

Thursday, 27 April 2023

(10.30 am)

(In the absence of the jury)

Housekeeping

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

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

MR MYERS: My Lord, yes.

MR JUSTICE GOSS: I received your helpful note, Mr Myers.

Perhaps we could come to that later today.

MR MYERS: Yes.

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

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

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 was  
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 forget."  
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 thing 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?

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

3       Q. Okay.

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

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

10       Is that on your neonatal unit or your new unit?

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

14       Q. Okay. And that was last year?

15       A. Yes.

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

23       A. That's correct, yes.

24       Q. Okay. Which competencies was -- could you be failing  
25       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 envisage 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?

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

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

7 A. That I just caused the disappointment.

8 Q. What's the "why me"?

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

12 Q. Okay.

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

16 Q. What was the "I did this"?

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

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

22 Okay, what made the first part of 2016 so  
23 challenging then?

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

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 unnaturally 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 unnaturally 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 likes 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 from 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

- 1           arrested.
- 2       Q.   Could you confirm, please, that it was the same
- 3           solicitor who attended on all three of the dates that
- 4           we've heard about?
- 5       A.   Yes, that's correct.
- 6       Q.   That solicitor was present through each and every one of
- 7           the interviews that we've heard about?
- 8       A.   Yes, he was.
- 9       Q.   Same person, continuity; is that right?
- 10      A.   Yes, that's correct.
- 11      Q.   We heard that that solicitor would be given disclosure
- 12           before an interview took place.
- 13      A.   Yes, he was.
- 14      Q.   And would they be then given the time to sit with their
- 15           client, whoever it would be, and give them suitable
- 16           advice based on that disclosure?
- 17      A.   Yes.  As I say, they were afforded as much time as they
- 18           required.
- 19      Q.   Does the solicitor's responsibility continue during the
- 20           course of the interview?
- 21      A.   Yes, throughout the whole interview process.
- 22      Q.   Are they at liberty to interject if they feel
- 23           appropriate?
- 24      A.   Yes, at any point.
- 25      Q.   Did we see, on a number of occasions, Ms Letby's

1           solicitor interjecting during the course of these  
2           interviews?

3       A.   Yes, he did on a couple of occasions.

4       Q.   And if, for example, a solicitor were to say, please may  
5           we have a break because my client is tired, what would  
6           your reaction be to that?

7       A.   Yes, absolutely, and I think that did happen on an  
8           occasion where a break was afforded to Ms Letby.

9       Q.   Thank you.   And we've heard about the recording of the  
10          interview.

11      A.   Yes.

12      Q.   Was the interview recorded both by audio recording --

13      A.   Yes, it was.

14      Q.   -- but also a video recording?

15      A.   Yes, it was.   So all interviews have been video recorded  
16          as well.

17      Q.   And they are available if any issue arises as  
18          a consequence?

19      A.   Yes, they are.

20      MR ASTBURY:   I have no more questions.   Does my Lord have  
21          any?

22                               Questions from THE JUDGE

23      MR JUSTICE GOSS:   PACE.   You referred to PACE, the Police  
24          and Criminal Evidence Act, which is the governing  
25          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

1 Lucy Letby?

2 A. Well, it was because in the midst of all that was going  
3 on at that moment and everybody has their competencies  
4 reviewed.

5 Q. Yes, all right.

6 A. But not to that degree, because we were trying to get  
7 Lucy back on the unit, so we had to try and prove that  
8 the competency issue wasn't the problem.

9 Q. And not with those sort of things being said about them  
10 by other people?

11 A. No.

12 MR MYERS: All right. Thank you, Mrs Powell. That's what  
13 I wanted to deal with.

14 Re-examination by MR JOHNSON

15 MR JOHNSON: Just two issues I'd like to ask you about,  
16 Mrs Powell, and I just want to accurately remind you of  
17 a couple of the things that you've just said, first of  
18 all.

19 First of all, you were -- do you remember at the  
20 beginning of the evidence you were being asked about  
21 Lucy Letby's training and her commitment?

22 A. Yes.

23 Q. You were asked this question:

24 "And throughout that period, from what you could  
25 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.

1           Is it anticipated that the prosecution evidence will end  
2           today?

3       MR JOHNSON:   Yes.

4       MR JUSTICE GOSS:   Right.   So we will reach that stage.

5           There you are.   On that note, we will break off now.  
6           How long would you like, Mr Johnson?   Don't  
7           underestimate the time because there's nothing worse  
8           than everyone coming here expecting to start and being  
9           told, no, we're delayed and delayed.

10       MR JOHNSON:   2.30.

11       MR JUSTICE GOSS:   Right.   This is in relation to the  
12           outstanding evidence?

13       MR JOHNSON:   So the jury knows what's coming, there's no  
14           secret, there's some agreed facts and it's literally  
15           dotting Is and crossing Ts.

16       MR JUSTICE GOSS:   And checking them.   So an hour and a half  
17           we're going to have until 2.30, please, ladies and  
18           gentlemen.   When we do finish today, at whatever time  
19           that is, I will give you the revised non-sitting day  
20           list for you.   Thank you very much.

21                       (In the absence of the jury)

22       MR MYERS:   Only a brief matter, thank you, my Lord.   By way  
23           of the agreed facts, we anticipate we will have dealt  
24           with and cut through a good deal of evidence that would  
25           otherwise have come from the police officers.   One

1 officer who we had originally intended to have 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.

1 (In the presence of the jury)

2 MR JUSTICE GOSS: I think you've been given the updated  
3 sheet. You'll see I've put "As at 27/04", today's date.  
4 Right, thank you very much. So that's obviously for you  
5 to take with you when you leave later this afternoon.

6 Summary of agreed facts (read)

7 MR ASTBURY: My Lord, we are moving on to some more agreed  
8 facts. Could I ask for the documents to be distributed  
9 with the members of the jury.

10 (Handed)

11 We've had some agreed facts before, if I can remind  
12 everybody, behind divider 3 of jury bundle 1, and they  
13 follow sequentially.

14 My Lord, the admissions numbered 26 to 31 in  
15 sections 5 and 6 were read in fact before DC Johnson  
16 gave evidence. The jury will remember about the  
17 searches, so I don't think there's any reason to read  
18 them back into the record unless my Lord would wish me  
19 to do.

20 MR JUSTICE GOSS: No, I don't see any need for that. We can  
21 just put those in.

22 MR ASTBURY: These are just paper copies of what we heard on  
23 that particular day. I'm going to pick this up at  
24 section 7 if I may and read into the record then once  
25 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 SG0300419-2. 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 SG0300419-1 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,

1 Mr Murphy.

2 MR JUSTICE GOSS: So you want us to put that in section 23?

3 MR ASTBURY: 23, I think, which is the next available  
4 divider.

5 MR JUSTICE GOSS: Right, thank you.

6 (Pause)

7 MR ASTBURY: I just wonder if Mr Murphy can scroll through  
8 the remaining pages so we familiarise ourselves with the  
9 contents. We can see June and July of 2015 with the  
10 relevant colour coding. Continuing through...

11 (Pause)

12 And the last long day shift being 30 June 2016.

13 Thank you, Mr Murphy.

14 If we move, please, to agreed fact 47. Can I please  
15 distribute the document that this refers to?

16 (Handed)

17 The next divider in jury bundle 2, please, for  
18 these.

19 (Pause)

20 This was shown in the opening, but we'll look at it  
21 in a bit more detail now if we may, please. If everyone  
22 keeps it out in front of them, I'll read the admitted  
23 fact first, 47:

24 "The schedule entitled 'Staff presence -- temporal  
25 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

1       afternoon, it's going to require tomorrow for it to be  
2       dealt with. So what I'm saying is that tomorrow  
3       you will not be required to attend at court. It will be  
4       the start for you of what will be a four-day weekend  
5       because it's then Saturday, Sunday and Monday is the  
6       first of the three May public holidays.

7             But you will be required on Tuesday to come back and  
8       continue with the trial, unless for some unexpected  
9       reason, so I'm saying that in the spirit of optimism,  
10      you are notified to the contrary tomorrow afternoon in  
11      the usual way that you are if you're told you're not  
12      required to come on the next sitting day.

13            You've got your list here. You know that we're  
14      coming up to a period where we are sitting  
15      intermittently, essentially, rather consecutively.

16            So looking at the document, Tuesday will, unless  
17      you are notified to the contrary, be a sitting day.  
18      Then we have Wednesday and Thursday off. Friday will  
19      then be the next sitting day. Then we have another  
20      public holiday. Then we've got Monday, Tuesday and that  
21      Wednesday off, the 9th and 10th, then we're back on  
22      Thursday and so on and so forth. All right?

23            That's the best I can do. All right? Thank you  
24      very much for your patience, your understanding and  
25      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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