

1 MR JOHNSON: My Lord, we have, of course, the evidence of
2 Professor Arthurs to receive in due course, which
3 we were due to hear on Tuesday.

4 MR JUSTICE GOSS: Yes, Tuesday of this week we didn't sit.

5 MR JOHNSON: Subject to that additional piece of evidence,
6 the remaining evidence is just an interview summary, so
7 I'll read that before the break, when we'll embark on
8 the sequence.

9 MR JUSTICE GOSS: Yes, certainly. Please do read -- you
10 will remember this procedure. Sometimes we didn't get
11 interview summaries because they weren't agreed, do you
12 remember, and you were told that that wasn't. But this
13 is an agreed summary. Thank you very much.

14 Is there a copy for me by any chance?

15 MR JOHNSON: I am sure there is.

16 (Handed)

17 Summary of interview with LUCY LETBY re [Baby Q]

18 (read)

19 MR JOHNSON: Lucy Letby was first interviewed on 5 July 2018
20 and she remembered being the designated nurse for
21 [Baby Q], who was in nursery 2, and another baby in
22 nursery 1 on 25 June 2016.

23 When Lucy Letby came on duty, she recalled that
24 [Baby Q] had a low temperature and was tachycardic.
25 He was handling well and well enough to be left in the

1 care of another nurse. Lucy Letby thought that
2 Mary Griffith had a baby in room 2 as well.

3 Lucy Letby said that she returned to nursery 2 after
4 9.10 hours to see [Baby Q] being attended to as he had
5 vomited, was mottled and desaturated. Lucy Letby
6 thought that Nurse Lappalainen was giving him Neopuff
7 and that Nurse Griffith and a doctor may have been there
8 too. Lucy Letby did not see the vomit but she was told
9 that he had vomited clear fluids.

10 Regarding the aspiration of air ++, Lucy Letby could
11 not remember if that was something she did or that
12 somebody else did. Lucy Letby was asked about the air
13 in [Baby Q]'s stomach and she suggested that babies
14 sometimes gulp air when they vomit.

15 Lucy Letby was asked generally about alternatives
16 for how air could get into a baby and she thought that
17 it could be due to a blockage in the bowel.

18 After this event, [Baby Q] was transferred to
19 nursery 1 and Lucy Letby had continued as his
20 designated nurse in that nursery.

21 During the interview on 12 June 2019, Lucy Letby
22 recalled asking Mary Griffith to watch [Baby Q] in
23 nursery 2 whilst she, Lucy Letby, attended to another
24 baby for whom she was caring in nursery 1 and thought
25 that that child was named B. That's short for the name

1 of the child.

2 Lucy Letby accepted that [Baby Q] collapsed within
3 minutes of her leaving nursery 2. Lucy Letby accepted
4 that [Baby Q] was stable when she left and she wouldn't
5 have left him had that not been the case. She denied
6 deliberately leaving the room to blame the collapse on
7 other staff and explained that the baby in nursery 1 was
8 due cares. She denied administering air via [Baby Q]'s
9 NGT or otherwise acting in a way to cause the collapse.

10 In the final interview on 11 November 2020,
11 Lucy Letby denied giving [Baby Q] anything that would
12 have caused him to be sick and she agreed that it was
13 a coincidence that he had become unwell after she came
14 on duty, having been stable overnight, and she indicated
15 that premature babies could deteriorate at any time.

16 MR JUSTICE GOSS: Right. Thank you. That's a convenient
17 point to have the break. A ten-minute break, please.
18 We'll then resume at about 11.55.

19 (11.45 am)

20 (A short break)

21 (11.55 am)

22 (In the absence of the jury)

23 MR JOHNSON: Before the jury comes in, what we are about to
24 do is the post-indictment communications that between us
25 we have agreed. There are 273 tiles. If I had to

1 estimate when we'll finish if we started at midday, I'd
2 say about 1.20.

3 MR JUSTICE GOSS: And that is then it for the day?

4 MR JOHNSON: Yes.

5 MR JUSTICE GOSS: I've organised to have a meeting at
6 1 o'clock, I'm sorry about that. We could have
7 a shorter lunch, but it's fixed now and I can't change
8 it because I can't communicate with them. But thank you
9 for letting me know.

10 Thank you, Ms Clancy. Yes, the dates are right.
11 I'm incorporating everything on to one sheet of paper
12 that will be distributed to everyone.

13 (In the presence of the jury)

14 MRS CLAIRE HOCKNELL (recalled)

15 Examination-in-chief by MR JOHNSON

16 MR JOHNSON: My Lord, I recall Mrs Claire Hocknell. She is
17 in the witness box and for the sake of the recording,
18 would you identify yourself, please?

19 A. Claire Hocknell.

20 Q. Thank you. What we are now going to deal with,
21 Mrs Hocknell, is a sequence of messages, essentially,
22 that passed between Lucy Letby and other people in the
23 days after the event that the jury have just considered
24 relating to [Baby Q].

25 A. Yes.

1 Q. It's presented in precisely the same way as we have seen
2 in the sequences. There are no medical records in any
3 of this, it's just essentially text or Facebook
4 messages, is that right, with one or two events thrown
5 in, just as markers?

6 A. Yes.

7 Q. The first such example of that situation is the fact
8 that on Sunday, 26 June 2016, Lucy Letby had a day off.

9 A. Yes.

10 Q. From this point on, can I take the part of people other
11 than Lucy Letby and you take her part, please? This is
12 a message sent at 23.36 on Sunday 26 June by [Dr A]
13 to Lucy Letby saying:

14 "Okay. Wouldn't want to let, but if it's anything
15 you think I could help with, please ask. [Dr B] was better
16 after a chat. She does seem to get the short end of the
17 stick with on calls. I don't know about that. I know
18 what you said last night about how I work, but today has
19 been funny. Everything seemed to take a long time to
20 organise. Discussion with [Baby Q] parents was hard
21 because of previous baby at Alder Hey [possibly, AH].
22 Yes, I may become a power nap convert."

23 Then there's other material that relates to an
24 irrelevant third party.

25 Then he corrects "let" to "pry".

1 A. Yes. Lucy Letby replies:

2 "Thanks. Things are just that bit harder when
3 tired, on your own, etc. Good, I like [Dr B]. Organise
4 on your part or as nursing/medical combined? Why was the
5 conversation hard?"

6 Q. Then he replied at 23.53:

7 "Yes, they are. I think it's easy to bottle things
8 up but it doesn't help sort anything out in the end.
9 She is a lovely person and she cares about the babies
10 and juniors/nurses. She has struggled this week,
11 I think that's why I did the NNU ward round again today.
12 No, the nursing part was fine. Don't think it was me.
13 X-rays took a while to get. Transport refused. NWTs
14 refused. NWTs half-agreed and then transport agreed.
15 So much wasted time given that the PICU bed was
16 organised in 5 minutes. Previous move to Alder Hey for
17 treatment of sibling. Mother upset that it was the only
18 option."

19 A. Ms Letby replied:

20 "Hmm. I've got a lot of time for her. You'll know
21 all the babies inside out. It's really frustrating when
22 that happens. Feel for the parents."

23 Q. Thank you. The clock went over midnight to Monday the
24 27th and there was a series of messages between 00.03
25 and 01.44 about work and about social issues -- of

1 a social nature might be a better way to put it but
2 nothing mentioning [Baby Q].

3 Then at 01.50:

4 "When you asked who was looking after [Baby Q], were
5 you worrying about anything?"

6 A. Lucy Letby replied:

7 "Worrying about? It's blank."

8 Q. "Anything?"

9 A. "Oh no, just wondered."

10 Q. "Okay. Amy phoned halfway through the shift because she
11 thought he looked worse at 7 o'clock. He had a bit of
12 a poor gas just before the handover."

13 A. "Amy usually rings."

14 Q. "Worrying about things or checking on baby?"

15 A. "Both. Her and Bernie ring after most shifts."

16 Q. Then there's further messaging about work, but nothing
17 to do with [Baby Q].

18 That day, Monday the 27th, was a day off for
19 Lucy Letby. Then after a break of about 8 or 9 hours,
20 the messaging resumed at tile 18 at 10.00 hours from
21 [Dr A]:

22 "Did you manage some sleep? Back on NNU, just about
23 to do J drugs and Badger. [Baby R] is very well. They
24 want to send [Baby Q] back as a medical NEC. Not sure if
25 the unit is open for transfers. Few managers/medical

1 directors around this morning."

2 A. "Yes. Got some sleep. Did you? Good news about both.
3 Hope they don't rush [Baby Q] back."

4 Q. "Got about 3 hours. Coffee is good. It was odd, he'd
5 only been there about 14 hours. I think this is a sign
6 of how Alder Hey is going to be. They are so short of
7 beds that they can only accommodate emergency patients.
8 It's not good holistic care and it's rubbish for his
9 parents."

10 A. "It's a lot of upheaval and stress for baby and family.
11 What time do you finish today?"

12 Q. Then at 12.46:
13 "Transfusion just called. What happened to J's
14 FFP?"

15 A. "It was never given, discarded. I need to sign it out
16 on Meditech tonight. I reckon there's going to be big
17 meetings, etc, about what's gone on with the unit being
18 closed, lack of staff, etc."

19 Q. This is [Nurse E] now.

20 A. [Nurse E], sorry.

21 Q. [Nurse E] responded:
22 "Yeah, Eirian came in this morning. Got no hello
23 and haven't seen her in ages. Was asking why girls were
24 saying unit short and staffing fine. Caroline B said
25 that although can open today, have an MRI and something

1 else going on, etc. Don't think she realises how
2 horrific it gets as rarely when she's in. Very flippant
3 and flits through."

4 A. "Bloody stupid with all that's happened. We were way
5 over capacity and it's skill mix too.

6 "Dr G was asking who was in room when [Baby Q] vomited
7 and who was allocated who as 4 ITU."

8 Q. "Was he?" asked [Nurse E].

9 A. "Yeah, not horribly. Checking that a room hadn't been
10 left unattended (which it hadn't) due to lack of staff.
11 I had ITU in 1 and 2, which he didn't think was good."

12 Q. "Caroline O was saying last night worried something
13 infection-wise in unit with so many babies becoming
14 sick."

15 Then in response to the other message:

16 "No it isn't, but isn't uncommon, is it?"

17 A. "Yes, I think it needs looking at. There was shit
18 coming out of sink in 2 on Sat and the toilet
19 overflowing."

20 Q. Then [Nurse E] replied:

21 "Disgusting. The second sink in nursery 1 still is
22 inadequate to wash hands. I think Eirian has such
23 a poor attitude now with staff."

24 A. Lucy Letby replied:

25 "I think the unit needs properly assessing. I don't

1 think equipment gets cleaned properly. Should use
2 Chlor-Clean or something and we haven't got the space,
3 facilities, etc, to maintain hygiene."

4 Q. "No but as long as we don't drop key parts on to sterile
5 field it's all good. Can't see how cleaning incs and
6 stuff with soapy water is enough."

7 Then:

8 "How can you have to use Chlor-Clean on kids' ward
9 for beds, etc, but more infection prone gets soapy
10 water?"

11 A. Lucy Letby replied:

12 "Bloody stupid, isn't it? I'm going to do Datix
13 about not having bicarb on unit or access to IO
14 equipment. It's all getting silly. Can't clean bodily
15 fluids with soapy water."

16 Q. "Yeah, think need to Datix everything now."

17 A. Lucy Letby replied:

18 "I know and our incs [I think it's incubators] get
19 covered with nappy changing, fluids, bloods, etc."

20 Q. "Yep."

21 A. "I think we've got to cover ourselves as I don't think E
22 shows much support."

23 Q. "Oh, and saw Yvonne F and asked about 405 as Debbie was
24 apparently was going to come and discuss changes to
25 course diff levels, etc. Said not heard anything and

1 probably won't for a while. It's nearly July.

2 "Yeah, I think Eirian would happily shit on you at
3 the moment."

4 A. "Great. Can see where that's going. Yeah, I hope I get
5 time tonight just to focus on everything and do all the
6 forms, etc.

7 "Hopefully Yvonne G will support us."

8 Q. And [Nurse E]:

9 "Was ridiculous you had to have two babies and
10 expected to finish paperwork."

11 A. Lucy Letby replies:

12 "I know but again it's staffing. She needs to look
13 at it.

14 "Poor [Baby O] was alone on a broken cold cot because
15 Chris was in charge and doing resus with me but had been
16 allocated him."

17 Q. And [Dr A] sent a further message at 13.58:

18 "J letter done. [Dr B] should check it this afternoon
19 [a couple of emojis]. Clinic patients done. Time to
20 leave. Did you get all of your jobs done?"

21 A. Lucy Letby replied to [Dr A]:

22 "Eirian has just phoned telling me not to come in
23 tonight and do days instead. I asked if there was
24 a problem and she said, no, just trying to protect me
25 a bit and we can have a chat about it tomorrow but now

1 I'm worried."

2 Q. Did she then sent a message to [Nurse E]?

3 A. Yes, a minute later:

4 "E just phoned telling me to do days this week and

5 not go in tonight as trying to protect me."

6 Q. [Nurse E] responded:

7 "What's that mean?"

8 A. Lucy Letby replied to [Nurse E]:

9 "I don't know. Asked if there was a problem and she

10 said no, just trying to protect me as had a difficult

11 run just before holidays. Less people on nights, etc,

12 and we can have a chat, etc, tomorrow.

13 "But I'm worried I'm in trouble or something."

14 Q. [Nurse E] responded:

15 "Don't worry. How can you be in trouble?

16 You haven't done anything wrong.

17 "Just very unfortunate."

18 A. "I know but worrying in case they think I missed

19 something or whatever. Why leave it until now to ring?"

20 Q. "It's very late, I agree.

21 "Maybe she's getting pressure from elsewhere."

22 A. "She said it's busy so more support for me on days and

23 can look at the paperwork bits, etc. She was nice

24 enough, I just worry. This job messes with your head."

25 Q. "Yeah, it does. Do you want me to come over after?"

1 Then [Dr A] responded:

2 "Please don't worry.

3 "I'm expecting the same conversation tomorrow."

4 A. Lucy Letby replied to [Nurse E]:

5 "Yeah maybe. Would that be okay?"

6 Q. "Yeah. Shall we say 19.30ish?"

7 And then [Dr A] sent a message saying:

8 "Ravi and the medical director met this morning and

9 they then said they wouldn't accept [Baby N] back. As the

10 medical lead for Thurs/Fri I'm expecting they'll want

11 a chat."

12 A. Lucy Letby replied to [Nurse E]:

13 "Okay, thanks."

14 Then replied to [Dr A]:

15 "I can't do this job if it's going to be like this.

16 My head is a mess. Why is she ringing at this time?

17 There must be a problem."

18 Q. [Nurse E] responds:

19 "No worries. Can have a proper chat as not had the

20 chance."

21 Were there then some following messages about work

22 but not about a specific baby?

23 A. Yes. Lucy Letby replied to [Nurse E]:

24 "Thank you."

25 Q. [Dr A] then said:

1 "Lucy, you did nothing wrong at all. It's an odd
2 time to ring but you've had a rough few days and a good
3 manager would realise that."

4 A. Lucy Letby replied to [Nurse E]:

5 "It's late, isn't it?"

6 Q. "Yeah, very."

7 A. "Wish she'd done this earlier because I'd have just gone
8 in and spoken to her."

9 Q. "Yeah, not been given an opportunity and naughty to
10 leave till tomoz."

11 A. "Messes with your head a bit to be told that at this
12 time. Would have sounded more reasonable if had done it
13 earlier, which is why I wonder if it is coming from
14 higher up as she usually finishes at 4.

15 "Anyway, we'll chat later."

16 Q. "Yeah. Try not to worry too much."

17 Then [Dr A]:

18 "There is no problem. I suspect my head is in about
19 the same place. The management was appropriate and your
20 recognition of an unwell baby was spot on. The care
21 delivered was quick and accurate. I can't fault
22 anything with your delivery of care to either baby last
23 week. If there was anything, I would have said so.
24 Eirian knows you. Has there ever been a reason for you
25 not to trust her?"

1 A. Lucy Letby replied:
2 "I can't talk about this now."
3 Q. "Okay."
4 A. "Sorry, I just need a bit of time."
5 Q. Then 12 minutes later she sent a further message?
6 A. "Sorry, that was rude. Felt completely overwhelmed and
7 panicked for a minute. We all worked tirelessly and did
8 everything possible. I don't see how anyone can
9 question that. E has always been very supportive."
10 Q. [Dr A]:
11 "No, it wasn't rude. It was unexpected and that's
12 never nice. Okay now?"
13 A. "I'm having a meltdown ++ but think that's what I need
14 to do.
15 "Anyway, I'll be okay. You have enough on your
16 plate too."
17 Q. [Dr A]:
18 "When I said it was unexpected, I meant the phone
19 call.
20 "Maybe a meltdown will help. You said your head is
21 a mess. This could be the way to clear things."
22 Then [Nurse E] responded:
23 "At the end of the day there's been no common
24 factors in any of it and a lot of other people
25 involved."

1 A. Lucy Letby replied to [Nurse E]:

2 "I know. I think everyone worked tirelessly and
3 don't see how any of that could be questioned.
4 I imagine she may want to know why I had triplets back
5 the next day and why I had [Baby Q] sat but there are
6 reasons for that and wouldn't have prevented me from being
7 part on resus."

8 Q. That's to [Nurse E] and this next one is from
9 [Dr A]:

10 "There isn't anything to question. You've already
11 done what anybody with neonatal knowledge would do: look
12 at the situation, look [at] the intervention and look
13 at the response. You didn't give any drugs that hasn't
14 been checked or made by anyone else. You didn't delay
15 any treatment and your suggestions were all perfectly
16 appropriate. There is nothing that could have been done
17 differently."

18 Followed up by:

19 "E was a good manager when I was here last time.
20 There isn't a high staff turnover, which suggests the
21 unit is well run. She is most likely going to do what [Dr
22 B] did with me last night and go through it too [it should
23 be probably 'to'] check you're okay. There is nothing
24 to be gained by not addressing how your staff have bene
25 hit by an event. You didn't look well Sat. Maybe that

1 was noticed."

2 A. Lucy Letby replied to [Dr A]:

3 "No, you are right. I think she will maybe question
4 why I had [Babies P & R] on Fri but there were reasons for
5 that and even if I hadn't been looking after them, I would
6 still have been involved with the resus, drugs, etc.
7 Same as there is a reason I had to keep [Baby Q] on Sat.
8 It's just hit me a bit as was an unexpected call. If she
9 had phoned earlier I wouldn't have worried."

10 Q. "Yeah".

11 A. I think that's an incoming from [Nurse E].

12 Q. Sorry, yes.

13 A. Lucy Letby replies to [Nurse E]:

14 "Perhaps she waited so long to ring as was waiting
15 to see if could find cover."

16 Q. [Nurse E] responded:

17 "If was that bothered, could always work herself!"

18 A. "That's true!"

19 Q. Is the next one an SMS message that's on the phone but
20 was never actually sent to anyone?

21 A. Yes.

22 Q. So it's almost like a note on a phone but in the text
23 part of the phone?

24 A. Yes:

25 "Death Datix x2. Datix. No bicarb delay in IO

1 access. Sign out FFP on Meditech and pink chart. J
2 charts obs. Fluids in sluice. Sign drugs. Sign
3 Curosurf out. Traffic light drug compatibility.
4 Inotropes and no policy for panc. Delay in people doing
5 drugs."

6 Q. Tuesday, Wednesday and Thursday were days back at work
7 for Lucy Letby, doing a long day shift; is that right?

8 A. Yes.

9 Q. And after the long day shift on 30 June, Thursday the
10 30th, [Dr A] sent a message to her saying:

11 "Did J tell you what was wrong earlier?"

12 A. Lucy Letby replied:

13 "Not really. We started talking but then people
14 came into nursery and she dashed off."

15 Q. Then we come to messages that were -- about which
16 [Dr A] was asked yesterday, so I'll deal with these
17 slightly more slowly. At 23.55, [Dr A] to
18 Lucy Letby:

19 "I'm not sure where the information has come from.
20 It seems that on the SHO grapevine somebody at Liverpool
21 Women's Hospital has said that one of the triplets was
22 found to have a ruptured liver. J was upset that this
23 may have been caused by her chest compressions."

24 A. Lucy Letby replied:

25 "Oh no, that's awful.

1 "No wonder she's upset. Were you able to reassure
2 her?

3 Q. Then 4 minutes later, but over into Friday, 1 July,
4 [Dr A] responds:

5 "We spent 20 minutes in a cubicle going over
6 everything. The CPR was all at the 5th rib space,
7 between the nipples. The DuoDERM on [Baby P] was high.
8 If there was anything, it will have been due to fluid
9 volume causing liver distension."

10 Then:

11 "I'm not sure I believe it.

12 "It was a coroner's PM. It usually takes weeks to
13 get any report."

14 A. Lucy Letby replied:

15 "It seems a bit like a rumour mill has gone into
16 overdrive. The boys were only returned today. Can't
17 see how info would be out that quick."

18 Q. "No, me neither."

19 A. "Not nice for J though. Can see how it would play on
20 her mind."

21 Q. "This has come at the end of a seven-day run for her,
22 not a good time."

23 A. "No. It's good that she felt able to tell you."

24 Q. "I'm good for a hug and a chat. I think I helped."

25 A. "She said she'd spoken and cried on you and Huw and was

1 feeling better for it."

2 Q. That day, Friday 1 July, was a day off for Lucy Letby,
3 as was the following day, Saturday the 2nd and Sunday
4 the 3rd.

5 Monday the 4th and Tuesday the 5th were annual leave
6 days and we come next to a message sent at 14.16 on
7 Tuesday the 5th by [Nurse E] to Lucy Letby:

8 "I only found out yest about the business with J's
9 UVC."

10 A. Lucy Letby replied:

11 "Really? I thought they were going to take it
12 straight out. Did he still have it in?"

13 Q. "Yes."

14 Then she says:

15 "Mark came in chatting to me at the start of last
16 night's shift and said [redacted] needs L. L as soon as UVC
17 been in nearly 2 weeks and he said something about [Baby
18 O]'s already being changed and I said it hadn't and he told
19 me about the open port."

20 A. Lucy Letby replied to [Nurse E]:

21 "Jeez, well, that was on Thursday. [Dr A] didn't have
22 time to look for access in the evening so had to label
23 it and not use port overnight and they would sort it the
24 next day. Abby new."

25 Q. From [Nurse E]:

1 "I handed over to Abby this morning and she said she
2 knew nothing about it being changed and why would it
3 be."

4 A. And Lucy Letby replied:

5 "Bloody hell. Thank goodness I did a Datix."

6 Q. "Did you? Good.

7 "Well, when that gets looked into they'll see it
8 never got changed."

9 A. Lucy Letby replied:

10 "I told her about it that night. Yes, because
11 thought it's a massive infection risk and risk of air
12 embolism. Don't know how long it had been like that."

13 Q. Then two messages from [Nurse E] in very quick
14 succession:

15 "He has been persistently tachycardic now and
16 tachypnoeic. Feeds slow to increase as having few
17 vomits, larger aspirates so asked for a review last
18 night.

19 "Jess and Tony not bothered as CRP less than 1 on
20 weekly bloods."

21 And was there then a continuing conversation
22 regarding a UVC?

23 A. (No audible answer).

24 Q. Moving on to Wednesday, 6 July, shortly after midnight,
25 [Dr A] sent a series of messages to Lucy Letby,

1 starting at 00.54:

2 "You need to keep this to yourself: the meeting this
3 afternoon looked at everything with [Babies O & P] from
4 birth onwards.

5 "We reviewed everything: room, meds, medical reviews
6 and actions. We looked at all documentation, MED and
7 NUR.

8 "If you've any doubt about how good you are at your
9 job, stop now.

10 "Documentation was perfect. Everything commented
11 about the appropriateness of your request for a review
12 of [Baby O] following vomit.

13 "Your documentation of the resus/incubation [it
14 maybe should be intubation] drugs was faultless. There
15 is absolutely nothing for you to worry about. Please
16 don't.

17 "There are going to be some recommendations based on
18 staffing/kit but there was no criticism of either resus.

19 "This is staying quiet until has been to execs.
20 We're looking at [Baby R] care on Thur."

21 Then the final message in this sequence is at 01.06:

22 "E had nothing but good things to say about you."

23 A. Lucy Letby replied at 01.14:

24 "Okay. I really appreciate you telling me. It
25 won't go any further. I was one member of a huge team

1 effort, but you know I've been carrying the worry of the
2 'what if I wasn't enough'. It's reassuring to hear that
3 it doesn't appear that anything could have been done
4 differently or that I didn't act on or do something
5 I should have. Thank you."

6 Q. "I was invited to attend because SB and [redacted] [that
7 may be Stephen Brearey] thought it was good consultant
8 preparation for me. I gave extra details of both resus
9 as they were required.

10 "There were a few questions which were easy to
11 answer but the constant theme was how well you and
12 I dealt with [Baby O] deterioration and with [Baby P] resus.
13 I felt proud for both of us."

14 A. Lucy Letby replied:

15 "That's good to hear. I'm glad you've had positive
16 feedback too. You were fantastic. It was an awful
17 situation but I wouldn't have wanted anyone else to be
18 there. I now feel confident that we did absolutely
19 everything and it's reassuring to know that the
20 documentation reflects that."

21 Q. [Dr A] at 01.32:

22 "There was a liver capsule haemorrhage in [Baby O]. It
23 is thought to be related to resus/disease process but
24 doesn't explain the deterioration (not on first X-ray).
25 It's not considered by SB and [redacted] to be significant.

1 "There will be an inquest, we may have to attend."

2 A. "Would he have died from that?"

3 Q. "I don't think so. He collapsed. The liver on first

4 X-ray looked normal (done in nursery 2) and looked

5 abnormal on second X-ray to confirm tube position. But

6 the CPR was needed for something. It doesn't explain

7 why liver changed appearance."

8 A. "Okay."

9 Q. "Thank you. I wouldn't have wanted anyone else but you to be

10 looking after [Baby O] or [Baby P]. We do work well together!"

11 Then:

12 "[Baby Q] care is going to be reviewed on Thur as well

13 because of acute deterioration."

14 A. "That makes sense."

15 Q. "They're looking at me because I was involved in all."

16 A. "Have they said that?"

17 Q. "Not in so many words. I document clearly and

18 contemporaneously. It's difficult to pull my work apart

19 but there were a couple of comments, which is fine as

20 long as I get the chance to talk through the process."

21 A. "Okay. I imagine they will look at us both (as E has

22 done with me for previous babies). If there are any

23 concerns they will have to give you the opportunity to

24 discuss it. I don't envisage anything being a major

25 problem if they've gone through both today and nothing

1 was said.

2 "And you weren't the only doctor involved."

3 Q. "I ran [Babies O & P] and was the only doctor involved with [Baby
4 Q]."

5 A. "But [Dr B] was present at all times. [Baby Q] was different
6 but you kept JG updated.

7 "Try not to worry about it unless anything is said.
8 They will be covering all areas."

9 Q. "I know, I'm not worried."

10 A. "Good. Thank you for telling me."

11 Q. "I thought you ought to know. I was so sorry that you
12 were upset when E called about that night when I knew
13 you'd done a perfect job.

14 "Just had the email."

15 A. "I took it the wrong way, but it completely floored me.
16 Was overwhelmed by it all.

17 "Eek!"

18 Q. "I think 'eek' sums it up perfectly."

19 A. "Scary but exciting."

20 Q. And sends an emoji with an emoji going back the other
21 way. And a further one from Lucy Letby to [Dr A].

22 A. "Everything happens for a reason. It'll all work out.
23 This is the start of a new beginning."

24 Q. Then that day, Wednesday the 6th, was Lucy Letby on
25 annual leave and did the messaging resume just before

1 midnight, at 23.13, with one from [Dr A]:

2 "As far as meetings go, I've plumbed new depths
3 today. Big relief. I managed to hand it back without
4 upsetting anybody"?

5 A. Lucy Letby replied:

6 "How come? You've escaped and everyone is happy.
7 Result!"

8 Q. [Dr A]:

9 "The ceilidh is a good result. PTA meeting was just
10 tedious. [Dr B] came to NNU in a bit of a flap between my
11 LLs. She's going on holiday tomorrow and wanted to go
12 through the notes to make a formal timeline. She was
13 a bit fixated on the IO needles. I think the fact that
14 you got a needlestick is making them question if it was
15 displaced during the resus. She took an age. I had to
16 tell her that I needed to go and pick T up. I've since
17 had an email from SB which makes me understand what is
18 going on. Will forward it to you. You might find it
19 interesting."

20 A. Lucy Letby replied:

21 "Ah, okay. It hadn't penetrated the skin when
22 I gave him to parents, etc, but not to say it hadn't
23 dislodged. It was used for the last few drugs in the
24 final round. Oh yes, send it me."

25 Q. "Which email address (secure one) should I send it to?"

1 A. "lletby@nhs.net."

2 Q. Is there then an email sent which reads as follows -- so

3 [Dr A] copying Lucy Letby or forwarding to Lucy Letby

4 an email sent from Dr Brearey on 7 July or the date on

5 it --

6 A. It's 6 July.

7 Q. Sorry. On that it says the 7th on the screen, doesn't

8 it? If you look on the screen, sorry.

9 A. Yes. I think that's an error.

10 Q. That should read the 6th on the screen, should it?

11 A. Yes --

12 Q. Okay.

13 A. -- at 12.21.

14 Q. Yes. Anyway, it reads:

15 "Hi Mark. Having thought about the two cases we

16 discussed yesterday, I think it is quite likely both

17 will go to inquest and you are likely to be asked to

18 give a statement. Can I suggest you prepare it now when

19 everything is fresh in your mind? It can include things

20 we discussed yesterday that might not be in the notes,

21 particularly around [Baby P]'s initial arrest and who put

22 IOs in and where and what went through them.

23 "If you need any help with the format, etc, please

24 let me know. I have suggested the same to [Dr B] and will

25 ask Huw and Tony to do the same. [Dr B] has the notes for

1 both babies at the moment but I think is away on leave
2 at the end of the week. If you do use the notes for
3 reference after [Dr B], can I ask you don't take them off
4 the hospital and don't keep them for too long. If you
5 need to use any of the consultant offices, including
6 mine, feel free. For your information also, I thought
7 your record keeping was clearer and more comprehensive
8 than everyone else's. Steve."

9 And [Dr A] sent a message saying:

10 "Okay, I've just sent it."

11 A. "Oh, okay."

12 "How do feel about it?"

13 I think "you" is supposed to be in the original
14 message.

15 Q. "A bit upset."

16 "I've had a coroner's PM before which found a clear
17 anatomical cause. The inquest was cancelled and after
18 a serious case review in which everything was okay, it
19 was put to rest."

20 "This is different. The meeting yesterday found no
21 issue with management or drugs, etc, but doing this in
22 a court is going to be uncomfortable."

23 A. "Why is it going to inquest?"

24 Q. "Unexplained cause x2."

25 A. "It's a bit of a worry if it's going that far. Do you

1 think I'll be involved?"

2 Q. "Probably not. Your documentation will most likely be
3 used in place of a statement. The questions will be
4 about management and procedures."

5 A. "I don't know what to say. Feels like a bit of a blow
6 considering everyone's hard work, etc."

7 Q. "I feel the same. Statement writing is a peculiar art
8 form. Takes ages getting everything to flow properly.
9 "(Or maybe that's just me)."

10 A. "I imagine it's a lot of work.
11 "Accuracy of events, times, etc.
12 "Huw wasn't there, was he?"

13 Q. "I'd ignore that bit."

14 A. "Okay."

15 Q. "I know you won't say anything. This email has to stay
16 between us. Is that okay?"

17 A. "Of course, 100%."

18 Q. "It's going to take a day to write each of the reports.
19 They may never be asked for but I think they will be
20 asked for in August."

21 A. "Worth doing ASAP and then you've got them."

22 Q. Did Lucy Letby then have 8 days off between Thursday the
23 7th and Thursday, 14 July?

24 A. Yes.

25 Q. I say off. The final day was a management day, I think;

1 is that right?

2 A. Yes.

3 Q. Followed by a day off on Friday, 15 July.

4 A. Yes.

5 Q. Was there then an email from Yvonne Griffiths to all the
6 nurses at the Countess of Chester Hospital, sent on
7 Friday, 15 July at 11.16?

8 A. Yes.

9 Q. Reading as follows:

10 "Hi everyone. In preparation for the external
11 review it has been decided that all members of staff
12 need to undertake a period of clinical supervision. Due
13 to our staffing issues, it has been difficult to
14 determine how we undertake this process. We can only
15 support one member of staff at a time, therefore we have
16 decided that it would be useful to commence with staff
17 who have been involved in many of the acute events,
18 facilitating a supportive role to each individual.
19 Therefore Lucy has agreed to undergo this supervision
20 first, commencing on Monday, 18 July 2016. I appreciate
21 that this process may be an added stress factor in an
22 already emotive environment, but we need to ensure that
23 we can assure a safe environment, in addition to
24 safeguarding not only our babies but our staff. This is
25 not meant to be a blame or a competency issue, but a way

1 forward to ensure that our practice is safe. It will
2 probably be developed into a competence-based programme
3 to be undertaken every 2 to 3 years in line with our
4 mandatory update training. Kindest regards, Eirian."

5 And then Eirian Lloyd-Powell's details are set out
6 underneath.

7 Was that followed 4.5 hours later by a message sent
8 by Lucy Letby to [Nurse E]?

9 A. "I've done a timeline of this year."

10 Q. "Fab."

11 "And how quite a few babies weren't compatible with
12 life anyway."

13 "I wonder if midwives get this amount of
14 stillbirths?"

15 A. "Yes, and some went off within hours/on handover."

16 Q. "Yep."

17 A. "Or were already acutely unwell when I took over."

18 Q. "Exactly."

19 A. "I put that when [Baby Q] went off no other staff able to
20 care for him, etc."

21 Q. "Not like all behaving fantastically til right into
22 shift."

23 "Yeah."

24 A. "Hoping to get as much info together as possible. If
25 they have nothing or minimal on me, they'll look silly,

1 not me."

2 Q. Did Lucy Letby then have 2 days off on Saturday, 16 July

3 and Sunday, 17 July?

4 A. Yes.

5 Q. Followed by a management day on Monday the 18th?

6 A. Yes.

7 Q. On Tuesday the 19th did she start work in the -- what's

8 called the Patient Experience Team?

9 A. Yes.

10 Q. We then skip a few weeks from Tuesday, 19 July to

11 Monday, 8 August; is that right?

12 A. Yes.

13 Q. And we take up the narrative with a message sent by

14 Lucy Letby to [Dr A].

15 A. Yes:

16 "Just bumped into Tony and had 20 Qs about the

17 triplets, drugs, etc. He's been wanting to meet with me

18 to discuss."

19 Q. "He's finished his last shift this morning and is trying

20 to tidy everything up prior to leaving. I'm trying to

21 sort out our meetings."

22 A. Lucy Letby replied:

23 "Said he got into some bother over the IO

24 needlestick but okay now. Saw Jess too.

25 "How are you getting on?"

1 Q. Was there then a message from [Nurse E] to
2 Lucy Letby, saying:

3 "OMG! Are you at desk or can you talk?"

4 A. Lucy Letby replied to [Nurse E]:

5 "Can talk."

6 Q. Then [Dr A] responded to Lucy Letby's question "How
7 are you getting on?" with:

8 "Chief exec office said I don't need tho ['to'
9 maybe] meet him. They've pushed me to see Mr Semple
10 hopefully later. Ravi is on holiday. Meeting [redacted]
11 tomorrow."

12 And then there's some emojis, which may or may not
13 be bits of cake.

14 "Yet."

15 A. Lucy Letby replied to [Dr A]:

16 "They were questioning if the line had been
17 functional on insertion as he put it in. We know it
18 definitely didn't dislodge until after death. Working
19 through the list then. No, the buffet commences at
20 13.00."

21 And a face emoji.

22 Q. Did she then respond to [Nurse E]'s last message?

23 A. Yes:

24 "Tony phoned. He's going to speak to Karen and
25 insist on the review being no later than first week of

1 September but said he definitely wouldn't advise pushing
2 to get back into unit until it's taken place. Asked
3 about social things and he said it's up to me but would
4 advise not speaking with anyone in case any of them are
5 involved with the review process. Thinks I should keep
6 head down and ride it out and can take further once
7 over. Feel a bit like I'm being shoved in a corner and
8 forgotten about by the trust. It's my life and career."

9 And a further message:

10 "He's not been given any information about the
11 evidence he asked for, which is good. He's not sure
12 what the external people are going to look at
13 in relation to me but we are in the process now so have
14 to ride it out."

15 Q. [Nurse E] responded:

16 "Okay. Well, just have to take his advice then,
17 I suppose."

18 Followed by a sad-faced emoji.

19 A. Lucy Letby replied to [Nurse E]:

20 "Still can't believe this has happened.

21 "It's making me feel like I should hide away by
22 saying not speak to anyone and going on for months, etc.
23 I haven't done anything wrong."

24 Q. "Me neither.

25 "I know, it's all so ridiculous."

1 A. "I can't see where it will all end."

2 Q. "I'm sure this time after Christmas it'll all be
3 a distant memory."

4 Was there then an email sent out again by
5 Eirian Lloyd-Powell, dated 9 August at 14.19, and does
6 that read:

7 "Hi all. There are currently opportunities for
8 staff to apply for secondments throughout the trust.
9 It has therefore come at an opportune time for us and
10 we were able to facilitate this for Lucy. Lucy is
11 currently seconded to the Risk and Patient Safety Office
12 for a period of 3 months. Laura is currently seconded
13 to the haemodialysis unit and will be returning in
14 November 2016. Should anyone have an interest in other
15 areas, please discuss this further during your appraisal
16 or come to me directly. Kindest regards, Eirian."

17 Did Lucy Letby then send a message to [Nurse E]
18 which seems to refer to that email?

19 A. Yes:

20 "OMG she sent an email about secondments."

21 Q. [Nurse E] responded with laughing emojis:

22 "Email is on fire."

23 A. "Bloody hell, fuming. I'm in email and it makes it
24 sound like my choice."

25 Q. "Really?"

1 A. "Yeah, they've been able to facilitate me going for
2 3 months."

3 Q. Was Lucy Letby then on annual leave between Monday,
4 15 August and Monday, 29 August?

5 A. Yes.

6 Q. On 1 September, was there a review panel meeting
7 involving Lucy Letby at 16.00 hours?

8 A. Yes.

9 Q. And the following Wednesday, 7 September, did Lucy Letby
10 register a grievance?

11 A. Yes.

12 MR JOHNSON: Thank you.

13 I don't know whether -- there are no questions.

14 My Lord, we got through that slightly quicker than
15 I anticipated. That concludes that part of the
16 evidence.

17 MR JUSTICE GOSS: Yes. Is that as far as we can go today?

18 MR JOHNSON: It is.

19 Housekeeping

20 MR JUSTICE GOSS: Right. It's earlier than was expected,
21 but I don't suppose you mind finishing early today.

22 The only problem is, although I have prepared a file
23 with a sheet of paper with the dates on it, I haven't
24 printed it out yet for you because I didn't have time.
25 If you would like to go to your room, just for a few

1 minutes, and wait there, within about 5 minutes I will
2 give you all a sheet of paper with the dates of the
3 non-sitting days, in which I've included the bank
4 holidays as well because in May there are three --
5 public holidays, not bank holidays, they used to be
6 called bank holidays -- in May. So I've included all
7 the dates when you're not sitting.

8 When we do resume a week on Monday, you will see
9 I've put "not before 12.15", so you don't have to be
10 here until 12.15, but that is a sitting day. The next
11 day we are not. Then we're sitting again. All right?
12 I'm sorry you're going to be inconvenienced for 5 or so
13 minutes, but at least then you can go.

14 We're going to have another substantial break in
15 this case. It's very important that you, of course,
16 abide by those obligations, of which you've been aware
17 from the very outset, about not conducting any research
18 about anyone or anything to do with this case or
19 communicating with anyone about anything to do with this
20 case.

21 So far as your employers are concerned, there's no
22 reason why you can't tell an employer, if they ask,
23 "What is this case that you're doing?" you can just say
24 that it's the long case in Manchester going on and
25 that's it, but obviously don't talk about any details of

1 the case to anyone about it.

2 Have a break from it. You obviously can't put it
3 all out of your mind, but try not to have it going round
4 and round in your head, any of it. Have a refreshing
5 break so when you come back, you will be refreshed to
6 continue.

7 As I've said to you many times during the course of
8 this trial, when all the evidence is complete, I will be
9 giving you clear and simple written directions about
10 your approach to the evidence in this case. You will
11 decide, as you've been told numerous times, what the
12 important facts are and the significance of any
13 important facts. I will review the evidence
14 sequentially so that you have it as a piece, so to
15 speak, event by event, all put together.

16 You will have your own notes, you have all the
17 materials on your iPads as well so that when you do come
18 to retire to consider your verdicts, you'll be in
19 a well-placed position, I hope, to make the necessary
20 decisions in this case. All right?

21 I just say that to you so that you can have a break,
22 have a holiday from it. Thank you very much indeed. So
23 5 or 10 minutes maximum, I'll get it done as soon as
24 possible and you'll have a sheet each with the dates on.

25 (In the absence of the jury)

1 MR JUSTICE GOSS: Does anyone want to go down and see the
2 defendant?

3 MR MYERS: Well, obviously not immediately because we're
4 waiting for your Lordship to give us the sheet of paper,
5 but the intention is after lunchtime some of us will be
6 with Ms Letby this afternoon, so we'd be grateful if
7 that could be facilitated.

8 MR JUSTICE GOSS: Certainly. I'll also provide a sheet of
9 paper for the escorting prison staff so they can get it
10 into their records of days when transport will not be
11 required. There was a query that was raised about
12 a week on Monday, what time. I don't know whether
13 you've addressed that with the escorting staff.

14 MR MYERS: Thank you, my Lord. We have and we'd be grateful
15 if Ms Letby could be brought to the court at the usual
16 time. We'll be here in the morning.

17 MR JUSTICE GOSS: Usual time a week on Monday then, even
18 though you'll see that the court will not be sitting
19 until 12.15 on that day.

20 MR MYERS: Thank you, my Lord.

21 (12.47 pm)

22 (The court adjourned until 12.15 pm
23 on Monday, 17 April 2023)

24

25

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