather fragmented period ahead of us whatever

1 we do. So maybe we just have to wait to see where we
2 get to when we get there.

3 MR JUSTICE GOSS: Well, I've been thinking, as you would
4 expect, about this, as we've been losing days. On the
5 basis that the defendant will be giving evidence, her
6 evidence will take some time, will spread over many
7 days, I expect.

8 MR MYERS: Yes, or weeks.

9 MR JUSTICE GOSS: Well, exactly. Many days. So I don't
10 think that saying that we're going to have a four-day
11 gap or a five-day gap in fact is prejudicial to anyone
12 because the evidence is going to span a long period in
13 any event.

14 MR MYERS: Yes.

15 MR JUSTICE GOSS: Therefore given that we are losing so many
16 days, of necessity, I don't want to lose any more unless
17 it is by reason of necessity. So my inclination at the
18 moment -- I'm not saying this as a final decision but
19 I thought it might help if I expressed my view at this
20 stage and I will hear what Mr Johnson says -- my
21 inclination is that as soon as we are in a position to
22 proceed with the defence case and whatever evidence is
23 called on behalf of the defence, then we start that,
24 even if there's going to be a four-day gap after that.

25 MR MYERS: Well, I should say, with respectful agreement,

1 that whereas ordinarily that would be something we would
2 strive to avoid, given the inevitability of breaks
3 in the course of Ms Letby's evidence, if that is where
4 we go, whatever we do there are going to be breaks here
5 and there. Therefore, we understand why your Lordship
6 takes the view you do.

7 To assist as best as we can at this point, it would
8 seem to us that it is unlikely we would start again with
9 the jury until Tuesday.

10 MR JUSTICE GOSS: That's what I'm thinking at the moment.
11 What I'm thinking, and I will hear from Mr Johnson, but
12 if it's anticipated that essentially tomorrow is going
13 to be taken up with legal argument and discussion about
14 arrangements so far as the defendant giving evidence is
15 concerned, and I can say this to assist you, that I am
16 understanding of the difficulties --

17 MR MYERS: Thank you.

18 MR JUSTICE GOSS: -- and there will be accommodation.

19 MR MYERS: We're grateful for that, my Lord.

20 MR JUSTICE GOSS: I'm conscious of (a) the situation of the
21 defendant giving evidence in stressful circumstances and
22 there will be breaks and the total period per day
23 will not be what I consider to be excessive.

24 MR MYERS: We're grateful. We'll deal with that and assist
25 the court when we come to it, but so far as we can

1 assist right now that seems to be the way the timings
2 are with evidence to commence on Tuesday, or possibly
3 Friday if Tuesday is required for any further legal
4 deliberations.

5 MR JUSTICE GOSS: Yes. In other words, I don't think the
6 discussion about the arrangements will take very long at
7 all.

8 MR MYERS: We don't think it will either, my Lord.

9 MR JUSTICE GOSS: I would have thought minutes, frankly.

10 MR MYERS: Certainly not as long as the size of the bundle
11 might perhaps have otherwise led the court to believe.

12 MR JUSTICE GOSS: There we are. As I said, I understand
13 what the situation is. I'll hear what Mr Johnson says.
14 Is there anything else you want to say, Mr Myers?

15 MR MYERS: Not at this stage, no.

16 MR JUSTICE GOSS: Mr Johnson?

17 MR JOHNSON: Nothing constructive to contribute, thank you,
18 my Lord.

19 MR JUSTICE GOSS: I think as far as the jury is concerned,
20 we can say they won't be required tomorrow but they
21 should be prepared to attend, and should attend, on
22 Tuesday --

23 MR JOHNSON: Yes.

24 MR JUSTICE GOSS: -- unless tomorrow afternoon they are
25 informed to the contrary.

1 MR JOHNSON: Yes.

2 MR JUSTICE GOSS: The usual arrangement with which they're
3 familiar.

4 MR JOHNSON: Yes. Mr Myers and I have discussed the
5 essential basis, or at least I believe we've discussed
6 the essential basis, of the submission and if we receive
7 something in writing, we'll try and have something in
8 writing with your Lordship by tomorrow morning.

9 Necessarily, given the limited number of hours between
10 now and then, it won't be very long, but it may be all
11 the better for that, because it's a fairly fundamental
12 point.

13 MR JUSTICE GOSS: Well, let's wait and see. I entirely
14 agree that that's the appropriate way of dealing with
15 it. So that's what I'll do, then: call the jury back
16 and say that they won't be required tomorrow but will,
17 subject to some notification to the contrary, be
18 required on Tuesday.

19 MR JOHNSON: Yes.

20 MR JUSTICE GOSS: Good. Thank you very much indeed.

21 (In the presence of the jury)

22 MR JUSTICE GOSS: You will recall many months ago when we
23 first met and this case started that I said I would deal
24 with all questions of law that arose. I've got to deal
25 with an issue of law, I can't deal with it this

afternoon, it's going to require tomorrow for it to be dealt with. So what I'm saying is that tomorrow you will not be required to attend at court. It will be the start for you of what will be a four-day weekend because it's then Saturday, Sunday and Monday is the first of the three May public holidays.

But you will be required on Tuesday to come back and continue with the trial, unless for some unexpected reason, so I'm saying that in the spirit of optimism, you are notified to the contrary tomorrow afternoon in the usual way that you are if you're told you're not required to come on the next sitting day.

You've got your list here. You know that we're coming up to a period where we are sitting intermittently, essentially, rather consecutively.

So looking at the document, Tuesday will, unless you are notified to the contrary, be a sitting day. Then we have Wednesday and Thursday off. Friday will then be the next sitting day. Then we have another public holiday. Then we've got Monday, Tuesday and that Wednesday off, the 9th and 10th, then we're back on Thursday and so on and so forth. All right?

That's the best I can do. All right? Thank you very much for your patience, your understanding and continued diligent attention to this case and to your

1 responsibilities as jurors in the case, which I remind
2 you, for the umpteenth time: no communication by any
3 means with anyone about anything to do with this case
4 and no research about anyone or anything to do with this
5 case.

6 Tuesday of next week, please. Thank you very much.

7 (In the absence of the jury)

8 MR JOHNSON: Just for the record, my Lord, and to reflect
9 what I understand is the agreed position, it's actually
10 incorporated in the admissions that all the interviews
11 are in in case anything has been edited out that's
12 relevant or becomes relevant, I should say, and the same
13 applies, by an understanding, as I understand it to be,
14 about the Facebook material as well. There's an awful
15 lot of material. There's a schedule to come, but
16 I understand the position that as between us we are
17 agreed that should anything arise in the course of the
18 defendant's evidence that converts something from
19 apparent irrelevance to relevance, then there's no issue
20 about it being referred to.

21 MR MYERS: That's agreed, of course, my Lord. It goes both
22 ways.

23 MR JUSTICE GOSS: Exactly. Clearly it's evidence in the
24 case and, if required and if necessary, reference can be
25 made to it, even though it's not directly been referred

1 to at this stage.

2 MR MYERS: No, we understand.

3 MR JUSTICE GOSS: Whilst we've been going through those
4 agreed facts in relation to interviews it occurred to me
5 because when I was cross-referencing the summaries of
6 the interviews that were given to the jury, helpfully,
7 at the end of each baby, I realised there were slight,
8 very slight, differences, but that's not in the least
9 bit critical. I think it's very helpful to do it in the
10 way it was done. If I may say so. The jury will
11 appreciate that they've got just a small proportion of
12 the total interviews, which would otherwise run to many
13 volumes.

14 MR MYERS: Enormous, yes.

15 MR JUSTICE GOSS: Good.

16 MR MYERS: We're grateful for the work that's actually gone
17 into them, no criticism, but they were huge to begin
18 with.

19 MR JUSTICE GOSS: I know. You knew that I was encouraging
20 as much editing as possible and it was on that
21 understanding that they were all in evidence and it was
22 just basically trying to put before the jury what was
23 salient.

24 MR MYERS: I know certainly Mr Astbury, Mr Maher and
25 Ms Clancy have been heavily involved in reducing them

1 and we are both grateful to them for doing that work.

2 MR JUSTICE GOSS: I'm very grateful for all the work that's
3 been done.

4 I'm not going to spend time now going through the
5 proposed arrangements so far as the defendant giving
6 evidence are concerned, I'd rather that we all got your
7 document and started reading that at this stage. But as
8 I've indicated, unless Mr Johnson wants to make any
9 specific representations I'm essentially, so far as
10 timetabling, of the mind that we should have around
11 one-hour slots, then a more substantial than ten-minute
12 break, so that we have essentially in the region of no
13 more than 4 hours a day.

14 MR MYERS: We'd be grateful for that. We can look at the
15 actual timing when we look at the arrangements, but
16 we were going to ask for something along those lines,
17 my Lord. We'll come to that.

18 MR JUSTICE GOSS: Exactly. All right, good --

19 MR MYERS: I should say the submission has now been sent.
20 We are putting together a bundle of documents to assist
21 because certain transcripts are referred to, so we shall
22 put those together and make sure your Lordship and my
23 learned friends have those as quickly as possible, but
24 we certainly didn't want to delay the receipt of the
25 submission itself because it will be plain enough what

1 we're referring to from the submission.

2 MR JUSTICE GOSS: That's helpful. Thank you very much.

3 Mr Johnson, as and when, don't worry too much about
4 rushing your response. I'd rather that you were content
5 that you had covered the ground you wanted to cover, not
6 necessarily in as much detail as you may want, but at
7 least address the points you want to make, whatever they
8 may be.

9 Mr Myers?

10 MR MYERS: Yes, we would be grateful if we could see
11 Ms Letby now.

12 MR JUSTICE GOSS: Thank you. The court will sit at 10.30
13 tomorrow then.

14 (3.43 pm)

15 (The court adjourned until 10.30 am
16 on Friday, 28 April 2023)

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