Police Interviews – General Topics

In April 2023, Lucy Letby's police interviews were recited in court by the prosecutor playing the police officer who conducted the interviews, and the female interviewing officer playing Lucy Letby. This is a transcript of that trial re-enactment, which included a number of police interviews on general topics that had taken place in 2018 and 2019.

Text in italics relates to supplementary information being given by the prosecutor.

The first police interview below took place on 3rd July 2018, the same day of Lucy Letby's first arrest.

Q. Lucy, could you tell us about the note you wrote, exhibit NAC10, the note which was found inside your diary?
A. I just wrote it because everything had got on top of me. It's when I've not long found out that I've been removed from the unit, and they were telling me that my practice might be wrong, that I needed to redo all my competencies, my practice might not have been good enough. So I-- I felt like people were blaming my practice, that I've hurt them without knowing through my practice, and that made me feel guilty. And I just felt really isolated. They made - they stopped me talking to people and...

Q. Do you want to elaborate on some of the things that you've put down in there?
A. I was blaming myself, but not because I'd done something, because of the way people were making me feel, but, like, I'd only ever done my best for these babies, and then people were trying-- trying to say that my practice wasn't good enough and that I'd done something, and I just couldn't cope, and I just didn't want to be here anymore.

Q. Do you remember what you wrote down?
A. I think I do.

Q. It says there, quote, "not good enough". You've written and underlined, so my colleague is just putting it there in front of you.
A. Because I felt like I was good enough, that people were trying to suggest that-- that I hadn't been good enough for them.

Q. Which people were they?
A. The trust and the staff on the unit.

Q. What sort of things were they saying?
A. Just that I'd been there for a lot of the deaths, and they were going to review all my competencies because at that point,

they didn't know, hadn't a clue what had happened, and they wanted me to redo all my competencies in case there was something wrong with my practice and competencies.

Q. You go on to say "there are no words. I can't breathe. I can't focus". Do you want to go through what was going through your mind at that time?
A. I just felt it was-- it was all just spiralling out of control. I just didn't know how to feel about it or what's going to happen or what to do.

Q. When was this written?
A. I think it was the July time after I'd been removed from the unit.

Q. So July 2016?
A. Sorry. Yeah, 2016.

Q. And then you go on to say, "kill myself right now. Overwhelming fear and panic". Do you want to describe how you're feeling there?
A. Pardon?

Q. Can you describe to me how you were feeling there?
A. As I put there, it just felt it was all-- it was all happening out of my control.

Q. Did you talk to anyone about it?
A. I went to the GP.

Q. Your own GP?
A. Yes.

Q. Did you get any help?
A. Yes, just some antidepressants.

Q. When you say, Lucy, that the Trust said they were going to review your competencies, can you be more specific with that?
A. So when I was removed from the unit, it happened in July, and I met with the head of nursing, and they told me that there'd been a lot more deaths and that I'd been linked as somebody who was there for a lot of them. And they also said that there were some other people that had been flagged as being on shift for a lot of them. Myself and these other people are going to have to be going and redoing our competencies.

Q. What do you mean by competencies?
A. So competencies to do things on the unit. So equipment competencies and transfusion competencies. We have competencies for most things, clinical care that we give on the unit.

Q. And who assesses those competencies?
A. The practice education development nurse on the unit.

Q. Right, okay. So who were those other people?
A. I was never told who.

Q. Right, okay.
A. I was just told that the process wasn't happening just for me. It would be happening for a number of people.

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

Q. Did you feel confident?
A. Yes.

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

Q. Okay. So tell me about that. What concerns did you have?
A. I think we'd all just noticed as a-- as a team in general, the nursing staff, that there was a rise compared to previous years, that we were meeting babies that had a lot more complex needs, that we-- we weren't seeing a few years ago, and it was talked about that this was something that was unusual.

Q. Okay. And what happened when that was recognised?
A. Well, I believe things happened behind the scenes with management and the nursing team, and they just carried on and just supported each other

Q. Okay.
A. And carried on as a team.

Q. At which point did it all become sort of the extent where you're saying things like "kill myself now, overwhelming"?
A. It was when I was removed from the unit in the July of 2016.

Q. Right. Why at that stage did it culminate in those feelings?
A. Because I suddenly felt that things have been directed towards me.

Q. Why was that?
A. Because they were saying that they were going to have to review my competencies, so I took it to mean my practice hadn't been good enough.

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

A. No.

Q. So in terms of "overwhelming fear and panic", what were you afraid of?
A. That they were going to think that I'd done something wrong.

Q. Okay. And how would that what would happen if they thought that?
A. If they thought that I'd done something wrong

Q. Yes.
A. That this would happen.

Q. Right.
A. That the police would get involved, and I'd lose my job.

Q. And was it a job that you enjoyed?
A. Yeah, yeah. I loved my job.

Q. How does - in your area, how does competencies or, you know, when people call into question your competencies, how does that lead to a police investigation?
A. I don't know. I just panicked. I thought if they found my competencies weren't good enough, it had been assumed that I hadn't done, like, missed something or not done something that I should have, that the babies have died or become unwell.

Q. Okay. How does that become a criminal matter, though?
A. I'm not sure. I thought they might refer me to the NMC, and I didn't know if that went to the police.

Q. NMC?
A. The Nursing and Midwifery Council who has our registration, who we are registered with. Just panic.

Q. What's the difference between being incompetent or somebody saying you're incompetent or criminal in your world?
A. For the criminal, it's something that's done deliberately. Whereas you're not being competent would be that you're not competent in something that can give you a result that wasn't intentional.

Q. Okay. So in terms of where you say "kill myself right now", is that something that you were considering?
A. Yes.

Q. And why was that?
A. Because I just felt so isolated and alone and...

Q. Other than the doctors, did you speak to anyone else, family, friends?

A. At the time, because I was told I could only speak to 2 friends, and I didn't want to tell them too much about it. The same with mum and dad, nobody knows.

Q. Did you get any support from work?
A. They referred me to occupational health and things. Yeah.

Q. You mentioned that you were panicking. What were you panicking about?
A. Just that it was all out of my control.

Q. So you were panicking about your personal emotions?
A. Yes.

Q. In your own mind, had you done anything wrong at all?
A. No, not intentionally, but I was worried that they would find that my practice hadn't been good enough.

Q. What made you think that they might find something that was wrong or something that you shouldn't have done?
A. It was more that I was worried that, obviously, they'd already gone to the lengths of redeploying me and moving me from the unit and banning contact. I didn't know how it was going to go. I didn't think that they'd find that I'd been incompetent, but I was worried that they might try and assume that I had been just because I was there for all these babies.

Q. Were you there for all those babies?
A. Yes.

Q. In this note here, you've written down "police investigation forget". What was going through your mind at that time?
A. I was worried that the police might be involved.

Q. Like I said before, was there a reason why you thought that?
A. I think it was just panic at the time.

Q. Another word, "slander, discrimination, victimisation"?
A. Because I felt that the trust and the team were trying to imply that it-- it was something that I'd done.

Q. Was there any individuals that implied that?
A. Yes, all the consultants.

Q. Go on. Tell us who they are.
A. Ravi Jayaram and Stephen Brearey

Q. So what can you tell us about them?
A. I just found out that they were the ones who had raised concerns about myself being the common factor in the deaths, and they felt that I deliberately harmed them.

Q. So do you want to tell us your professional relationship with Ravi Jayaram and Stephen Brearey? Did you have any issues with them?
A. I felt we'd always had a good working relationship. I've worked more with Ravi than Steve, but that was just through circumstances, who was on shift. But I always felt that we had a good working relationship.

Q. So do you think they can you give a reason why they might want to victimise you or point the finger towards you?
A. It had crossed my mind at times whether they were trying to put the blame on me for something that somebody else had done.

Q. Are you aware of somebody else doing something?
A. No.

Q. So when it crossed your mind, what were you thinking?
A. If they were questioning my competencies that maybe they were questioning, well, they told me they were questioning other people's as well, or there'd been a competency issue with somebody else. They were trying to make it my problem because I was there.

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

Q. No? No fallings out of them sort of professionally, or...?
A. No.

Q. How did you get on with them personally?
A. I didn't really know them in a personal capacity, only professional.

Q. Professional, okay. You go on to say in your notes, all getting too much, everything, taking over my life, everyone. I feel very alone and scared. When you were writing these down, where were you, these notes?
A. At home.

Q. Again, did you speak to anyone about this other than the doctor?
A. No.

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

Q. Who was that?
A. My best friend is nurse E.

Q. Okay. Did you speak to her at all about how you felt?
A. Not to the extent of wanting to kill myself, no.

Q. And then you put, "how will things ever be like they were?", there on the sheet, and overwritten with "hate".
A. How will things ever be like they used to

Q. So what was going through your mind at that time?
A. I'd been removed from the unit. I'd been banned contact with everybody. I couldn't see how it was going to go back to how it used to be.

Q. Why did you think that?
A. Because the redeployment would go on my record. It would affect my practice, everything.

Q. So when you were redeployed, exactly what did they say to you when you were removed from the unit? Did they give an explanation?
A. There'd been an increased mortality rate and that they needed to have an external review done. Until that was complete, they wanted me to redo all my competencies, and then it transpired that they didn't have the staffing to facilitate that. So they redeployed me and said it would be on a temporary basis until the external review had been done, and it was for my own protection.

Q. But you were thinking at this time, things aren't going to be the same again. But you were still employed up to this point as a nurse?
A. Yes.

Q. Whereabouts was it?
A. After, when I was redeployed?

Q. Yes.
A. So the Risk and Patient Safety team in the Countess.

Q. What kind of department's that?
A. It's-- it's still part of the corporate nursing team. They look at incidents and complaints and things that have come into the trust.

Q. Right.
A. So I was moved into that department, office-based.

Q. Okay. When you said you were lonely and if we sort of take out people from the Countess, you didn't have a massive support network. Is that how you felt?
A. Yeah, yeah.

Q. Okay. So was that quite a big thing for you, leaving the unit and being told not to communicate with people? Is that where the isolation
A. I'd lost everything. And, obviously, mum and dad were down in Hereford. And I thought we were a good team regardless of who was my friends. We were a good nursing team on the unit, and I just lost that. We were like a little family, and I felt I'd lost that.

Q. But what's the format of this? Obviously, these are sort of emotional outpourings, would you say? How would you describe the thing as a whole?
A. I think it was just a way of me getting my feelings out onto the paper. It just helps me process it a bit more, I think.

Q. Okay. Is that all in one session, if you like?
A. I believe so, yes.

Q. Is this how your emotions would manifest themselves, an outlet?
A. Yes.

Q. Okay. "I don't deserve to live. I killed them on purpose because I'm not good enough to care for them. I'm a horrible evil person" ?
A. I didn't kill them on purpose. I felt if my practice hadn't been right, then I'd killed them, and that was why I wasn't good enough.

Q. So in what way do you think your practice might have been the reason why these babies had died?
A. I don't know. I thought maybe I'd missed something. Maybe I hadn't acted quickly enough.

Q. Okay. Give us an example.
A. I haven't played my role in the team. I'd been on a lot of night shifts when doctors aren't around. We have to call them. There are less people, and it just worried me that I hadn't called them quick enough. Or...

Q. And you felt evil?
A. Other people would perceive me as evil, yes, if I'd missed something.

Q. I'm a horrible evil person. That's your take on you?
A. I think it's how the situation made me feel.

Q. "I don't deserve mum and dad".
A. I felt so guilty that they had to go through this, that I wasn't good enough for them or any of them, and it was just all

becoming a big mess, and I'd just be better off out of it for everybody.

Q. You put down there, Lucy, that you "killed them on purpose".
A. I didn't kill them on purpose.

Q. Do you believe there's a potential that you caused their deaths?
A. Not intentionally.

Q. Okay. So do you believe that you were carrying out practices that weren't competent?
A. No.

Q. Okay. So where's this pressure that's led to having these feelings come from?
A. I think it's just the panic of being redeployed and everything that's happened.

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

Q. So you had your competencies reviewed with Yvonne Farmer. Is that on your neonatal unit or your new unit?
A. We didn't do them on the unit. We just did them in an office environment and went through all the competencies. We didn't do a practical on the unit.

Q. Okay. And that was last year?
A. Yes.

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

Q. Okay. Which competencies could you be failing with that would result in a death of a baby?
A. I suppose the thing that come to mind was medications because that's something that we do a lot of on the unit, and the babies are on a lot of medications.

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

A. The wrong drug or the wrong dose.

Q. Are there any other competencies that you might think if you didn't do that correctly, it could cause a problem with the baby?
A. Maybe if I wasn't competent with a piece of equipment.

Q. And do you feel competent with all the equipment you use?
A. Yes.

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

Q. Okay. So was nursing something that they were particularly proud that you were doing? So tell me about that.
A. Well, it was-- it was a big thing. I was the first person in the family to get into university and to move away and come and do nursing, and, yeah, they were really pleased. So I just felt anything like this, well, anything that's in the note, they'd be disappointed, and they were. They were really, really upset about it.

Q. What were they disappointed and upset about?
A. That I'd been removed from the unit.

Q. Did you need to tell them?
A. Yeah.

Q. Why?
A. I didn't want to lie to them.

Q. Okay. The only other thing is that in terms of, I think, within that note, you were questioning maybe "what does the future hold". What were your thoughts around that?
A. I think I just didn't know what was going to happen. It just all overwhelmed me at the time. It was hard to see how anything was ever going to be okay again.

Q. So moving forward prior to this point, what did you envision your life being moving forward?
A. I was very career focused.

Q. Right.
A. And I was worried that all of this would stop anything like that, that I'd lose my job, or that it would just be on my record. Other people would change their opinion of me.

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

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

Q. Why?
A. Because I disappointed them.

Q. And in capital letters, "I am evil, I did this"?

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

Q. That you'd done something wrong?
A. Yeah, not intentionally, but I felt if I'd done something, if my practice wasn't good enough or people didn't think I'd done something in the right way, then it made me an evil person because I couldn't do the job properly.

Q. "I'm an awful person, and I pay every day for that right now".
A. Because I felt like I was having to pay for something that I didn't do, being away from my jobs and my friends, having to go to a new area where I didn't know anyone.

Q. So this is all how others are making you feel and how you are feeling yourself?
A. Yes.

Q. "I'll never have children or marry. I'll never know what it's like to have a family". What did you mean by that, Lucy?
A. Just that I'd never meet anybody, and therefore, I'd never have a family.

Q. Why did you think that?
A. Because nobody would want to. If you say to somebody you had to be redeployed, then people make assumptions, don't they? And if my practice had caused these problems, then I wouldn't deserve to have children myself.

Q. Purely because you'd been redeployed off one unit?
A. Yes, because at the time, it was huge.

Q. You then put down, "I hate myself so much for what this has. I did this. Why me?"
A. Again, I was made to feel I had done it through not being competent.

Q. Did what?
A. Well, did something that-- that had led to these babies collapsing, dying.

Q. Did you ever consider that it might have nothing to do with you or your incompetency?
A. Not that moment in time. I just...

Q. Okay. What about now?
A. No, I don't feel it is my competencies.

Q. So what changed between these kind of thoughts and now that you're confident that your competencies weren't lacking enough to cause any serious collapse or death?
A. Time. And I've redone my competencies and had that grievance procedure, and nothing was sort of raised through that or any of the other investigations that have taken place to sort of suggest that I'd been comp- incompetent in something. Sorry - that I hadn't been competent in something.

Q. "No hope, despair, panic, fear, lost". Is that how you felt? You had no hope?
A. It just made me feel like no hope for anything. Yeah.

Q. If you knew you'd done nothing wrong?
A. Well, at that point, I was made to feel that maybe I had. So I was worried that maybe I had in terms of my practice and my competencies.

Q. Who made you think that?
A. The trust.

Q. Has anyone ever said that you have done something wrong?
A. I found out via the grievance procedure and the Royal College of Nursing that some of the consultants had made comments.

Q. "I did this. Why me?" What does that refer to?
A. That I just caused the disappointment.

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

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

Q. What was the "I did this"?
A. The upset and everything that I caused those people, I felt that it was me, not intentionally, but through that situation, through the redeployment.

Q. Okay. What made the first part of 2016 so challenging then?
A. Well, just reflecting on the year that we had had before, and I think it just affected morale on the unit. We were all feeling, it's a shock. We're not used to deaths like that. And when you're involved with them...

Q. Okay. At which point did the unit start to feel like that?
A. I'd say about earlier in the year, perhaps January.

Q. January. Why particularly then? What had happened?
A. I'm not sure specifically. It's just with it being the new year and things. People were just hoping for a better year, and then things happened again.

Q. Things happened again? What do you mean?
A. We continued to have sick babies and lost some babies.

Q. Were there any in particular that you lost that you recall?
A. When? At that time period?

Q. Yes.
A. I can't remember specifically then, no.

Q. When you say "we", you refer to "we were feeling quite low". Who were you referring to as the we?
A. The nursing team.

Q. Who do you class the nursing team as? Everybody?
A. Yes, the nurses and the nursery nurses on the unit.

Q. You talk about the babies being specifically sick. What was the difference from another year?
A. I think we were seeing more babies who had complex needs. We were having babies with chest drains that we don't get very often, babies with stomas that we don't care for a great deal. We had quite a few that were quite extreme prem babies with congenital abnormalities, a lot of twins, and then we had the triplets.

Q. In terms of emotional outlets for coping, you know, your coping mechanisms, what would you use?
A. Usually just talking things through with the team or with my friends.

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

Q. Right, okay. Do you use social media and stuff?
A. Yes.

Q. And that's the way that you used to speak to your friends?
A. Some of them, yes.

Q. Okay. We'll take a break there, and I think the time is 24 minutes to 9. The interview is concluded.

We then move on to the second interview, which took place on 5th July 2018, 2 days later.

Q. Okay. In terms of the investigation, and obviously this is your opportunity, is there anything that you feel us - us in the investigation need to look at concerning the amount of deaths and collapses over a short period of time?
A. I think the staffing maybe needs - I'm not saying that staffing has caused it, but I think staffing levels were quite poor at times with an inadequate skill mix sometimes.

Q. Okay.
A. And I think a lot of people like myself were doing a lot of additional shifts and overtime, and having shifts changed around at short notice. I think a lot of people were feeling the strain physically and emotionally. I don't think a lot of support was offered to the team throughout this event with the deaths and things. There's also some issues with the unit just in terms of it's very small. We don't always have the equipment that we need. We have to go and get it from other units or a push for space and trying to look after sick babies in not always ideal environments. And I personally just found during this time that there wasn't always a very clear and supportive sort of management structural medical support, particularly towards nursing staff. That's a personal opinion.

Q. How were staffing levels different during that period than they were a month before Baby A collapsed and died and a month after Baby Q collapsed, for example?
A. I don't recall specifically, but often sort of from May, June onwards, we're short of staff due to people taking more holidays.

Q. Right.
A. And I remember at that time, we had a lot of new starters that had just started on the unit. So we were quite bottom heavy in terms of having more inexperienced staff that needed support on the unit. And I think we also had a couple of members of staff that were on long term sick during these times as well.

Q. Okay. So do you think any of these deaths and collapses occurred due to poor care?
A. I don't think anybody intentionally gave poor care, but I think maybe if staffing had been better, people may not have been caring for as many babies at once or would have had different shift patterns maybe, or the doctors would have been more readily available.

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

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

Q. Would any of the lack of equipment or staff cause the collapse of a baby, the initial collapse?
A. No, I don't think it would cause the collapse, no.

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

A. Right.

Q. Do you understand that?
A. Yes.

Q. That's the initial collapse.
A. Yes.

Q. As opposed to subsequent collapses.
A. Okay.

Q. If you say lack of staff, lack of equipment, doctors not reacting maybe as quickly as they should do, can you apply any of those three factors to the babies that we've spoken about here?
A. Yes, for some of them, I think if staffing had been better, then maybe there would have been more people around for that baby.

Q. And who? Can you recall who they were specifically?
A. I think Baby Q is one because I was stretched between 2 nurseries, which is not ideal.

Q. I think you alluded to that in the interview for him, yeah.
A. I recall the day that I had Baby G, and she was down in nursery 4, and I had a number of other babies at that time as well. The day with Baby M, the nursery was very busy in nursery 1, and he was not in a correct space. Either he was in just parked in the corner, which wasn't ideal. I don't remember. And then I just remember we had a lot of junior staff that we were supporting during that time as well.

Q. Okay.

Letby's solicitor then said: I think that when you gave the interview with regard to Baby P, I think you described that as quite chaotic when they were actually trying to resuscitate.
A. Yes.

Then the officer says:
Q. I understand that. They are certainly factors that could affect every walk of life, aren't they? But what we are saying is that we are treating the baby's collapses and deaths as suspicious. You understand that, don't you?
A. Yes.

Q. Okay. In general terms, the investigation's looking into a number of deaths between 2015 and 2016, and other babies who have collapsed and survived. So direct question is, between those dates and that amount of babies, have you done anything to intentionally harm those babies?
A. No.

Q. When did you first become aware that there was an unnaturally high rate of mortality on the unit?
A. In a formal way, it was said to me by the unit manager, I think in the May 2016.

Q. Okay. What do you mean in a formal way?
A. Well, she took me into the office, and I think it was at that point I was moved on to the day shifts. And she explained that there'd been an increased rate, and she was currently working on some tables to work out the statistics.

Q. Okay. So informally, when did you have the realization or were told that this is really an unnaturally high level of mortality for Chester's unit?
A. I think at the very beginning, when we lost the 3 babies, when we lost Baby A, to have 3 so quickly, that in itself was unusual, and it was probably more deaths than we usually have.

Q. In a year?
A. Mm-hmm.

Q. Okay. In that first month, I think from what you were saying earlier, that's more deaths than you've experienced since you've worked in neonatal.
A. I think so. Yeah.

Q. Okay. When you were first made aware of the investigation that the hospital were doing, were you told specifically the names of the babies that they were investigating?
A. No.

Q. So even the ones here, the ones that resulted in death, for example, were you told formally by them?
A. No, no.

Q. Okay. In terms of the investigation from the Countess point of view, but also from the police investigation, have you done

any form of research into any of the babies or any of the deaths?
A. In what way do you mean research?

Q. For example, you know, who died because you were there or collapsed, you're aware of the babies' names. When you were still on the neonatal unit, would you research their medical notes, for example, that sort of thing?
A. I think I'd reviewed their medical notes. Yes, at some point, yes.

Q. And what was the purpose of that?
A. Just to recap, really, to think to take things in better, when it's not happening at the time.

Q. Okay. For what purpose?
A. I think it just helps to go back in to read what happened. So, obviously, you have it clear in your mind that everything was done.

Q. At the time of the collapse or death, you mean, or as a result of the subsequent investigation?
A. What do you mean? Sorry.

Q. Alright then, take Baby A. Did you do any research yourself with regards to Baby A?
A. So did I access his notes after he died?

Q. Yes.
A. I might have done. I don't recall specifically.

Q. Okay. Alright then. Any of these babies that you looked into after death or collapse, what was the purpose of that?
A. Just for clarity and for sort of my own debrief as such, just to recap.

Q. How close to the death or collapse was that?
A. I don't remember.

Q. Okay. Was that research as a result of the investigation launched by the hospital?
A. No, I'm not sure. I might have looked after and before. I might have done that prior to the investigation. I'm not sure.

Q. Okay. With regards to the police investigation, at which stage did you become aware of the babies' names that we were investigating?
A. I don't think I did until now.

Q. Okay. So on 7th April, you were moved on to a day shift, and you've kind of told us how that made you feel. You said that you

felt that people's attitudes towards you had changed, and you doubted your own capabilities. Is that fair?
A. Yes.

Q. Okay. So you were moved on to days, and after you were moved on to days in the June, as we've just discussed, Baby O and Baby P both died, and Baby Q collapsed. So what are your thoughts on that?
A. That they have collapsed?

Q. Yes, after you've been swapped to days.
A. I'm not sure.

Q. Okay. So a lot of the collapses and deaths prior to you getting moved on to days have been during the nighttime on a night shift?
A. Yes.

Q. Okay. After you get moved on to days, there are two deaths and a collapse within three days of each other.
A. Yes.

Q. Okay. Do you have any comment to make about that?
A. I can't explain that, no.

Q. Do you have anything in your possession which relates to any of the allegations for which you've been arrested?
A. What do you mean? Sorry.

Q. Paperwork, medical records, anything.
A. No, not that I know of, no.

Q. Okay. Have you ever taken anything relating to the babies that we've discussed home?
A. No, I don't know if I might have sometimes taken handover sheets accidentally home with me.

Q. Okay.
A. Not medical notes, no.

Q. No, not just sticking to medical notes. Anything relating to...
A. I don't know specifically to them. I think sometimes I have brought handover sheets home, yes.

Q. Why? What's the purpose of that?
A. Just inadvertently. They've just been left in my pocket.

Q. Okay. And I think we asked you sort of a little bit throughout whether you would take any mementos from the babies yourself, and I think you said no. Is that right?

A. No.

Q. I just wanted to ask you a few more things about the note nac10. Did you write all of that at the same time?
A. I don't remember specifically, but I think so.

Q. Okay. Is there a reason why it's written in that format? You see that some of the writing is to one side and some on the edge of the paper.
A. I think I've just done it when I was very upset, and it all just kind of comes out at once in different ways.

Q. Okay. And where were you when you wrote that?
A. At home.

Q. What was going through your mind at the time?
A. I just felt like I'd let everybody down, that I'd let myself down, that people were changing their opinion of me, that I thought I'd lost my job, and I was isolated from my friends.

Q. And just confirm when you think roughly the time, month, year?
A. I know it was after when I'd been I'm not sure of the exact time, but it was sometime after I'd been removed in July 2016.

Q. You particularly got the word “hate” there. I'm right in saying that's the word “hate”.
A. Yes.

Q. Which is circled with a big black circle, “hate” in bold letters. What's the significance of that?

A. That I hate myself for having let everybody down and for not being good enough.

Q. And just confirm to me why you think that you're not good enough when you wrote that down.
A. Because I'd just been removed from the job I loved. I was told that there might be issues with my practice. I wasn't allowed to speak to people. I was having to do a job I didn't really enjoy with people that I didn't know.

Q. And this was within a couple of months of being removed?
A. Yes, I think so, yes.

Q. And all these emotions, these feelings that you put on this page, had this come to a head?
A. Yes.

Q. Had anything triggered on this particular day for you to write that?

A. I don't recall specifically, no.

Q. Have you ever shown that note to anyone?
A. No.

Q. Can we have a look at that for me again? And where you specifically say, I don't deserve to live. I killed them on purpose. Can you explain to me again what you actually meant by that?
A. That that's how I was being made to feel that if my practice hadn't been good enough and I was linked with these deaths, then it was my fault. And I had done it, and they thought I was doing it on purpose. Not that I had done it on purpose, but that's how I was made to feel.

Q. Specific words, "I killed them on purpose", and "I'm evil". "I did this", and "I'm an awful person." "I pay every day for that."
A. It's because I felt I was awful because I I maybe hadn't been good enough.

Q. Being very hard on yourself there if you haven't done anything wrong.
A. Well, I am very hard on myself.

Q. "I did this." "Why me?" "I did this" - what did you do?
A. I felt that I wasn't good enough. That's-- that's what they were implying, that I hadn't that my competencies hadn't been good enough. They were removing me. I felt that I had bad person, that I wasn't good enough. I had caused them-- I had caused them to think that.

Q. That "I did this". What is "this"?
A. I don't know. I felt the situation had been caused by them, implying that that I hadn't been competent.

Q. Lucy, were you responsible for the deaths of these babies?
A. No.

Q. Okay. We shall take a break.

The next interview is 10th June 2019.

Q. Lucy, prior to starting this interview, you've mentioned before about handover process that takes place at the start of your shift with the nurse previously. Is that correct?

A. Yes.

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

A. Yeah. We have a handover sheet of - of the patients that are on the unit at that time.

Q. Okay. Explain the purpose of those handover sheets.
A. Well, to relay information between staff so that each member of staff's got the brief outline on each of the babies.

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

Q. Who has a copy of this handover sheet?
A. All members of staff on the unit.

Q. Where are they kept during the shift?
A. In our pockets. In the staff's pockets.

Q. Why is that?
A. So we can make reference to it throughout the shift if we need to.

Q. Okay. And when you were personally given handover sheets, Lucy, what did you used to do with yours?
A. Keep it in my pocket for the shift.

Q. And when you finished your shift, what would you do with the handover sheets?
A. Ideally, put it in the confidential waste bin.

Q. And why would that be?
A. For confidentiality, so the public can't pick up the sheets.

Q. Mm-hmm. Then where's that situated, Lucy?
A. On-- by the nurses' station.

Q. Okay. Is that what you would do with your handover sheets?
A. Yes. Not every time, though. There have been times when they've come home with me.

Q. Okay. Is there a policy in place around handover sheets, Lucy?
A. Not that I know of.

Q. What does generally happen to them with the other colleagues on the unit? What do they do with them?
A. They put them in the confidential waste.

Q. Is that the end of the shift?
A. Yeah.

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

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

Q. Okay. When you were previously arrested, Lucy, you were aware that your home address was searched, and a large quantity of these handover sheets were found at your home address. Can you explain that?
A. They're just sheets that have inadvertently come home with me in my pocket. I've not emptied my pockets before coming home.

Q. Okay. Can you explain why you kept these at your home address?
A. Um.. no. There's no specific reason. They just came home with me, and I didn't do anything with them.

Q. Can I ask you what you actually wear when you're on the unit?
A. Set of scrubs. So a pair of trousers and then a tunic top that's got 2 pockets here and a pocket at the top.

Q. So which pocket would you put the handover sheet in?
A. One of the bottom pockets.

Q. Bottom, either left or right? Or?
A. I don't remember having a specific pocket--

Q. Okay.
A. --that I put it in.

Q. And tell me at what point when you get home did you realize that you were still in possession of these handover sheets?
A. When I've got home and taken my uniform off.

Q. So talk me through then. When you've taken off your uniform, you found these handover sheets. What did you do with them?
A. I just put them all in one area.

Q. Which area was that?
A. They were all together in a folder in the spare room.

Q. Okay. Explain to me why you put them all together in a folder.
A. Because I didn't know how to dispose of them so, I didn't dispose of them.

Q. You didn't know how to dispose of them?
A. No.

Q. Whose permission did you have, Lucy, to remove these handover sheets from the hospital?
A. No one's.

Q. Who else knows that you've got them at your home address?
A. No one.

Q. Have you shown them to anyone?
A. No.

Q. Whilst they've been in this folder at home, what have you used them for?
A. I haven't.

Q. How often have you looked at these handover sheets, Lucy?
A. Hardly ever.

Q. Did those sheets that are in your folder that you've kept at your home address, Lucy, relate to the babies which you were the designated nurse for?
A. Yes, they're all babies that are on the unit at that point, whether you look after them or not. So, yeah.

Q. Okay. Have you ever previously taken any of these handover sheets home and disposed of them?
A. No, I don't think so, because I haven't got a shredder, and that's how I would - that's how I would have to get rid of them.

Q. Okay. So why would you have only kept some of the handover sheets in a folder, Lucy?
A. Because they're just the - inadvertently ones that have come with me.

Q. Have you retained in any way any other documentation from the hospital of any description?
A. No, I have some printed out policies.

Q. Okay.
A. But I don't know if that's not allowed.

Q. Have you retained any other confidential documentation at home?
A. No.

Q. Have you retained any other documents from any other hospitals that you've previously worked at?
A. Again, I've - I've got policy sheets from different hospitals, but not patient information.

Q. When you say policy sheets, describe them to me.
A. Like guidelines for how different hospitals do things. I've printed them off and brought them home for assignments and things.

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

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

Q. Okay. Where are those policies kept that you've printed off?
A. Some are within the - my intensive care folder. Some are just loose. I'm not sure exactly where all of them are.

Q. Okay. You say that the handover sheets that you put in your pocket relate to being - to you being a designated nurse for these babies. Yes?
A. So the handover sheet has every baby on the unit at that time.

Q. Right. Okay.
A. And it's not just the baby you're looking after, it's every baby.

Q. Would you have a cause to take some out of the waste, Lucy?
A. Out of the clinical waste? No.

Q. Okay. So just to confirm, Lucy, when I've asked you why you've decided to keep the handover sheets, you've confirmed that you weren't aware, didn't know how to dispose of them, therefore you kept them in a folder.
A. Yes, at the time, I've got home, realized they're there, and I've just not done anything about it.

Q. Moving on, Lucy, I'd like to talk about your mobile phone and telecoms. Would you have used it at work?
A. Yes.

Q. Okay. Is that permitted? Is there any issue about allowing you to use it at work?
A. We're advised not to use it, like, near to the patients, but on breaks and out of the clinical area.

Q. Where would you keep it whilst you're at work?
A. Either in my pocket or in my bag.

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

Q. Okay, does anyone else have access to your phone? Do you give it out to anyone or lend it to anyone?
A. Not particularly, no.

Q. Okay. So you obviously use your phone at work during work time. If you've got any - a bad day or issues going on at work,

who would you sort of use your phone to contact? Who'd be your first port of call?
A. Um.. a friend.

Q. Any particular close friend?
A. Nurse E.

Q. Okay. Are there any other close friends that you would contact or your family?
A. I've got a couple of different close friends over the years that I would probably have contacted. Yeah.

Q. Right, okay. And how often would you contact them in regards to anything that was going on at work? Would that be frequently?
A. I'm not sure. It would depend what was going on at the time.

Lucy Letby confirmed that she would use WhatsApp, text messages, or Facebook Messenger, not iMessage, as she didn't have an iPhone.

Q. Did you discuss the welfare of the babies at all with any of your friends?
A. Oh, yeah. I've discussed patients at times. Yeah.

Q. Okay. What sort of things have you discussed?
A. I'm not sure exact details now. I've communicated with friends when babies have been unwell or if they've passed away.

Q. Right. So would that be sort of straight away or within the same sort of shift, a few hours later?
A. I'm not sure. I can't...

Q. So, you know, we discussed the first time you were brought here and arrested, the babies that you're involved in the care of. So would you have contacted friends following those?
A. Yes.

Q. And how often would that communication go on for, generally?
A. About the baby specifically?

Q. Yeah.
A. I'm not sure.

Q. Would there be a purpose for you doing that, contacting friends?
A. Yeah. They were - they're my support network.

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

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

Q. Did you discuss theories about what was going on?
A. I'm not sure. Possibly.

Q. Or individual patients?
A. I don't know. Possibly.

Q. What about family members? Did you communicate with them at all?
A. Yes. I used to speak to my parents every day after I'd finished work. Well, every day anyway. But..

Q. Okay. And after the collapse of a baby, which family member would you turn to?
A. My mum.

Q. For the same reasons, to help you get through?
A. Well, for her support. I wouldn't talk to her about it in the level of detail that I would with a colleague.

Q. So can you just describe to me how it made you feel discussing this with friends and family? How it sort of helped you with the whole process?
A. I suppose I just saw it as - that it was a safe way of me sort of offloading how I felt to somebody I trusted. I wasn't somebody that would go home - I lived alone - I wasn't somebody who would go and necessarily seek out somebody to speak to in person. That was my way of thinking through things.

Q. Okay. And did it help?
A. Yes.

Q. In what way?
A. Well, because they would have been supportive or, you know, share. A nurse knows how you feel when things happen, and it's just having that common ground with somebody and a bit of support from them.

Q. Okay. Did you ever seek advice regarding the treatment of a baby or what was going on through the use of your phone through social media?
A. No, I don't think so.

Q. As in one of your colleagues who might be experienced?
A. I'm not sure. I think I rang - had run some things past one of the doctors that I was friendly with at the time.

Q. Who was that?

A. Doctor A.

Q. Okay. And what sort of advice did he give to you?
A. Just, I suppose, reassurance. Just somebody on another level to talk to about what was happening or if I was having a difficult day.

Q. So you'd - he'd be the first person you'd turn to, and after nurse E?
A. Well, at different times, doctor A was - I was close to doctor A in the later stages. I had other friends, nurse A, Minna Lapalainen.

Q. Okay. So you've communicated with all those over the years?
A. At some point, yes.

Q. And this would be during and after work?
A. Yes.

Q. Is there a reason why you wouldn't get advice or support face to face?
A. We get support sometimes on shift, but it would depend who you were working with and what was going on in the unit and who it was that, well, whether you felt able to talk to that person or not. When we've had a difficult day on the unit, a baby's been unwell or it's been particularly busy, I don't know, somebody had phoned in sick or anything that was a bit different on the unit, out of the normal, I might seek support from somebody.

Q. Okay. And when you were asked about occasions that you have messaged colleagues for advice relating to work, you have said it was for reassurance. Explain what you mean by that.
A. I can't remember specific-, but I know that I - I've mentioned doctor A before now in terms of when we'd lost certain babies. I know he'd gone to, like, debriefs and different things that nursing staff weren't invited to, and I think I checked some different policies with him over time.

Q. And explain why you were particularly interested in those debriefs.
A. Because they were babies that I had involvement with.

Q. Okay.
A. Or been present for.

Q. Okay. And you said that you weren't invited to these debriefs. Is that correct?
A. Not all. Some - some of them.

Q. Right.

A. Some you're not. And then there's things that were discussed at medical level only and things so...

Q. Okay.

Q. The next area I want to talk to you about, Lucy, is your training. And correct me if I'm wrong, but our understanding from the investigation is you qualified as a band 5 nurse sometime in 2012. Can you confirm if that's correct?
A. September 2011.

Q. Okay.
A. And I started working on the unit January 2012, and that was my first job.

Lucy Letby discussed her training in administering blood transfusions and blood components, her mentorship for students, and acquiring credits towards a Master's qualification. She explained that she had Qualified Speciality Training at Liverpool Women's Hospital in February 2015.

Q. Okay. During the training, obviously, you have described to me what it involved and the competencies. What about any risks or dangers dealing with neonatal babies? Were you taught anything specifically in relation to that?
A. Yeah. We had different lectures and things about different neonatal conditions.

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

Q. And how did you find that?
A. Just very different to Chester, it's just not something that we would see and do. And they're sort of like, I once saw a lady that was delivering in the corridor and things. That's just something I'd never seen before.

Q. So all these areas were knowledge that you could potentially bring back to the unit
A. Yes.

Q. And amongst the staff on the neonatal unit, Lucy, were there any other nurses of band 5 who'd done this training?
A. Yes, there was myself and Bernie B. We were the only two.

Q. Okay.

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

Q. Yes.

Letby described further training in basic life support and infection control, breastfeeding support, and annual neonatal updates.

Q. Okay. Moving on, Lucy. In May 2015, there was a competency assessment for safe administration for medication by bolus, intermittent via a long line, Broviac line, or umbilical venous catheters. Do you recall that training?
A. Yes.

Q. Can you explain to me what that involves?
A. Okay. So we didn't have any training as such. It came from - when you've done the intensive care course, you're then eligible to access these sort of lines and to do the competency. So usually, you would just work with another nurse, and then they would support you and watch you in drawing it up and preparing whatever needs to be given via that line. Then there's a competency of questions that they ask you as well.

Q. Okay. So did you say- sorry - did you say that there wasn't a specific training?
A. So there wasn't any - no - there wasn't a specific--

Q. Right.
A. --training aspect. No, it was just something you sort of learn on the job.

Q. And how long does that take place for?
A. I think you have to be watched 3 times, if I remember correctly.

Q. Okay. And do you recall who you were assessed by?
A. I think one was Chris Booth.

Q. Mm-hmm.
A. Somebody, nurse A. I can't remember.

Q. Well, explain to me how this training - you would then apply it to your role.
A. I'd then be able to give baby medications via these sort of lines rather than just being a second checker. I would actually be able to--

Q. Okay.
A. --have access to those lines.

Q. Okay. And how often would you then use that method, so be able to give medication?
A. Quite frequently.

Q. Mm-hmm.
A. Most of the babies on the unit have some form of central access. And when you're new to having learned something, they're usually quite keen for you to get as much experience as you can.

Q. Yes.
A. So you end up doing a lot of the drugs and things.

Q. Okay. How did you find that?
A. Okay. I think it was certainly very different. It was very different learning about those separate lines to just a normal peripheral line. Obviously, there's a little more risk and sort of learning. You have to learn where the line placement is in terms of X rays a little bit, and it's more responsibility.

When asked about the risks involved, Lucy Leby identified infection, the line moving, or the line leaking.

Q. Okay. And having done the training, would you class yourself as competent in that area?
A. Yes.

Q. Is there any part of the training, Lucy, that you're not happy with? Or are you fully confident with?
A. I think the only thing we we don't see a lot of babies on the unit with the Broviac line.

Q. Okay. Moving on, Lucy, you've also completed in May 2015 assessments for the safe administration of medication by bolus and also safeguarding children as well. I'm guessing those are 2 separate areas of training?
A. Yes.

Q. So the first area then, the safe administration of medication, what can you tell me about that?
A. I don't remember that training specifically.

Q. Did you do or did you attend any specific resuscitation training for neonatal babies?
A. Yes, we attend the neonatal life support program. That's done every 4 years, that lasts for 4 years.

Q. And what did that training involve?

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

Q. Is there any other training, Lucy, that you received while you're a nurse on the neonatal unit that I haven't gone through with you?
A. I attended an IV study day at Alderhey.

Q. When was that?
A. That's when I first qualified to be able to give medications via a line, that had a competency assessment. And I've attended various study days, but they were just for my own--

Q. Yeah
A. --they weren't assessed study days.

Q. Okay.
A. I don't think there's anything else that I've been assessed in.

Q. Is there any training you failed in at all, Lucy?
A. No, not that I'm aware of, no.

Q. Okay. In relation - we've touched on it before when speaking to you, Lucy - in relation to insulin training, tell me about any specific training you've had about that.
A. Well, I don't recall having any specific training in insulin specifically, no.

Q. Have you received any inputs around it?
A. Hypoglycaemia and hyperglycaemia? It isn't something that's really discussed at updates, no.

Q. So explain to me then how you became or how you become aware of how to deal with a situation involving hypoglycaemia then?
A. Through just experience. Experiencing it on the unit, from when the different pathways that come out. Usually, they did change the pathway a couple of times, then you get a little bit of an email sent around, maybe with a new policy, but then you would have to wait until you had a baby to then sort of fully get your head around it.

Q. Okay. And you've mentioned to me these pathways. Describe to me how you're taught about them.
A. You're not really taught about them. They're just sort of uploaded to the guideline system.

Q. Right.
A. You're told if there's any changes, and you're expected to go and look and--

Q. Okay.
A. --familiarize yourself with anything.

Q. And what about air embolisms, Lucy? Did you receive any training in relation to those?
A. No.

Q. Okay. Were you aware of them? Or ..
A. Not really, no.

Q. Have you heard of them before?
A. Um.. Yes.

Q. When was that?
A. I've heard of them more from an adult perspective.

Q. And tell me what that was in relation to.
A. I don't know specifics. Like, sometimes we've had mums on the unit who've been unwell, and it's been found they've had a PE, pulmonary embolism. So that's just how I've heard of it via that.

Q. Specifically, whilst working on the neonatal unit, have you ever come across it before?
A. No.

Q. Has the air embolism training ever popped up in respect of dangers with other training that you might have had?
A. Not that I can think of specifically.

Q. No? Or any sort of general nursing training before you qualified?
A. It's been mentioned in terms of line care. You'd have to be mindful that you don't leave a line open and things like that.

Q. Mm-hmm.
A. But it's not something that's discussed frequently in any detail.

Q. When you say line care, you needed that competency assessment in May 2015 that we talked about, the safe administration of medication by the different lines. Is that the type of training that you're referring to?
A. Yes, I'm not sure if that's on the list or not.

Q. Okay. And have you had any concerns during care duties? What's the protocol if you had concerns in relation to your baby?
A. You'd escalate it to a band 6 or the shift leader.

Q. Okay.
A. And they would take it from there usually.

Q. Mm-hmm. Did you feel comfortable in doing that in your role?
A. Yes, sometimes. It would depend who the member of staff was. Some people are more amenable than others, but I think but, yeah, I think when I needed to escalate, I did.

Q. Okay.

That particular interview concluded there. I'm now moving on to the final interview in the summary bundles. This is an interview on 10th June, again, 2019, a little later in the day.

Q. My colleague asked you if you used your diaries, Lucy, to express your thoughts and feelings, and you said, sometimes. Would you explain to me what would trigger you to write that down?
A. If there was something I was particularly struggling with or something I felt I just needed to write down and express myself without telling anybody.

Q. Okay. And you said when he asked you a question, my colleague, you said sometimes. Can you quantify that? How often would you do that?
A. So there have been points when it's been daily, when things have been difficult for me. Other times, it might be weekly. I'm not sure.

Q. Right. And then my colleague asked you about the collapses of the babies, and you said that you recorded those as well. Why?
A. I think I've made reference, but I don't know in what way I've recorded them. But..

Q. Okay. Can you explain that to me in more detail?
A. I suppose it's just a way of me thinking things through myself in my own time and expressing those thoughts on paper.

Q. Okay. Explain to us what type of things you wrote, Lucy.
A. I don't remember specifics, but there have been times when I've really been struggling, and I thought maybe things were my fault and that people were blaming me. I've not been good enough, things like that. But I don't know that I've described - that I've written down every collapse.

Q. Right, okay.
A. Or the detail of that collapse.

Q. Why would you want to reflect on those, Lucy?
A. Because that's just how I cope with things. I don't talk to anyone about it. I just internalize things and do it in my own

time. I think some of the diary entries I've made have been about how I feel about being potentially blamed for things. Yeah.

Q. Okay. So do you remember when you started doing that, putting entries in diaries in respect of that?
A. I think it was once I was removed from the unit.

Q. Okay. So we're looking at, what, post-July 2016?
A. Yeah. I think it was at a time when we were particularly busy, and there were lots of staffing issues. And I think I started to write things down because I was starting to be used as second on call.

Q. What was the purpose of writing that down?
A. I'm not too sure. I think it was just my own record of knowing who I looked after and when, how many babies I have per shift.

Q. Is there no method at work to do that?
A. Not unless you were - not unless you went through each of the nursing notes. You'd have to look. There's no way of looking at who looks after which baby on which days, no, without going into the nursing notes.

Q. Lucy, Letby explained that the names appearing in the 2016 diary are those of the babies for which she was the designated nurse..

Q. Were there any concerns or issues on the unit at this time, Lucy?
A. Yeah. There'd been mention about the concerns that there'd been a rise in mortality rate, and we had staffing issues.

Q. This had been raised in February?
A. I think it was early. Yeah. I think so.

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

Q. To what purpose?
A. So I would know who I had looked after and how many babies.

Q. Okay. So you've also written things in red, again, they're personal home points, are they?
A. Yes.

Lucy Letby was then shown a specific note from her diary, the exhibit reference K14. The officer then says:

Q. that's the larger A4 sheet that was inside the diary. Is that correct?
A. Yes, that's correct.

Q. If you look to the bottom left, there's a highlighted in a box the words, "kill me".
A. Mm-hmm.

Q. Why have you written that?
A. Because I wish sometimes that I was dead and someone would just kill me.

Q. Why is that, Lucy?
A. Because at that point, I'd lost everything, and wasn't working on unit, and was being - I didn't really know what was going on, and I hated working in the office.

Q. There's another box there, this box here, where there's a bit written in and then crossed out. Do you know what that says?
A. No.

Q. So you don't remember when you did this?
A. No.

Q. Because you didn't date or time it?
A. No.

Q. Do you think you might have done it at work?
A. I think looking at it, it started off as some notes about work, and then I've just used it then as a doodle thing and added more to it.

Q. Then it's your way to express yourself. Is that what you're doing?
A. Yeah.

Q. I mean, would you put things that weren't sort of accurate or truthful?
A. Well I'm not sure. Some of it is just doodling. It's something that comes into my mind at that time.

Q. Why have you kept this piece of paper, Lucy?
A. I'm not sure. I think I - it was obviously put inside my diary and then just left there.

Q. But that suggests that it was to you - that suggests it was written around the time that you were using the diary?
A. Yes, yeah. And I would say because it's some of this is relating to the work that I was doing in the office. It's from when I was removed onwards.

Q. Okay. Thank you for that, Lucy. We've come to the conclusion of this particular interview now. Is there anything else you want to ask or tell us about the diaries?
A. No, thank you.

Q. How are you feeling now?
A. Well, I'm just a bit exhausted now.

Q. You feel exhausted. Okay. Well, that's now the conclusion of this interview.