1	Wednesday, 6 November 2024	1	moving to the Countess of Chester in 1999?
2	(10.00 am)	2	A. Yes.
3	MS LANGDALE: My Lady, may I call Mrs Griffiths and	3	Q. You worked on the High Dependency Unit until
4	may she be sworn.	4	2014?
5	LADY JUSTICE THIRLWALL: Take the oath please,	5	A. Yes.
6	Mr Griffiths.	6	Q. You became an RCN rep in 2012?
7	MRS HAYLEY GRIFFITHS (sworn)	7	A. Yes.
8	Questions by MS LANGDALE	8	Q. Voted Staff-Side Chair in 2013?
9	MS LANGDALE: Mrs Griffiths, you have provided	9	A. Yes, that's correct.
10	a statement to the Inquiry dated 14 June 2024. Do you	10	Q. Can you just, before I move to your next job
11	have that with you?	11	in the Risk and Patient Safety department, tell us about
12	A. I do, yes.	12	what attracted you to the RCN rep role and a bit more
13	Q. Can you confirm for us that the contents are	13	about the Staff-Side Chair, what that role was?
14	true and accurate as far as you are concerned?	14	A. Yes. So I think there was event going on in
15	A. I can confirm, yes.	15	the hospital where all the different trade unions were
16	Q. I am going to take you through that statement	16	there and I think somebody had come round to the areas
17	if I may and we are also going to get some documents on	17	to say, you know, you can go and visit the stalls, the
18	screen. If you can't hear me at any point or there is	18	stands in your breaks and that and that's what I did
19	a problem, just let me know although I will likely pick	19	and I happened to speak to the RCN on their stand and
20	that up.	20	I think they were just talking to me about possibly
21	If we look first of all at your professional	21	becoming a representative. And there is three different
22	background, we see that you qualified as a registered	22	types of representative: you can become a steward,
23	adult nurse in 1997?	23	a learning representative and a health and safety
24	A. That's correct.	24	representative.
25	Q. You worked at a couple of hospitals before1	25	So I took the leaflets away and then I did some 2
1	research and I think it was over the course of a few	1	an expert, Professor Dixon-Woods, who talks about HR
2	weeks I started to read a bit more and I thought it	2	processes can become very employee/individual employer
3	might be something I was interested in, advocating for	3	issues rather than a broader context perhaps?
4	staff on their behalf and so I applied and did the	4	A. Yes.
5	training possibly six months or so after I first	5	Q. Of where the patients, or in the case we are
6	applied.	6	examining, babies fall within that. Do you think that's
7	Q. Was that for the steward role?	7	fair that there is not much consideration at the outset
8	A. Yes, that was for the steward role.	8	in that role from your perspective about where children
9	Q. That is the one that supports the member of	9	feature and what the competing interests might be and
10	staff, is it?	10	how you have to take that into account?
11	A. Yes, yes.	11	A. Yes, I think that would be correct, yes.
12	Q. And is involved in their rights and their	12	Q. Is that something you may have reflected on or
13	A. Yes.	13	may not since dealing with this that you can get very
14	Q concerns and looking at it from that	14	partisan in that role and perhaps not think of the
15	perspective?	15	broader picture?
16	A. Yes, that's correct.	16	 A. Yes I have reflected a lot obviously, you
17	Q. In that training, as a matter of interest, did	17	know, since being given my Rule 9 Request and the
18	you get any training around where safeguarding of	18	evidence and, you know, I think that is safe to say you
19	children might fit into that? I am not going to broaden	19	can, you know, become narrow-minded not be the
20	it to patient safety; I am just going to ask you about	20	right word, but you can become focused.
21	child protection?	21	Q . On your member?
22	A. I don't think so, no. I don't I don't	22	A. Yes, on your member.
23	recall I mean, obviously it was 12 years or so ago	23	Q. Their rights, their position?
24	but it doesn't stand out for me, no.	24	A. On your member, yes.
25	Q. Because on one view we have heard from	25	Q. You moved 2014, paragraph 4, into the Risk and
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Safety Team at the hospital. We have heard evidence from Ruth Millward and others about that?

A. Yes.

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O. But what's your overview about what a Risk and Patient Safety Team does; what's it supposed to be doing, this team?

Α. So at the time when I applied for the -- for the role, I didn't know an awful lot about it. I had seen the role advertised, I had looked at the job description, it did interest me and at the time the role was advertised as for three days a week and that had also interested me because working in intensive care we were doing a lot of shift work and I didn't always have a lot of time to do RCN steward work, so by applying for this job I thought if I was successful, the Trust might allow me to then do two days' trade union work, which they did later on.

So when I applied for the job I did speak to a couple of members the team and, you know, my understanding from what the roles I was covering is, you know, it would be looking at incidences and risks and the Risk Register, managing the day-to-day risk work that, you know, there could be some investigation work, but you are there as support to the investigating officers.

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1 you, the two days --

> Yes, over time, yes, I started to pick up because I was the only representative in the Trust I was as far as I could remember. So I started to pick up more and more work.

When you say "pick up work", did members of staff find you or the RCN allocate you to people; how did it work?

Both, to be honest. So you know certainly in A. the latter years more members would come to me directly, you know, I have been in the Trust a long time so a lot of people --

> Q. Knew who you were?

Α. -- knew me now. Obviously at the start most -- most people would ring what RCN direct and there was a freephone telephone number that they could ring between core hours and I think now they can also ask for

advice online. I'm not sure if they could at the time. 18 19 So often, you know, a member of staff would ring 20 the RCN, they will explain the situation, what they might or might not want support with. Sometimes the RCN 21 22 team who have took that call might be able to assist in 23 the beginning and if -- if it warrants, they refer -they put the referral through to the region, so in our

my case it would have been the North-West region, and

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And as I say in my statement I think to begin with 1 2 I covered pathology and pharmacy and then later on 3 radiology.

In terms of in your area, how are you in that assessment or risk management taking the load off the 5 6 people -- I mean, we have all got day jobs but in their 7 day job of dealing with clinical care or patients? Nurses and doctors who are with patients, if they raise 8 anything with you, where does the responsibility lie for 9 10

following through on concerns or you say investigations? 11 Well, I would say the responsibility lies with all of us. I wouldn't have just heard or taken 12 something and then not acted on it and if any concern 13 was ever raised to me I would talk to the individuals 14 involved about, you know, what it is, you know, they 15 16 wanted to do with the information and, you know, if 17 I felt even in my Union role, you know, something was 18 said to me that was serious enough that I had to breach 19 somebody's confidence, in a matter of patient safety, 20 then I would have done. 21

But the areas I covered I didn't have an awful lot to do with clinical areas because they were more what they call back office functions, pathology and radiology and that's whilst they dealt with patients.

You moved more into your union work, didn't

have covered Cheshire and Merseyside, that was the patch 2 3 we were under.

then as far as I am aware, one of the officers who would

4 Did you ever end up doing more than two days 5 a week in that kind of work or ...

6 Δ Pardon?

7 Did you -- I know you moved to two days a week 8 doing your Union work, did you go to increase that over time as well? 9

10 Α. Yes, I did.

> O. What did it go up to eventually?

12 It eventually went up to full-time work. Α.

13 Q. Right, full-time. Okay.

14 Α. Yes

15 You chaired the informal Staff-Side quarterly Q. meetings; what were they? 16

17 Yes. So I was elected the Staff-Side Chair so the Staff-Side Chair position you can only hold if you 18 are already an elected trade union representative but it 19 20 doesn't have to be a specific trade union. So I was elected so you are kind of like the spokesperson on 21

22 behalf of the trade unions, you don't oversee their

23 day-to-day work because that is for the individual trade 24 unions.

25 But we would have meetings, I mean over time they

- 1 went to monthly meetings but I think at the time they
- 2 were probably quarterly meetings, so we would meet with
- 3 the trade unions and discuss general Trust business, to
- 4 be honest, and we -- our -- every quarter we would meet
- 5 formally as the partnership forum with -- there would be
- 6 one or two Exec members on there and different managers
- 7 and I would just -- I would be the spokesperson and
- 8 others would be able to contribute but I would set the
- 9 agenda and obviously help review policies, if there was
- 10 wider employment issues in the organisation, so perhaps
- 11 a consultation which would involve a change to people's
- 12 terms and conditions.
- They might notify me first but, you know, and we
- 14 discuss a plan on how we are going to communicate and
- 15 support the staff and what other unions might be
- 16 involved.

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- 17 Q. In terms of policies can we go please to
- 18 INQ0014165, page 1. It will come up on the screen.
- 19 It's a safeguarding and promoting the welfare of
- 20 children policy, Mrs Griffiths.
- 21 That's page 1. If we go to page 3 there is
- 22 an email from -- an Executive introduction, sorry, from
- 23 Alison Kelly, setting out:
- 24 "As a statutory partner of the local Safeguarding
- 25 Board, the Countess of Chester recognise it has clear
 - ξ
- 1 this is 2017, you are sending it to a Clare Jones, the
 - new RCN guidance on raising concerns to be circulated as
- 3 one of the actions. There is Freedom to Speak Up
- 4 meetings, isn't there, or Speak Out Safely meetings?
 - A. Yes.
- 6 Q. You attend those and it looks like you have
- 7 all agreed this needs to be sent out in 2017. If we go
- 8 to INQ0102688, page 2, we see there a section on raising
- 9 concerns or whistleblowing: are you raising a concern,
- 10 are you blowing the whistle, are they the same thing?
- 11 Often difficult to understand they can be the same thing
- 12 depending on what you are concerned about, seriousness,
- 13 how you make concerns known.
- 14 It sets out about whistleblowing being a popular
- 15 phrase, et cetera.
- 16 Did you understand this, these distinctions?
- 17 **A.** Pardon?
- 18 Q. Did you understand these distinctions, was
- 19 that ever discussed in these groups, the Freedom to
- 20 Speak Up safely --

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A. No, I don't recall it ever being discussed.

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- 22 **Q.** There was earlier guidance in relation to
- $23\,$ $\,$ this, in 2015, in fact I have just taken you to the
- 24 earlier guidance in 2015 at page 2, so that would have
- 25 been in play around 2015/16.

- 1 responsibility to identify and respond to issues of
- 2 safeguarding promoting the welfare of all children.
- 3 Every adult has a responsibility to protect children.
- 4 As employees of the Trust we are duty-bound to act in
- 5 the best interests of a child."
- 6 Did this ever get discussed at a Staff-Side
- 7 meeting, this policy?
 - A. No
- 9 Q. If we go overleaf, to the next page, section 5
- 10 I am looking for actually, so it's INQ0014165, page 30.
- 11 We see there Speak Out Safely raising concerns about
- 12 patient care, take your time to have a read about that.
- 13 (Pause)

8

- 14 "Staff may have concerns about the care or
- 15 treatment given to any patients and may wish to discuss
- 16 these with managers. All concerns raised by staff about
- 17 patient care will be dealt with seriously, promptly and
- 18 be subject to a thorough and impartial investigation
- 19 where necessary."
 - Was that discussed?
- 21 **A.** No.

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- 22 Q. You were somebody who also had a role as
- 23 a Speak Out Safely person, didn't you?
 - A. That's correct.
 - Q. If we go to INQ0098554, page 1, we see there
 - 1
- 1 If you look at INQ009855 page 4, that is the one
- 2 that was the most recent.
- 3 It sets out:
- 4 "Concern must be based on a reasonable belief that
- 5 you can justify but you do not need hard evidence that
- 6 wrongdoing is happening."

7 Did you understand that that's the purpose of speak

- 8 up safely, speak up, you just need to be worried?
 - A. Yes.
- 10 Q. You need to be concerned but you don't need
- 11 hard evidence? Was that something you think was
- 12 actively spoken about at the Trust at the time of events
- 13 we are concerned about, 2015 to 2016; you don't need
- 14 hard evidence, you need suspicion, concern, worried
- 15 about patients?
- 16 A. No, I don't think it was something that was --
- 17 Q. Looking back, do you think it would have been
- 18 helpful to have reminders of this, what speak up safely
- 19 means in terms of you don't -- a gut instinct is
- 20 relevant here, you know, it doesn't mean you have to
- 21 have hard evidence?
- 22 A. Yes, I think it would be helpful.
- 23 Q. I'm not going to take you to the Speak Out
- 24 Safely meetings but an example is INQ0098375, page 1.
- This is one in 2017. We see it's a member of the

1 governing body, isn't it, who chairs these.

2 Non-Executive director Mr Andrew Higgins, you have

3 Mrs Kelly, Mrs Hodkinson, yourself and Stephen Cross.

So a high-powered group in terms of the Trust, isn't it, sitting at those meetings?

A. Yes.

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Q. Representative, you are Staff-Side Chair,

Governor, Director of Corporate and Legal. You know you

are all sitting there discussing these issues. There

10 appears to be on page 3 at this meeting box 6?

11 A. (Nods)

Q. Ms Kelly raising whether we need to consider

13 concerns raised by paediatricians need to be formally

14 logged. I am not going to take you to this issue about

15 whether they were logged or not, the minutes; there was

16 obviously retrospective gaze on that one, wasn't there,

17 about whether you logged them what they were saying and

18 how they should be logged?

19 **A.** Mmm.

Q. What was your understanding at the time they

21 were raising concerns and when you were involved -- we

22 will to when you were involved -- about the avenue with

23 which the paediatricians' concerns were being raised?

24 A. So my recollection is nothing was ever really

25 discussed in those meetings about the neonatal unit. It

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1 she be expected to know, do you think?

A. Well, I would have expected so because I would

imagine if somebody was raising a concern to one of us,

4 you know, that is exactly where it would have come to,

5 whether it be that meeting or outside of that meeting.

So more often than not it appeared Sue Hodkinson

and Alison Kelly did know about most of the concerns

8 raised.

Q. Who set the agenda for those meetings?

A. I think it was -- it alternated between

11 Sue Hodkinson and Alison Kelly's personal assistant,

12 from what I recall either.

Q. So you weren't setting those agendas?

14 **A.** No

Q. You did that for the Staff-Side and

16 partnership meetings?

17 **A.** Yes

18 Q. Where it was very much ask your members what

19 they felt about things but you didn't set this one?

20 **A.** No

Q. So that can go down, thank you.

We know therefore you have got a number of hats,

23 haven't you, you have got the Staff-Side member, you are

24 working on Risk and Patient Safety.

You get invited, if we go to INQ0004884, page 1,

1 was like it was glossed over.

2 Now, I don't know whether that was because I was in

3 the room or anything else but, you know, I obviously

mention at times they have a spreadsheet where cases are

5 logged. I never had access to that spreadsheet, so

6 whilst we have the action log, one of the points I had

7 raised was that I was never informed -- you know, people

8 would raise concerns to another designated officer but

9 we would be sat in these meetings talking about it but

10 we didn't all have the background and knowledge about

11 it.

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12 So as far as I can recall whilst it says after

13 discussion, I don't recall a discussion because I don't

14 believe it was ever properly discussed in there.

Q. In your mind, who was responsible for setting

16 how these concerns should be raised, was it HR, was it

17 the Execs? Presumably not you as a Staff-Side Chair?

18 A. I -- I don't know to be honest. I could only

19 presume it would have been the Execs. They used to

20 alternate the chair between Alison Kelly and

21 Sue Hodkinson

Q. So you understood that across the Trust they

23 would know under the Speak Out Safely who was raising

24 concerns whether it was that or whistleblowing,

25 Sue Hodkinson was Director of People wasn't she, would

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1 this is a mortality review?

A. Yes.

Q. If we go to page 3, you know the one, you have

4 seen it.

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5 You get invited to this meeting where we know two

6 babies have died in rapid succession in suspicious

7 circumstances and at this meeting the suspicions are

8 being discussed, aren't they? You say you don't

9 remember Letby being mentioned by name but the

10 suspicions that there is foul play?

11 A. I don't recall that at the time. I was asked

12 to attend the meeting with -- as support with

13 Sian Williams to take some notes. I -- I remember

14 sitting towards the back of the room although it was

15 quite a small room but I don't remember anybody saying

16 anything about foul play or having suspicions and

17 I didn't know anything at that time.

18 **Q.** Dr ZA has given evidence that Letby's presence

19 was referred to in the meeting of 5 July and her having

20 something to do with the deaths, her continued

21 association, it had gone beyond a coincidence and she

22 must have been involved in some way, either deliberately

23 or incompetently, that that is why they were having this

24 meeting. We know that the doctors, Dr Brearey was going

25 to Karen Townsend -- sorry, speaking with Karen Townsend

on the phone in the evening the doctors were really worried, weren't they, that was the purpose of the meeting and the review?

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I thought the purpose of the review was what happened. After any death they have a review. That's what I was led to believe that review was, was they would look at the care and other things to do with it. As I say, I don't recall anything, anybody saying anything about suspicions to do with an individual.

Do you recall, as we know was discussed, the fact that the bags -- bags, samples were being kept, Dr Green was being asked to keep samples in relation to the two babies for testing, so they were stored at the hospital; do you remember that being said?

> A. No, I don't recall that.

Q. If that was said, is that the sort of thing you would think: well, why are you keeping those if you are not suspicious about something? You wouldn't keep samples for testing, would you, unless you thought they needed testing for something?

21 I would only be speculating but yes, you might 22 think that. But as I say, I don't recall that being 23 said.

24 Did you, if you don't recall it, look back at 25 that meeting when you were subsequently dealing with

So are you saying they are wrong when they tell us that is what they discussed or you just weren't 3 listening, or I am at odds with whether other people have said with what you are now saying, Mrs Griffiths; I am just trying to understand what you are saying?

That is their recollection. My recollection is I went with Sian, I sat in a corner of the room to take some notes and I don't even think I could probably hear what they were in another part of the room discussing.

Q. So you think you were too far away to hear it?

A. That's possible.

> Q. What notes did you take?

14 I can't remember what notes I took, to be honest. I know they were very brief because I was asked 15 to take some notes and I handed them over to Sian the 16

next day. 17

18 You tell us that you gave the notes to Sian Q. and never looked at them again so were they handwritten 19 20 notes?

21 Α.

22 Q. Did you know the purpose of you taking the

23 notes?

24 I just -- I think I was just asked by Sian or by Ruth in the absence of the Women's and Children's 25 19

Letby and remember that meeting? You say you don't 1

2 remember these concerns. But assume for a moment they

3 were being discussed and for whatever reason you are not

taking them on board at the time, did you look back and 4

think about that meeting and what it represented? 5

6 No. I thought it was a -- a mortality review, 7 a peer review that they do.

What did you think the circumstances were of 8 those deaths, when did you think they had happened, what 9 10 did you think was learned in that discussion then?

I don't know, to be honest.

12 No memory? I mean, two babies we have heard

evidence from many people, in writing and orally, how 13

shocked to the core they were with those two healthy --14

two of three Triplets dying in rapid succession 15

16 unexpectedly. Can you not now remember anything about

17 what you thought that was about? That meeting?

18 No. I can't recall anything. I hadn't 19 recalled going to the meeting until I had got the 20

21 Q. I don't suppose you have been to many meetings 22 where deaths of babies and concerns that someone from 23 the staff has been involved are going to be discussed?

24 No, that is the only meeting but, as I say,

25 I didn't hear that discussed.

18

1 Risk Lead to -- as I say, to go and support Sian and

take some notes of what was discussed but as I say as 2

3 far as I was aware it was a review that they undertook

4 after any death so having not been involved in any

5 before, it -- I thought that was normal.

Thank you, that can go down now.

7 You tell us that you assisted Letby submitting her 8 grievance and you set out briefly in your statement in

July how you were asked to attend a meeting with 9

Alison Kelly in your role as the representative and 10

11 asked, were you, by her to support her; was that the

12 position?

6

13 Α. What date was that again, sorry?

14 If you go to your statement paragraph 19, so

15 Friday, 15 July, asked to attend a meeting by

Alison Kelly in your role as representative? 16

17 (Nods) Yes, that's correct.

18 You were informed that there were concerns raised about an individual nurse who was working on the 19

20 neonatal unit?

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That's correct. Α.

22 Q. So that's 15 July, just a week after the

23 meeting we have just looked at?

Α.

Q. So by then did it fall into place the meeting

or not, the one that you had been at the week before? 1

- Α. It could well have done.
- Q. So you must have realised if they are right,
- 4 Letby being mentioned at that point, this was the nurse
- that there were concerns about who needed support and 5
- 6 you were being asked to support her, so the gravity of
- 7 it from that meeting that you attended with O and P must
- 8 have been in your mind? Yes, you are nodding?
- 9 Yes. A.

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- 10 Q. Serious, isn't it?
- 11 Yes. A.
- 12 Q. You have been asked to support somebody where
- 13 there is concerns that babies have died or deteriorated
- unexpectedly and she is linked to it for deliberate harm 14
- or otherwise; yes? 15
- 16 A. Yes.
- 17 Q. So I don't suppose before or since you have
- ever had a case like that? 18
- 19 Α.
- 20 Q. You were to subsequently accompany Lucy Letby
- in her interview with the Royal College, weren't you? 21
- 22 Yes, that's correct.
- 23 Q. What did you understand that was about, the
- 24 Royal College report, the review that they were
- 25 undertaking?

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- 1 and, you know, I think Lucy Letby was led to believe
- 2 that this once this review will be done this will solve
- 3 everything and it was quite evident in the interview it
- 4 wasn't going to solve anything.
 - I didn't know what to expect when I went into the
- 6 meeting to support her, I was asked last minute and Lucy
- 7 didn't trust anybody in the organisation to go with her.
- 8 So I went with her but it -- within five minutes of
- 9 being in the interview it was evident they were just
- 10 asking very generic questions.
- 11 Shall we go to the notes of it, INQ0014602,
- page 1., more for others' reference than yours, 12
- Mrs Griffiths. You were there but this is where we get 13
- 14 page 1. Give people time to scan that and then page 2
- and 3. We know, Mrs Griffiths, this interview was
- undertaken with Alex Mancini and a Claire MacLaughlan 16
- 17 from the RCPCH. What was the nature and the tone of the
- interview? You have just given us a sense of it. 18
- 19 It seemed inquisitive but not out of the
- 20 ordinary. They really just seemed to be asking generic
- 21 questions of an individual.
- 22 Were you at all times with Letby when she was
- 23 with the reviewers MacLaughlan and Mancini? You know,

23

- 24 was she ever with them on her own away from you?
- I don't recall that she was, no. 25

- So one of the first times I met Lucy Letby was 1
 - when Karen Rees came down to our office and she said she
- needed to meet with Lucy and would I be able to, you 3
- know, sit in on the meeting? So I did do and it was at 4
- that meeting that it was talked about this Royal College
- 6 review and it was just -- the Royal College was --
- 7 I understood it to be they were going to look at lots of
- different factors and they were going to be interviewing
- lots of staff, that it was an external review. I didn't 9
- 10 know any more than that.
- 11 You say in your statement at paragraph 41 as
- you have said now: 12
- 13 "... the purpose was to undertake a review into the
- increased mortality rate within the neonatal unit 14
- centred around culture, procedure and staffing levels." 15
- 16 You knew at that time yourself, as you said
- 17 earlier, that there were suspicions that Lucy Letby was
- involved which isn't to do with staffing levels, it is 18
- 19 to do with an individual, right, so how did that sit
- 20 with you when you understood the review wasn't looking
- 21 at whether she was involved and had done something?
- 22 Α. It was uncomfortable and it didn't feel right.
- 23 Q. Why not?
- 24 Α. Because we had been made aware that an
- 25 individual may be, you know, potentially harming babies

- Q. So you had gone to accompany her, you stayed
- with her? 2

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- A.
- Q. We know because she messaged Dr U about this
- 5 that she said afterwards the two members were nice, they
- 6 didn't ask much about the babies, it was more about the
- 7 unit as a whole. In brief it looks as though there is
- 8 the potential for this to go further over a long period
- of time. H -- that is presumably you -- thinks we need 9
- to look at taking out a grievance. 10
- 11 Then she says:
- 12 "They off the record tell me they think an
- 13 investigation into the deaths will be a recommendation
- 14 and I need to prepare myself for that as I need to
- 15 prepare myself that as I would play a big part in that
- over due to being a common factor". 16
- It is not clear if she is saying, they, the two 17
- members, but it appears to be, had said there may be an 18
- investigation. But she wouldn't have had any time to 19
- 20 speak with them when you were there?
 - I don't recall that being said.
- 22 Q. No, so there was nothing in that?
- 23 Α. I don't, yes.
- 24 Did you mean -- would you have said that on
- 25 leaving that meeting?

- 1 **A.** No.
- 2 Q. That it could go further over a long period of
- 3 time?
- 4 **A.** No.
- 5 **Q.** Because at that point you have just gone for
- 6 the interview and you haven't seen the report; right?
- A. Yes.
- 8 Q. The grievance we know if we go to INQ0002746,
- 9 page 3.
- 10 LADY JUSTICE THIRLWALL: Sorry, Ms Langdale, just
- 11 before you get to that, I wonder if I might just ask
- 12 a question.

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- 13 MS LANGDALE: Of course. Sorry.
- 14 LADY JUSTICE THIRLWALL: Did the WhatsApp -- the
- 15 message says that "H says I should look at taking out
- 16 a grievance"; is that something that you had said?
 - A. That's possible, yes.
- 18 LADY JUSTICE THIRLWALL: At the end of the
- 19 interview or some time after it?
- 20 **A.** That is possible that I could have had
- 21 a conversation with her after the interview walking back
- 22 knowing that that review, that interview wasn't ...
- 23 MS LANGDALE: Fit for purpose from your
- 24 perspective, because it wasn't investigating her?
- 25 **A.** Yes, it wasn't going to do anything for our
- 2 involvement."
- 3 I will let you finish reading that.
- 4 So the grievance is launched with this in mind?

unacceptable high mortality rate and our member's

- 5 A. Well, it was Lucy's decision to submit
- 6 a grievance.
- 7 Q. We see INQ0002859, page 1. We see there:
- 8 "Many thanks for meeting ... explain the current
 - situation ... discuss the grievance and the letter ...
- 10 she wishes for it to be dealt with formally."
- 11 So you are having conversations with her about it;
- 12 yes?

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- 13 A. Correct.
- 14 Q. The grievance itself, give me one moment.
- 15 That can come down, thank you. Who puts together the
- 16 points of the grievance?
- 17 A. More often than not, the member. I have had
- 18 cases, not necessarily Lucy's, where I might have sat
- 19 and helped the member type it up. But it's their words
- 20 at the end of the day and I always make that clear to
- 21 a member. It's their right to submit a grievance as
- 22 an employee if they feel they have got grounds,
- 23 sometimes it is not always something I might or might
- 24 not agree with but in my role that it's entirely down to
- 25 the member.

member.

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- 2 Q. From your point of view there needed to be
- 3 investigation into her and that wasn't happening through
- 4 this, is that what you were thinking and that someone
- 5 was going to do it?
 - A. Sorry, can you repeat that?
 - Q. From your point of view did you think, given
- 8 the seriousness of the allegations, there needed to be
- 9 an investigation into her and this review wasn't doing
- 10 that?
- 11 A. Yes.
 - Q. Because they were serious allegations and you
- 13 can't tiptoe round the outside of those, can you?
- 14 **A.** They were serious allegations.
 - Q. The letter on screen now is a letter that you
- 16 were cc'd into to your colleague Tony Millea?
- 17 **A.** Tony Millea.
- 18 Q. Tony Millea, so he is also supporting her and
- 19 if we read that, we see in that bottom paragraph:
- 20 "I am now aware the independent external review has
- 21 commenced, Lucy was interviewed. Lucy was accompanied
- 22 by Hayley Cooper. It is following this meeting that my
- 23 concerns have deepened. This is due to the fact the
- 24 Terms of Reference does not seem to address the initial
- 25 Trust concerns that they have in relation to the

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- 1 I do more often than not ask for the members to
- 2 then send it to me so sometimes we can, we can check it
- 3 or if there's a date that needs adding and also I like
- 4 more often than not to submit the grievances to the
- 5 organisation on my member's behalf so that we have got
- 6 a record of it.
- 7 **Q.** We see it at INQ0002879, page 3. Look for
- 8 page 3, if we can. There we see that. Is that the
- 9 grievance?

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- A. Yes
- 11 Q. You tell us, as you touched upon earlier, you
- 12 tell us at paragraph 56 of your statement -- you don't
- 13 need to turn it up -- that you told Alison Kelly and
- 14 Sue Hodkinson that they had a duty to investigate Letby.
- 15 Did you email that or was that a conversation?
 - **A.** I think it was a conversation, to be honest.
- 17 **Q.** And when did you have that conversation, can
- 18 you remember, was it around this time, before? After?
- 19 A. I can't remember. Sorry, I can't remember
- 20 because it's quite possible that I said it on more than
- 21 one occasion. I know very early on I took some advice
- 22 from the RCN and again had said it to Alison Kelly and
- 23 Sue Hodkinson that, you know, they had a duty to
- 25 view it was, you know, you either need to investigate

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investigate this and, you know, from the RCN point of

our member or you need to allow her back on the unit because nothing was happening.

You know, this was made into an employment issue and it was never an employment issue and it shouldn't have been

- Q. Paragraph 49 of your statement, you don't need to turn it up, you say before issuing this you met Lucy Letby in the Countess Country Park to discuss that she was being accused of deliberately harming babies?
 - A. Yes.

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- Q. Tell us about that.
- A. So I think we were due to have a weekly
 meeting that had been set up with Sue Hodkinson,
 Alison Kelly, Karen Rees and myself and that for support
 and I think it was the meeting that was cancelled at
 short notice.

17 I just wasn't -- I wasn't sure in myself that Lucy
18 understood the gravity of what was potentially happening
19 and what was potentially being said and, you know,
20 with -- any member has a right to know what they are
21 potentially being accused of and nothing was happening
22 in the Trust.

She had been removed, she had been put into my office and that was it. Nothing else was happening.

Q. What did she have access to when she was in

time that she did have. But I don't know for certain.

- Q. Sure. But that was something you had raised as a concern, didn't you, you were concerned that -- perhaps you are saying that with a retrospective lens -- that she had access to material that really given the position wasn't potentially appropriate, was it?
- 7 A. Well, it was never appropriate to have put her8 in our office in the first place.
- 9 Q. Why's that?
- A. I just didn't think it was appropriate, given
 we were, you know, risk and governance. Everybody was
 aware that there was an internal review or had been
 an internal review. There was starting to be the rumour
 mill everywhere of, you know, what's going on there,
 is -- is somebody involved, is somebody not.
 - **Q.** Of course when someone is moved, aren't they, from a clinical-facing role, the whole hospital must have been talking about it, mustn't they? It is hard to keep that secret, however hard you try, isn't it?
- 20 **A.** Yes
 - Q. People are people everywhere?
- 22 A. Yes, and absolutely people talk across
- 23 different departments, people have friends everywhere.
- 24 It wasn't necessarily something I talked about but I had
- 25 a different role in it but I didn't think it was right

1 your office in the Risk and Patient Safety team?

A. So I think in the first instance she moved
there was a wider part of the team, we were in the same
building but different offices. I think she was in
there with the admin support, health and safety, maybe
I think somebody from safeguarding was based in that
office and I think she did low level concerns and
complaints and compliments, I think.

9 Then later on in time she moved into the Risk Team 10 and was starting to pick up some risk work.

11 **Q.** Can you access any risk work when you are in 12 the Risk Team, could she have accessed material about 13 babies in the hospital or the babies on the indictment 14 or the investigations because there was a lot of 15 documentation flying around at this point?

A. Yes, if she had been given access to the Datix system, which I believe she would have done, I don't know if she ever had access to what we call the S drive on the computer which is where you have lots -- people in the hospital have lots of different folders but you have to ask for access to that and that's normally via your manager to the IT department.

But I know one of the text messages references her sort of moving desks and she hadn't got access to the S drive and H drive and that. So I would imagine in

that she came into the office and I did raise that and

2 none more so because I was potentially going to be

3 officially representing her at that time and that would

4 have caused a conflict and, you know, I also made the

5 RCN aware to say also given I had been involved in

6 a review on the -- you know.

7

Q. On the Triplets O and P?

8 A. On the Triplets, then I would have a conflict.
9 So my role was more a support. She had other officers
10 who were officially representing her but, you know,
11 going back to the question, I don't know what she had
12 access to or what she would have accessed, there would
13 be an audit trail, but I didn't think it was right, no.

Q. When you say you spoke to the RCN about
a conflict did you go back to them to discuss that at
all in your -- because you are wearing a number of hats
now, aren't you: Risk and Patient Safety, Speak Out
Safely and supporting somebody who's the most serious
allegation you have ever dealt with?

A. Yes. I don't think I necessarily spoke to them and reported it as a conflict because by then, you know, Tony Millea and then later on Colm Byrne took over her representation.

So like I explained in my statement I never had access to what we call her case file in the RCN so 32

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therefore I could never be officially representing her because I didn't have access to her documents or anything which I would do normally for members.

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So anything I -- I sent or needed to be reviewed I would send up to the RCN to review but obviously we did have a lot of verbal conversations, but I don't know that I particularly raised it because I just seen that I was giving her support.

Q. If we look at the question of support, look at the document on the screen, the bottom paragraph. This is from Letby in her grievance:

"Eight weeks ago I was made aware that I was going to review. I agreed to be redeployed. I now feel completely victimised, feel I am being made a scapegoat of. I feel completely isolated from my friends and colleagues having been told not to contact the NNU."

17 If we go look at what she says there about being 18 isolated and not to contact the NNU, if we can go please 19 to INQ00024580001 and it is a letter, 18 July, from 20 Karen Rees to Lucy Letby.

21 If we go to the second page, second paragraph: 22 "You raised the issue of personal support, your

friends are work colleagues. I advise you the purpose of the redeployment was not to stop the usual social

contact ... be mindful of discussing matters which may

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having contact and wasn't trying to see that she wasisolated, was she; quite the reverse?

A. But that wasn't my grievance, I didn't write the grievance, so that is Lucy's words in the grievance, not mine.

Q. I understand.

Did you understand at the time the level of support she was getting from a number of people or did you think there was just a few of you?

A. If I am honest I thought there was just a few
 of us. I just thought the ones were certainly -- within
 the Trust myself, Karen and Kathryn, I thought were --

Q. Just the three of you, no other?

A. I thought it was just the three of us. I knew
she had contact with her friends on the neonatal unit
but I don't --

17 Q. Did you know about her messaging with Dr U?
18 I don't want to ask you more about Dr U, just the level
19 of communication?

20 **A.** No.

Q. Right. INQ00027480001, please.

When you send the grievance you copy in

23 Sir Duncan Nichol?

A. (Nods) Yes.

Q. "I appreciate you feel you can't get involved 35 1 be sensitive relating to the review".

2 So collapse of babies, review, et cetera.

3 Karen Rees had never said she couldn't have social

contact and she did have social contact, didn't she,

5 with a number of people, including yourself, over

6 WhatsApp groups, Dr U, others. The Inquiry has heard

7 evidence from Nurse T who was also communicating with

8 her. Plenty of support from other people, she just

9 couldn't be in the NNU; is that the position?

A. Yes, I wasn't aware, I wasn't in that meeting,so I wasn't aware that she had been told she couldn't

12 have contact.

Q. Right.

A. And I -- had that been raised with me, had she
said to me when I first met her "I have been told
I can't have contact" I know I would have asked -- said
to her I would ask on her behalf if she could have

18 contact because that wouldn't be normal to say to an

19 individual that you can't have contact.

Q. Well, they hadn't, had they?

21 **A.** No.

22 **Q.** She states that in the grievance you said, you

23 are careful it is their words, the words used, no one

24 had said that. Karen Rees was someone on a WhatsApp

25 group supporting her. She hadn't prevented her from

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1 ... you should know how a member of staff is feeling.

2 This has now dragged on for several weeks. My member

3 has been left with no other alternative."

Have you ever before or since copied in the chairof the governing body to a grievance?

A. I have done once. However, that was
a collective Staff-Side trade union grievance so
sometimes that would be the route to go when submitting
a grievance on behalf of all the trade unions. However,
it is -- I accept it is unusual.

Q. What did you want him to do, if anything,
about that? Were you just letting him know she was
upset or she had got no other alternative or what?

14 A. I wanted to them to know what an individual15 member of staff was going through and how they were

16 feeling and I wanted them to know that she was still

17 there.

19

18 **Q.** Did you ever --

A. She hadn't gone anywhere.

20 Q. -- share with them in that email you thought

21 she needed investigating or in any other email because

22 that is an important point, isn't it? You had seen that

23 there should be an investigation and the grievance

24 didn't fit the bill, really, for that part of it,

25 whether she had harmed babies?

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I don't think I ever did put it in an email, A.

2 no.

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3 Was that because you were acting on behalf of Q. her by that time? You know, you are doing the best for her and you thought it was better not to have an investigation?

No. I was supporting her but, as I say, you know, she had RCN officers representing her. So she would have needed to have a conversation with them about that. I -- it wasn't because I didn't think there needed to be an investigation because clearly there did need to be an investigation.

You discussed with Lucy Letby about going to the police and suggesting that she would be prepared to go to the police but she didn't want that, did she, she didn't want you to say that?

I asked her if she wanted to go to the police station herself. I said to her she was quite within her rights to go to the police station herself and make -make -- you know, inform the police that these allegations were happening and she didn't want that.

Q. No. Did you make anything of that at the

23 time?

24 A.

> Q. By connecting that she might go to the police

A. Yes.

Q. Again, was there a reason you felt the need to email to ask to speak with him?

I don't recall it, to be honest, so I can only surmise that whatever I put in the email I have actually spoken about as part of my grievance interview.

Q. Yes. So you email him and you get a meeting with him.

If we go to page 18, you say at the top of there:

10 "External review people came in told Lucy she would be interviewed and I attended with her. [that is the 11 RCPCH] I think that the penny started to drop and that 12 13 there was more to it than what she had been told. Both 14 reviewers expressed their concern following this regarding her health and well-being. At this point she

15 was very distressed." 16

17 So is that -- who are you referring to there, expressing concern for her health and well-being? 18

> I think the people who had interviewed her. A.

20 Q. Pardon?

> I think the people who had interviewed her. Α.

Q. In the interview when you were both there?

A.

24 Q. So they were taking a welfare view for her, as

25 it were? or the police should be involved, you were very sighted

2 on the fact this needed proper investigation, sudden

unexpected baby deaths and somebody is always there and 3

4 suspicion about her and you didn't even know the

material that the police then gathered or indeed some 5

6 that the Inquiry has heard about concerns or complaints

7 about her? But you even then thought the police are

likely to be involved, is that what you thought? 8

I did feel there needed to be an investigation

10 and, as I say, I raised that with the Trust. But every

week we were meeting with members of the Executive Team 11

and every week we were being told: we support you, Lucy, 12

we are behind you, Lucy, the board are behind you, we 13

are going to get you back on the neonatal unit. So 14

I wasn't aware of any evidence. 15

16 Let's go to INQ00028790017, please, and this 17 is your interview with Dr Green. While we are calling

that up, you emailed Dr Green and said: look, I have 18

19 been involved for a while. I think I need to meet vou.

20 is that right, you asked to be interviewed by him?

21 So I don't recollect that. However, having 22 seen the evidence obviously --

> Q. You have seen the email?

-- I accept I have -- I have sent the email. 24 Α.

25 You emailed him?

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Α. Yes.

2 So that is Mr Mancini and Ms MacLaughlan when 3 they were interviewing her. Can you remember what they

4 said expressing that concern?

I vaguely recall and I think I have mentioned

7 room for something. I don't know whether I had

8 forgotten my coat, bag, something and they just asked

it in my statement, I think I had to go back into the

9 me. It was, you know, obviously it's not word for word

but, you know, it was along the lines of: is she okay? 10

Does, does -- does she know what's happening? And I was 11

like: no, I don't -- because we didn't need to speak 12

13 about it but it was evident to me that -- I thought they

14 knew that she was, you know, potentially a person of

15 interest but that didn't come across in that interview.

16 A couple of paragraphs down. LL didn't want some things in the grievance in regards to the police. 17

She didn't want to say she was happy to go to the police 18

or the police should be called, is that the position? 19

Α. Yes.

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21 Yes. Because you have said she decides what's

22 finally in the grievance. For you an option was to say:

23 go to the police, get them to investigate, she will go

herself if needs be. That is something you appear to

have discussed with her?

I asked -- yes, I discussed with her if she wanted to go to the police herself.

3 To get on with an investigation, in your mind 4 presumably to suggest that she might be exonerated like 5 that, they would clear it up?

> Α. Possibly.

Q. Or possibly not. You didn't know?

8 A.

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9 Q. So when you suggested that to her you didn't 10 give her any reassurance what would happen, you didn't know, you just said they need to investigate it, why 11 don't you go? 12

13 I wouldn't know what was going to happen. A. I was just giving her the option of another avenue 14 because nobody seemed to be doing anything in the 15 16 organisation.

17 Q. We see there you tell him at the end of that 18 paragraph:

19 "I informed the Trust of a duty to investigate and 20 felt they were citing her welfare as an excuse. It was intimated not to see her on Friday pms in case cause 21 22 upset over the weekend. I was a little insulted by 23 this."

24 Who was really worried about her welfare;

25 Alison Kelly, was it?

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1 57493, page 1 is the next one. We know this is the 2 statement that was read out at a meeting and Dr Tighe 3 gave evidence to the Inquiry was that the last thing 4 this meeting needed discussing concerns about the baby 5 deaths, unexpected deaths, was this missive from Letby 6 herself read by Karen Rees.

If we go to page 2 and it continues in the tone we know "hurt and disappointed", et cetera, et cetera.

9 Who drafted this?

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A. Lucy herself.

11 With input from you, a bit of help from you and Karen we see various messages about you supporting 12 or helping or looking at emails, what about this? 13

> Α. No, absolutely not.

15 The next document if we can go to INQ0057494, page 1. This is in red, the comments that have been 16 17 pulled together. As her member were you taking and getting the statement from the parents? 18

19 So until I had seen the evidence outline the 20 other day I hadn't realised I had even seen her parents' statement because that's not something I would be 21 22 involved in

23 However, I accept Lucy has obviously sent it to me 24 and I have sent it into the Trust on their behalf but in no way did I contribute to it or make any comment on it 25 43

Yes, I think both Alison Kelly and 1

Sue Hodkinson were worried about her welfare once they started meeting with her. 3

4 Karen Rees -- I mean you and Karen Rees and others do send messages reminding them of the distress 5 6 she is in and how upset she is and that puts pressure 7 on, doesn't it, if you think they are concerned about

the welfare already? 8

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Α. Yes.

Q. Do you think looking back you may have added to the pressures by referring to her distress as often as you did in various emails?

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Α. No, I don't think I did add to the pressure.

14 Okay. Well, do you think they did feel

pressured about her welfare? 15

16 Α. Yes, I think they did.

17 So the more people referred to it do you think

that does add to that pressure? 18

19 Α. I'm not sure. I don't understand.

20 Let's have a look. Shall we look at

21 INQ0057497, page 1. This is your letter setting out

22 Lucy asking Karen Rees to read something.

> Α. Yes.

Attached we have it at INQ00574930001.

25 When people have had a chance to read that one,

because that's a personal statement from her parents and

2 I wasn't ... the RCN weren't supporting or representing

3 her parents.

Over the page, it continues.

5 "We believe that certain Consultants have 6 a personal grudge against Lucy. We are at a loss to

7 understand why."

8 We know Karen Rees in her police statement, indeed 9

she told the Inquiry very early on she asked

Lucy Letby -- she asked, not anyone else at this point, 10

her -- whether there had been a relationship or any 11

issues with Dr Jayaram and Dr Brearey and Lucy Letby 12

13 said no in fact she got on really quite well with one of 14

them, I can't remember which one, but basically she had no reason whatever to doubt their personal approach to 15

her. It didn't really feature. Was that your 16

17 understanding: that there wasn't anything in fact that

pointed to a personal grudge or pre-existing issues 18

between either of those doctors and Letby? 19

Yes, there was nothing that I was aware of.

21 Indeed we see some of them, even those who

22 were strongly supportive, like Yvonne Griffiths, of

23 Lucy Letby and her innocence at that time, was even she

24 was saying Dr Brearey was a nice guy, a nice doctor?

Α. (Nods)

- Q. Yes, there was no sense that any of the nurses 1 2 aside from this issue had a problem with either of those 3 doctors; is that your understanding?
 - That's my understanding, yes. Δ
 - Indeed relationships with Eirian Powell may have been very good until this issue when it really was a very difference of opinion, wasn't it, and she was very supportive of Letby?
- 9 Yes. I mean, I hadn't had anything to do with 10 the neonatal unit or really the staff on there before all of this had happened. So I wouldn't know about the 11 Consultants. 12
- 13 Q. You attach INQ0102244, page 3. This is after the grievance conclusions. You send to Alison and Sue 14 a statement that Lucy wishes to be read out and sent out 15 16 to the nursing team.

We see that at INQ0058365, page 1. So that -- she writes that again. Does she get support writing that? 18

19 A.

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- 20 Q. Did you think it could safely be suggested that the allegations were unfounded and untrue at this 21 22 point?
- 23 A. Well, like I said before, we were -- we were 24 told near enough on a weekly basis, if not more, that there was no evidence, that nobody had produced any

wouldn't be surprising if she was saying: shall I write this, shall I do that in her discussions with you?

It's possible but I don't -- I wouldn't have commented on that, like I wouldn't have commented on the statement that was read out on her behalf because that's

Can we go please to INQ0002796, page 1. This is about Alder Hey. So third paragraph:

9 "Karen Rees has informed Lucy of both advice ... Lucy doesn't go to Alder Hey for the time being. We 10 would like to know why it's the case, is this 11 a management instruction?" 12 13

She wants to know why it wasn't raised in the meeting. She's upset and disappointed, lack of openness

16 So they have made a decision she can't go to 17 Alder Hey. Did you think that was a sensible, if not late, decision, that she couldn't go to Alder Hey? 18

I think in hindsight yes. But at the time, 19 20 you know, in 2017, we had been planning for her return to the neonatal unit and thinking April. So they had 21 22 known that she had been going to Alder Hey, that is not 23 my decision to make, whether she should go or not go. 24 But they were fully aware of it, of it.

Remember where we started in this this morning 47

evidence, they weren't calling the police in. She had 1 2 had her grievance, it had been upheld.

If we go over to INQ0058646, page 1. This is 3 4 Mrs Hodkinson asking you and Lucy would you be able to share with me the final copy of wording if sent out 5 6 today.

7 So she's obviously asking you what messaging or 8 what needs to be sent out. Do you remember what that 9 was about?

10 So I'm not sure, this is about the email that she was sending out to the staff, the one we have just 11 looked at before. I don't know where that was agreed 12 that Lucy Letby was allowed -- you know, it was agreed 13 that she could write an email out to staff, that wasn't 14 a meeting I was in, whether that was in the grievance 15 16 meeting or another meeting.

17 And by this point there was another a senior RCN officer who was supporting or representing Lucy. So as 18 19 far as I am aware, you know, the Trust knew this -- Lucy 20 had asked to send this email out and Sue was just asking 21 me.

22 Sue was communicating a lot with you in her 23 messages, wasn't she?

24 Α. Yes

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Q. She was asking for help, for support, so it

about where to babies fit in and responsibilities to

patients? When you say that wasn't your business, them 2

having made that decision, you knew there should be an

4 investigation into serious allegations and that the

5 RCPCH didn't deal with those allegations against her.

6 You must have known the grievance certainly didn't deal

7 with those allegations against her. So with a different

8 hat on, for the safety of babies and patients and any

baby you would want your family or friends to have

looked after in a hospital, would you at that stage have 10

wanted her to be there pending an investigation? 11

12 Like I said earlier, this wasn't -- this wasn't an employment issue and it should never have been 13 14 an employment issue and they should have -- you know, they should have called the police in straight away. 15 16 Absolutely.

17 But we were being told, as I say, on a weekly basis: there is no evidence, we support you, we are 18 going to get you back on to the unit, every week. 19

With that in mind INQ00673600001.

21 We asked Ms Powell and Ms Rees about this, they 22 couldn't remember this course, but fact if you look at,

23 if we go to page 2, it looks as though Lucy Letby has

24 emailed having looked at a course, Glan Clwyd, spaces on

the neonatal life-support course for September, need to

apply ASAP. 1

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If we go back to page 1 she sends that to Karen Rees and if we look up, that is sanctioned.

There is a concern because she is coming back on the ward you say, the expectation to keep her -- the reference is "competencies up"; is that the position?

> Α. Yes

Q. So she's able to go on a course, a structured course, presumably, with people there. Did you think there were proper checks being made about where she was working and when or what she should be doing at this point; did any of that worry you?

13 I don't know what checks they were doing or not. I -- I don't think I really thought about it, to 14 be honest, at the time. 15

Looking back, what do you think about it?

17 Looking back and on reflection, you know, they should have done -- you know, the Trust Executives 18 19 should have done something moment they heard about it. 20 And if that was excluding an individual then that would 21 be excluding an individual.

You say in your reflections you were a fairly new and inexperienced representative at the time of your involvement and had not dealt with a lot of cases within the workplace and it was an unprecedented case.

1 of exchange?

> You know, I have thought about this a lot and obviously I have read it in my evidence and it was nothing more than a conversation. However, I truly and deeply regret having started that conversation entering into text messages with Lucy. You know, this is completely unprofessional and poor judgment on my behalf and completely insensitive and for that, I can only apologise from the bottom of my heart, I can only apologise to say I have -- I have reflected on that and that was eight years ago.

12 But there is nothing else I can say.

And she says at message 174 -- sorry, no, you say sending out, 174 you are saying:

15 "I need someone to practice on to see if I can get away with it." 16

17 She says:

"I can think of two people [176] you could practice 18 on and will help you cover it up." 19

20 "Deal, I will get thinking of a plan, get the 21 cruise booked and getaway."

22 Part of a sequence you say you deeply regret.

23 Knowing what you know about her now, how do you find all 24 of that?

I just think it's really insensitive and I --A. 51

1 You also say you were never aware of any evidence being produced. You had been in that mortality review 3 meeting, hadn't you, and discussions about mortality 4 reviews, extra work being undertaken, staffing analysis being done by Eirian Powell. Did you become aware of 5 6 those things?

7 But I didn't recall all of that being said in 8 that review meeting and maybe that's my naivety or my memory in the meeting, I was going to a meeting that 9 10 I was completely unfamiliar with.

11 But yes, on reflection, it's very different. But at the time, no, and as I say, every week it was the 12 same: we are going to get you back on the unit. We are 13 going to get you back on the unit. You have done 14 nothing wrong. And everybody was saying that to her. 15

16 We will go, if we may, to a few messages 17 between you and Lucy Letby. If we can go please to 18 INQ0108368, page 3. The first message 168:

19 "I am currently [this is you] watching a programme 20 called How To Get Away With Murder. I am learning some 21 good tips."

22 Next but one message from her, 170:

23 "I could have given you some tips."

24 This is a really serious situation, you have said 25 that. What did you make of that at the time, that level

you know, I started the conversation. I didn't think it was anything more than a conversation, maybe, you know, 2

3 I didn't think she was telling me anything. I just know

4 that is not something we should have been having

5 a conversation about.

6 You were keen, like others the Inquiry has 7 heard from, to give her support. If we look at 346, you 8 refer here to:

"Karen's friend has texted, she's no signal, she 9 10 sends her love thinking of you ... she is so lovely."

Even friends, you know, this is conversation, isn't 11 it, what's going on? 12

13

Α. (Nods)

14 You fairly said earlier on people speak across hospitals, across departments; people knew what this was 15 about, is that the reality? 16

17 Α. Yes, I think that is the reality.

18 Somebody else who she's met briefly is sending a message of support via Karen on this WhatsApp group; 19

20 yes, is that fair?

Α.

21 22 Q. So people wouldn't have known anything about 23 the facts, the concerns, the babies, the trauma, the 24 pain, the distress, commenting, offering support, they don't really know anything about the details that since

- you have had this evidence pack and if you were 1
- 2 following some of the details of the Inquiry they did
- 3 not know about?
- 4 Δ Mm-hm
- LADY JUSTICE THIRLWALL: Ms Langdale we still have 5
- 6 176 on the screen, I think you asked for a number over
- 7 300 I think
- 8 MS LANGDALE: Yes, I did. 346 -- sorry, page 7.
- 9 That was the penultimate one from the friend.
- 10 Then if we go to page 9. Message 459 and 460, have
- a look at those. So that is incoming to you. 11
- 12 A. Mmm.
- 13 "She's been told 100% getting back on to the Q.
- unit." 14
- As you said earlier, did you ever doubt that? 15
- 16 I started to doubt it towards the end of the
- 17 year, I think. But not at that time, no.
- 18 Q. 461:
- 19 "Dad said Sue was very supportive of me going
- 20 back."
- 21 So Mr Letby has obviously spoken to Sue Hodkinson
- 22 as well.
- 23 "She says I am happy that she's spoken with Dad
- 24 rather than it all coming via me."
- 25 And then you say 464:

- 1 I don't know what was discussed and agreed there and
- 2 I had only got told snippets from Lucy afterwards.
- 3 Q. Yes, well if you look at 688 and 689?
- 4 LADY JUSTICE THIRLWALL: Page number?
- 5 MS LANGDALE: Page 11, you get a message from her:
- 6 "I went to term admission with Annemarie, saw Dr V,
- 7 it went really well.
- 8 "That is good. Did she apologise?
- 9 "No, she didn't, but she was completely normal.
- So it looks like you were sighted at the time on 10
- what that was about but you can't remember now what she 11
- needed to apologise for? 12
- 13 Α. No.
- 14 Q. 695 at the bottom:
- "See you next Wednesday when back ... OMG I think 15
- I might cry about the fact that you will be leaving me." 16
- 17 So that means leaving the Risk Department yes?
- Yes. So that was round the time when we were 18
- planning, I think she was due to go back something like 19
- 20 3 April and it was only stopped, or put on hold, shall
- I say, I don't think it was stopped, a day, maybe a day 21
- 22 or two before.
- 23 Q. Page 12, message 717. You talk about
- 24 assurances that:
- 25 "... they support your return and that there are no

- "I think the email yesterday did the trick. It 1
- 2 will have made them feel guilty and your dad would have
- given them what for. So proud of you right now. I will 3
- 4 have extra cake later for you."
- 5 Was that something to be proud of before, that she
- 6 had made people feel guilty, given what she was accused 7
 - of?

8

- You know, not what I know now, but at the
- 9 time, you know, we were giving her support. Telling her
- 10 she was -- she was doing well because she wasn't under
- investigation. However, she still wasn't back on the 11
- neonatal unit. Nothing, you know, had been happening. 12
- I think this is possibly March, isn't it, you know, this 13
- is probably round the time when, you know, the police 14
- 15 get involved.
- 16 But she -- we felt or she felt she needed to put
- 17 pressure on them and you need -- she needed to put
- 18 pressure on her employer because she couldn't stay
- 19 working where she was working when nothing -- nothing
- 20 was happening.
- 21 Q. She wanted apologies from four of them, didn't
- 22 she: Dr Jayaram, Dr Brearey, Dr McCormack and Dr V?
- 23 What was Dr V supposed to have done?
- 24 I don't know, to be honest. You know,
- 25 I wasn't, I wasn't in the grievance outcome hearing so

- 1 restrictions on your practice and you preferably want
- 2 that in writing before you return properly, if that
- 3 makes sense."

6

7

- 4 No restrictions on your practice. Again, wearing
- 5 multiple hats, did that seem a sensible request?
 - I think it did seem a sensible request.
 - At this time?
- 8 At the time because I go back to we weren't
- being told anything different other than we are going to 9
- get you back on the unit and everything, you know, is 10
- 11 going to be fine.
- 12 We tried to put provisions for place to say well,
- 13 actually, this can't -- if she does go back on to the
- 14 unit it can't -- she can't keep getting removed
- potentially every time somebody raises an allegation 15
- because, as I say, we weren't being told there was any 16
- 17 evidence.
- 18 So if she went back, a baby died unexpectedly 19
- and she was around and there was a suspicion that she 20 was again around, you wanted to make sure you weren't
- back in the same position; she should be able to carry 21
- 22 on?
- 23 No, I didn't mean it like that. What I meant
- 24 was, you know, we had been informed concerns had been
 - raised but that there was no evidence, you know. The

2

- 1 Trust themselves were the ones saying: you know, we are
- 2 potentially going to discipline these Consultants, you
- 3 can have mediation and that. So I think what I meant
- 4 was, you know, you needed -- if she was going to go
- 5 back, having not been investigated and this is put to
- 6 bed and nothing has come of it, then it can't keep
- 7 happening all the time.

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- **Q.** Page 13, message 795 and 796.
- "Was the meeting okay? [This is from you] Did they
- 10 say if they are going to discipline SB?
- "They are having further discussions and will tellme on Tuesday."
- How did this fit at this point with your Speak Out
- 14 Safely role? Here you are discussing and approving, it
- 15 would seem, the disciplinary process with her. What do
- 16 you think about that?
- 17 **A.** Well, I just asked her a question from
- 18 whatever meeting she had been in: had they said they
- 19 were going to discipline SB? I'm not sure it had --
- 20 that particular text had anything to do with my Speak
- 21 Out Safely role.
- 22 You know, as I said before, nothing was ever
- 23 brought it that meeting. You know, I have read
- 24 elsewhere about a possible letter that the Consultants
- 25 have written and they wanted it logged under Speak Out
 - 57
- 1 **A.** Yes.
- Q. -- and knew they could phone you, presumably,
- 3 if they did?

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- A. Yes.
- 5 Q. So your main concern was they shouldn't say
- 6 anything different than your member was. It wasn't that
- 7 you minded taking calls from them or did you mind it,
- 8 did that become an issue for you?
- 9 **A.** I don't recall it being an issue. But I don't
- 10 think I spoke to them very often. Had it become
- 11 an issue, I would have raised it.
- 12 Q. Page 19, message 1732 and actually 1730 and
- 13 1732. This is about Alder Hey in May 2017.
- 14 We have seen you sent the message saying: is it
- 15 a management instruction, she is disappointed?
 - But here at 1732 you say to her:
- 17 "I am thinking of the news coverage and don't want
- 18 people asking you questions generally about it"?
- 19 **A.** Yes.
- 20 **Q.** Yes?
- 21 A. So as I have said in my statement this was
- 22 about, I think, the police. Police had just got
- 23 involved then. However, there was nobody under
- 24 suspicion, nobody had been interviewed, so it was more
- 25 around if you are going to Alder Hey, you know, if

- Safely, if that was logged under Speak Out Safely then
- I never had access to that and I never knew about that.
- 3 **Q.** Let's go, please, to page 17, messages 1621 4 through to 1625.
- 5 Then the next one as well. 1625. What's going on
- 6 there about Letby's parents ringing you and then you
- 7 being worried -- well, just tell us what are the
- 8 dynamics there?
- 9 A. I think they -- they did ring me, I think, any
- 10 of us who, you know, supported Lucy Letby may at some
- 11 point have had a conversation with her parents. I know
- 12 I did on a couple of occasions and I know other members
- 13 of the RCN did as well. I would never have had
- 14 a conversation with somebody without the permission of
- 15 the member.
- 16 Is it usual? No, it's not usual but this was
- 17 an unusual situation. I have, you know, spoken to
- 18 people's partners, their wives, their girlfriends, their
- 19 mother, you know, if the members asked but it's not
- 20 routine. But we were providing them with a lot of
- 21 support.
- 22 Q. 1623, you say "I was caught by surprise", so
- 23 you weren't expecting a call from the parents?
- 24 A. Yes, she must have rung me out of the blue.
- 25 Q. But they had your number --

58

- 1 anybody says to you, you know: what's going on over
- 2 there at the Countess, what's going on on the unit?, or
- 3 they make any reference or comment to quite frankly
- 4 gossip, then the advice was you just need to not tell
- 5 them anything.
- 6 Q. If we go over to 1749, you appear to have
- 7 discussed that with another union rep, is Colm another
- 8 union rep?
- 9 A. Yes, Colm was the senior office who ended
- 10 up --

17

- 11 LADY JUSTICE THIRLWALL: Colm Byrne, is it?
- 12 **A.** Ye
- 13 **MS LANGDALE**: "He says not to change your plans
- 14 [that is in relation to Alder Hey]. If anyone asks, you
- 15 can just say the hospital has given you strict
- 16 instructions not to say anything ..."
 - A. Yes, that's correct.
- 18 Q. Her work is being discussed, isn't it, at
- 19 2453, page 28. What clinical work did you think that
- 20 referred to?
- 21 A. So after -- after a while Lucy must have
- 22 mentioned to me that -- and I think it may be referenced
- 23 in a text message that she felt she had minimal work and
- 24 that she was bored working in the PALS and Complaints
- 25 Team because she was literally dealing with low level

1 concerns and compliments.

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2 So I said I would ask if she could come and do some 3 work in the Risk Team. Excuse me.

So I had a conversation with Julie Fogarty who was 4 the Associate Director of Risk and Safety at the time 5

6 and I will have put it in an email. That in itself

wouldn't be unusual for me to do as an RCN

8 representative for a member, you know, I have done that

9 on many occasion where people have been redeployed into

10 an area that maybe doesn't suit them or they don't feel

they are being challenged -- challenged enough or it's 11

a little bit too quiet for them.

So I asked I think if she could do some risk -risk work and then obviously you can see from the text messages she did indeed do some risk work. The only risk work I know she did is what she's put in the text messages to me because I kept that very -- tried to keep it very separate because whilst I was in the office or my base was in the office I often was in and out at meetings which was the nature of my other role is

21 I could be gone from 9 through to 5 at meetings. 22 Page 29, please. Message 2597. She's 23 quizzing you about what people know about your 24 situation. This is in August 2017.

"Ruth told everyone I was removed and that I am not

for?

2 A. No, I don't, to be honest.

> Q. Sounds celebration doesn't it, and fizz?

A. Yes, I know Karen Rees I think retired around that -- whether it was round that time, but as I say

6 I would only be guessing, to be honest, but it is likely

7 it --

8 Q. Discussion following a meal?

> -- could have been something like that. A.

Yes, was it linked in to having a meal Q.

somewhere with her retirement or not? 11

12 It might have been.

Finally 5259, which is on page 39. It looks

14 as though at 5259 she is referring to the safeguarding

referral, she understands now there is going to be 15

a safeguarding referral, asking you about whether it will stay on her record at 5261.

17

18 If you go please to 5269, 5273. That is you saying

you will check the website. 19

20 5275.

21 5279

22 5280 and 5871.

23 LADY JUSTICE THIRLWALL: Sorry, which page is that

24 one?

25 MS LANGDALE: 5871 is page 42.

63

to have anything to do with Women's and Children's which 1

2 I've never heard?"

3 Your response, message 2958:

"I don't think that is quite true, people have been

redeployed at the same time we were conducting an 5

6 internal review."

4

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7 You said before people were discussing it. It was

more than internal review; there were discussions across 8

9 the hospital about suspicion, wasn't there, we heard

10 Dr Lambie talk about it as early as 2005, nurses

thinking who was present; people were suspicious and she 11

had been linked to the suspicions widely, hadn't she? 12

13 I think there was suspicions and people talked about it once she came into our office in 2016. Before

then I had never heard anything, I had never had 15

16 anything to do with her, I never had anything to do with

17 the neonatal unit. So I think it was and was it

discussed in the office? Quite possibly. 18

19 Page 31, please, message 2711.

20 "Flowers and fizz for me, how kind?

21 "Yes, we will get her some bits."

22 And then:

23 "You are worth it, my lovely criminal mastermind",

24 from you.

25 So can you remember what you were getting flowers

1 So she is worried about safeguarding and asking you

2 to provide support, help, knowledge of the system, what

3

5

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4 Α. (Nods) So it had been mentioned in the weekly

meeting, I think, about the C -- Alison referring to

6 the -- the doing a CDOP referral, from what I recall,

7 and, you know, obviously Lucy wanted more information

8 about it. That wasn't information I could give her

9 because I didn't know an awful lot about it, but as

I said I would find out and I think Lucy was just asking 10

11 did I know -- are you able to see the referrals and

12 that's not something I would have known.

The referral was made in fact on 27 March 2018

14 but you didn't see it, did you, or not?

15 A.

> Q. And finally the last message, please, page 43.

Message 6250. You had been to the mortality review of 17

those two boys, O and P, what did you make of that text? 18

I don't think I did make anything of it. I --19

20 I probably -- I don't know, I would just be surmising

that maybe she was just thinking about the Families and 21

22 what they must be going through.

23 MS LANGDALE: I have no further questions,

24 Mrs Griffiths.

25 My Lady, there may be five or ten minutes.

1 LADY JUSTICE THIRLWALL: Thank you, Ms Langdale.

2 Mr Sharghy.

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Questions by MR SHARGHY

MR SHARGHY: Mrs Griffiths, I ask questions predominantly on behalf of the Family of Child I but I also ask questions on behalf of additional Families of

Children A, B, L, M, N and Q.

You were asked by Counsel to the Inquiry a number of questions as regards your initial involvement from

10 being a notetaker at the meeting on 5 July 2016 to being 11

called into a meeting by Ms Kelly and Ms Hodkinson about

a week later on the 15th and your recollection was 12

abundantly clear, that not only did you not add it into 13

your notes but you don't recall anybody raising serious 14

concerns of deliberate harm and indeed one of the 15

16 participants at that meeting mentioning Lucy Letby's

17 name; is that correct?

> A. That's correct.

19 But by 15 July, this is the meeting with

20 Ms Kelly and Ms Hodkinson, when you are informed that

there had been concerns that had been formally raised, 21

22 they must have surely told you at least the broad

23 outlines of the nature of those concerns?

24 From what I recall in the meeting, they were

25 just, I think it was, you know, along the lines of, you

1 deal with this at paragraph 43 of your witness 2

statement, if you would like, you can turn up that

3 paragraph?

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A. Yes, I have got it, yes.

Where you say:

6 "I recall one of them saying to me something along 7

the lines of 'does she know what is going on here and

what she is potentially being accused of?" [You]

9 replied that I didn't think that she did."

Now that seems to indicate, doesn't it, that at 10

least by this meeting you were aware of the serious 11

concerns of deliberate harm and the connection to 12

Lucy Letby? 13

> Α. Yes

How then, between 15 July and 1 September, did Q.

you become familiar with those allegations? 16

17 I don't know if anything was said in the risk

office. But I know by then I had met Lucy Letby with 18

Karen Rees. I probably would have had a conversation 19

20 with Karen or somebody, it's quite possible somebody's

made me aware of the allegations. I did know, but

22 I can't tell you how or when I knew but I can tell you

23 I did know.

24 Were you having separate conversations with

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members of staff regarding these concerns and then 25

know, there's concerns being raised about an individual 1

2 who may come to you for support.

I don't think there was anything more than that 3 4 from what I can recall

Okay. So again your recollection is at that

6 meeting the concept and the notion of deliberate harm

7 being caused to babies on the neonatal unit was not part of the discussion?

9 No, I think afterwards I -- that's exactly Α.

10 what I thought. That -- there could potentially be an

investigation into somebody for harming babies but 11

I can't tell you how I -- how I thought about it. 12

13 Your next substantive involvement was when you 14 accompanied Lucy Letby to her RCPCH interview on

1 September? 15

16 Α. Yes.

17 Q. You have given quite a lot of evidence about

18 it, so I am not going to recap. But the essence from

19 what I understood of your experience of being in that

20 meeting was that the allegations, in particular

regarding serious harm, or indeed any connection with 21

22 Lucy Letby, did not form part of any questions that the

23 interviewers asked; is that correct?

24 Α. That's correct.

So how did the conversation come about and you

1 separate conversations with Lucy Letby regarding these

2 conversations?

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Α. I didn't have any conversations with

4 Lucy Letby about the concerns apart from when I spoke to

5 her in the Country Park and spoke to her about the

6 allegations. We never really discussed it again.

Lucy Letby's reaction at this meeting, when no

8 issues around concerns of serious harm or indeed any

association with her was raised, was to get very upset 9

and to leave the room and you followed shortly 10

thereafter? 11

12 Α.

13 When you then decide that you need to have

14 a very frank discussion with her, on 7 September, so

just under a week later, you go to the Country Park,

it's just the two of you, and you have that frank 16

17 discussion that I suspect went something along the lines

of: do you know what they are accusing you of? 18

19 A. (Nods)

20 Multiple occasions of harm being caused

deliberately to babies on the unit. Is that fair in 21

22 terms of how frankly you spoke with her?

23 I do believe I was quite frank to her.

24 Her reaction was to calmly stand up, say she

25 wanted to be alone, walk away and at some point go on

1 her phone?

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A. (Nods)

- Q. Do I take and understand by that that she
 didn't seem surprised that those serious allegations are
 being made, she didn't burst out crying, did she?
 - A. No.

Q. She didn't ask reasonable questions such as: well, who's making those allegation? Why are they saying this? How do you think I have done it? Or anything like that, did she?

- A. She never said anything to me.
- **Q.** How strange was that to you as a reaction given that the week before, when no such discussions are had, she became so upset?
- A. I -- I thought it was a little strange and
 I put that in my statement but everybody deals with
 things differently and maybe I might have viewed as to
 how I would be if somebody said that to me. I don't
 know. I did think it was strange at the time but ...
- Q. Again I am not going to go through the
 messages that you have been taken to already. But it
 seems from the totality of those messages, that you
 became extremely close to Lucy Letby; is that fair?
- 24 **A.** That's correct.
 - **Q.** You became so close that it actually clouded 69

1 friends.

- **Q.** Okay. Given the severity of the allegations that were made, and would you agree that they are possibly the most serious allegations that anybody could make against a healthcare professional?
 - A. Yes, absolutely.
- Q. Were you making light of those allegationswhen you were referring to "potentially committinga crime"?
 - A. No.
- 11 **Q.** Can you even begin to imagine or put yourself 12 in the position of the families of the babies who were 13 harmed when they see those messages?
 - A. I know. And as I have said before, I'm -- I am so remorseful. I've seen -- as soon as I seen them myself, I was, I was upset and I can't begin to imagine and I can only apologise and say I've learnt. I can't go back in time, but I have reflected absolutely on it.
- 19 **Q.** There is one document though I would like you 20 to have a look at and it is at INQ0006346.

Mrs Griffiths, this is an email that you sent to
Alison Kelly and others on the Executive Board on
November of 2016 and it's essentially raising
a concern, and probably even a complaint, that

25 Dr Brearey had already seen a copy of the RCPCH report.

your professional judgment as regards patient safety and
 indeed how appropriate you should be acting as an RCN
 representative?

4 Δ. No. I don't believe that that's correct I don't believe it did cloud my judgment and as I said 6 before, I was there to support her. I wasn't her representative. I can see how it looks but I never had 7 access to her case and she had two other officers that 8 were representing her at more formal meetings like the 9 10 grievance meeting and that it was probably because more I was a local rep however I accept I became close to 11 her. The girl was put in my office, she had more access 12 to me than any other member would and quite a lot of us 13 became friends with her in the office and we supported

15 each other. It was a difficult time for me personally,
16 but I accept that.
17 Q. Would you go so far as to say that you loved

18 her as a friend?
19 A. She was a friend and she was a very good
20 friend at the time.

21 **Q.** The reason, Mrs Griffiths, to be entirely fair 22 to you, is that is exactly one of the messages that you 23 sent to her. Would you like to see that message?

24 **A.** I don't need to see the message. But that's 25 the kind of message I would possibly send any of my

1 What you say, if we can go just to the bottom of the2 paragraph:

"On behalf of my member we would like to know why
this is happening as we were given assurances not
two weeks ago that a confidential meeting would take
place with the Medical Director and key people regarding
the draft report and that it would be kept confidential
until the report [I think it should say 'was'] finalised
and that nothing would be discussed as yet."

10 Who gave you or indeed Lucy Letby those assurances?

11 **A**. I would imagine it was members of the 12 Executive Team. I --

Q. Just to help you if it does, the people whoyou had sent that to were Alison Kelly, Tony Chambers,

15 the Chief Executive, Alison Kelly, being the Director of

16 Nursing, Ian Harvey, the Medical Director, and

25

Sue Hodkinson, who was head of HR on the ExecutiveCommittee.

Were at least some of those the ones that had givenyou the assurance, hence why you have included them?

A. Yes. I would imagine at that point, because it's November 2016, that it would have been Alison Kelly and Sue Hodkinson in one of the many weekly meetings that we had.

I can't recall any other meeting taking place where

- others might have been present then. She hadn't had
 a grievance meeting or anything, so that's what I would
 presume, but I can't say for certain.
- 4 **Q.** At these meetings, would anyone take a note of 5 it or would any note of it be produced later on?
 - A. Of the weekly meetings?
- Q. Yes.

- 8 A. Yes. Sue Hodkinson took very comprehensive
- 9 notes, so much so that none of us -- we just felt it was
- 10 more of a supportive meeting but Sue took very
- 11 comprehensive notes.
- 12 Q. Thank you. Can we go to the following page,
- 13 just quickly and what you say there, penultimate
- 14 paragraph
- 15 "I find this completely unacceptable when we have
- 16 been given reassurance after reassurance over the
- 17 reports, et cetera, and I am disappointed that we had to
- 18 email again."
- 19 So that again indicates that there had been other
- 20 discussions, first of all, regarding when you would get
- 21 to see or Lucy Letby would get to see the report --
- 22 A. (Nods)
- 23 Q. -- as opposed to others and, secondly, that it
- 24 had been mentioned on more than one occasion. Can you
- 25 help the Inquiry with that, please?

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- May I just ask you one question. You were asked
 some questions by Counsel to the Inquiry about your
 interview with Dr Green.
 - A. Yes.
- 5 LADY JUSTICE THIRLWALL: There was a sentence which
- 6 we did look at. I just wanted to check something with
- 7 you. You were talking about Lucy Letby and the note
- 8 says:

4

- 9 "She didn't want some things in the grievance in
- 10 regards to the police."
- 11 I just wondered what that meant?
- 12 A. I can't really recall, to be honest. I just
- 13 knew she, she was -- she was a very private person and
- 14 I'd be surmising if I could remember. Whether it was to
- 15 do with the Consultants or whether there had been
- 16 suggestions of any personal relationships, I can't
- 17 really recall to be honest.
- 18 LADY JUSTICE THIRLWALL: I was asking you about it
- 19 in regards to the police.
- 20 A. In her going --
- 21 LADY JUSTICE THIRLWALL: Yes. She didn't want some
- $22\,$ $\,$ things in the grievance in regards to the police. You
- 23 have told us that you had a discussion with her about
- 24 going to the police.
- 25 **A.** Okay, yes, sorry.

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- 1 A. I think from what I recall, it probably was
- mentioned quite regularly that, you know: Don't worry,
- 3 you'll get to see the report along with everybody else,
- 4 we'll share their findings with everybody else.
- 5 Q. But that is not, Mrs Griffiths, if I may, what
- 6 you are saying in this email. Your complaint is
- 7 directly that there would be a draft report seen by you
- 8 and Lucy Letby, or the RCN representatives and
- 9 Lucy Letby, there would follow a meeting before the
- 10 report is finalised and we can look at that again on
- 11 page 1, if you would like.
- 12 So this --
- 13 **A.** Ah.
- 14 Q. So this is specifically about Lucy Letby
- 15 and/or you having an input into a draft report that is
- 16 supposed to be independent.
- 17 A. Right. Apologies. I misunderstood.
- 18 I certainly didn't see any draft report, but I just
- 19 thought that we would be getting to see the final
- 20 report, not the draft report.
- 21 MR SHARGHY: Thank you, Mrs Griffiths. Those are
- 22 my questions, my Lady.
 - Questions by LADY JUSTICE THIRLWALL
- 24 LADY JUSTICE THIRLWALL: Okay, thank you very much,
- 25 Mr Sharghy.

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- 1 LADY JUSTICE THIRLWALL: So I mean, I just wondered
- 2 if this was a reference in that context.
- 3 A. Yes. Apologies, my Lady. That may well have
- 4 been a reference to she hadn't wanted to ask the
- 5 question of why hadn't the police been called. I'm not
- 6 sure to be honest.
- 7 LADY JUSTICE THIRLWALL: No. But do you think that
- 8 seems quite a likely --
- 9 A. It's likely, yes.
- 10 LADY JUSTICE THIRLWALL: Yes. Yes, thank you.
- 11 That is my only question.
- 12 Anything else, Ms Langdale?
- 13 MS LANGDALE: No more questions. Thank you,
- 14 Mrs Griffiths.
- 15 LADY JUSTICE THIRLWALL: So thank you very much
- 16 indeed, Mrs Griffiths. We are going to break now in any
- 17 event but in due course you will be free to go.
- 18 **A.** Thank you.
 - LADY JUSTICE THIRLWALL: Thank you for coming.
- We will start again at 5 past 12.
- 21 (11.49 am)

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- 22 (A short break)
- 23 (12.05 pm)
- 24 LADY JUSTICE THIRLWALL: Mr Bershadski.
- 25 MR BERSHADSKI: Yes, thank you, my Lady. I think

1 Ms Sementa is our next witness.

LADY JUSTICE THIRLWALL: Ms Sementa, would you like
 to come up to the table.

MS LUCY SEMENTA (sworn)

Questions by MR BERSHADSKI

LADY JUSTICE THIRLWALL: Do sit down.

MR BERSHADSKI: Could you confirm your name for the

8 Inquiry, please?

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A. Yes, it is Lucy Jane Sementa.

10 Q. Thank you Ms Sementa, I think you have made

a statement for the Inquiry that is dated 22 May 2024.

12 Have you had an opportunity to read through that

13 statement in preparation for your evidence today?

A. I have, yes.

15 Q. Now, I think it's been pointed out to me there

16 is one date error at paragraph 8 which is pretty clear,

17 it says 2014 rather than 2016. Apart from that, is that

18 statement true and accurate to the best of your

19 knowledge and belief?

20 **A.** It is, yes.

Q. Thank you.

22 Ms Sementa, if we could just start please with

23 a little bit of background. You worked in the NHS

24 I think since 2015 but you had some HR experience in the

25 retail sector prior to that, can you just tell us for

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the grievance policy, disciplinary and Speak Out Safelypolicy?

A. So far more familiar with disciplinary and grievance than Speak Out Safely, attendance disciplinary and grievance were the most commonly used policies in the role that I was in. They would be very frequent, multiple cases at any one time; anything up to 20 different cases from an employee relations perspective at any one time for the whole of my employment with the Countess.

Speak Out Safely-wise I don't know that I had many cases that involved Speak Out Safely aspects, I am certainly familiar with it as a document, it's not one that was commonly used in my role.

Q. Obviously the facts relating to the Letby case
that you dealt with and her grievance were extremely
serious?

A. (Nods)

19 **Q.** Had you dealt with cases, of the 20 cases or

20 so that you would have on at any one time before that,

21 had you dealt with cases that were anything approaching

22 that level of potential seriousness, in terms of the

23 underlying allegations?

A. No. But I had dealt with many cases that involved clinical staff and patient care aspects. So

1 how long you've worked in the HR sphere?

2 A. So my experience in retail involved employee

3 management for the last 20 years and as part of that,

4 I suppose it grew, I became an HR supporter for the East

5 Anglia region for the organisation I work for, which is

6 a multi-national organisation that operated with

7 clothing, accessories and homeware.

So I trained other managers in employee relations

9 matters, I dealt with investigations, disciplinaries,

10 grievances, flexible working, appeals, all that kind of

11 thing, not exclusively but certainly for a large part of

12 my role for probably up to five years before I joined

13 the NHS.

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14 Q. You joined the NHS in 2015 and was that at the

15 Countess of Chester Hospital --

16 A. It was, yes.

17 Q. -- straight away?

18 So could you just describe your level of

19 familiarity with the HR policies in place at the

20 Countess by the time that you dealt with the grievance

21 that Letby had submitted, so her grievance was submitted

22 in September 2016, you had been there for a little bit

23 under two years by that point?

A. (Nods)

Q. How familiar were you with policies such as

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from that perspective some of it was not that unusual.

2 Obviously the nature of those concerns was very unusual,

not something I have thankfully come across before orsince.

But I think for me the role that I was asked to do

6 was to support the grievance and the grievance is raised

7 by the employee and the employee's issue was the removal

8 of her from her place of usual work into a non-clinical

9 role and not to do with the allegations that had been

10 made about what she may have done at that time.

11 **Q.** The reasons for Letby's redeployment were 12 obviously an important part of her grievance; is that

13 fair?

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A. Yes.

Q. So what did you know about the problem ofa spike in mortality on the neonatal unit at the time

17 that you dealt with the grievance?

18 **A.** Prior to starting with the grievance, very

19 little. Only that it had been mentioned within our HR

20 team at one or two points but nothing specific.

So it wasn't until we sat down with the people that we interviewed that I gained any real knowledge of that.

23 I am not a clinician by background, I have got no

24 clinical training at all so in those kinds of situations

25 you are very reliant on what clinical staff are telling

you and it was not my take-away from any of those 1 2 meetings that the spike was perhaps as significant as 3 I now see that it was.

You mentioned that there had been some discussions in the HR Department prior to you taking on the grievance, could you just tell us a little bit more about those discussions, what was the nature of them and who was involved with them?

9 I recall at some point and I am not quite 10 clear if I have got that in the right order now, I'm sorry, because it was a while ago, when the Silver 11 Control was brought together and I know that 12 Dee Appleton-Cairns was part of those conversations, 13 I know she came into the office on one of those days and was talking to us about the collation of personal files 15 16 and it was mentioned then that there had been 17 an increase in deaths in the neonatal unit and that some Consultants had concerns about a particular member of 18 19 staff

20 I don't recall Lucy Letby being named in that 21 conversation, I recall that specifically. 22

Were you involved in the task of reviewing personal files for that Silver Control exercise?

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Q. Did you see Dee Appleton-Cairns undertaking

Sometimes I would make comments on questions that did 2 not feel appropriate or were misplaced or perhaps needed 3 rephrasing or if I felt that they hadn't present --4 prepared a question about a particular aspect that 5 I thought would be important I would include that when I -- when I sent that feedback back.

I don't remember anything different about this case. I expect it was that, but I can't be precise.

Presumably this case would have been significantly more serious in terms of the allegations that were involved, I think you have already said, than anything you had dealt with before. Would it not stick in your memory to some extent somewhat more than perhaps more run-of-the-mill disciplinary cases that you may have been involved with?

A. Not necessarily because I think what you are trying to establish with a grievance is whether or not the employee has got a point, that what's been done to them or not done for them is against any process or policy that we might have in place as an employer.

20 21 So I think though I don't recall there being any 22 questions specifically prepared about the nature of the 23 allegations against her, it was more to do with what 24 process had been followed or not followed, what 25 information had been given or not given and in what

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that task --1

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A. No.

> Q. -- herself.

4 Okay. Now, you say in your statement that you had 5 some involvement, as you typically would do, in 6 preparing the questions that would be asked as part of 7 grievance interviews; is that right?

A.

9 Q. So can you just tell us a little bit about 10 your role in preparing with Chris Green for dealing with the grievance that Letby had submitted in 2016, what 11 role did you play in that process? 12

13 A. It's difficult to be precise now. I can tell you my usual practice and I see no reason to recall that my usual practice wasn't applied in this case and my 15 16 usual practice would be to have a conversation with the 17 investigating manager to make sure they understood the 18 ask of them, that they understood the policy that the 19 investigation was relating to, to talk to them about who 20 they might want to interview and in what order because that varied case to case. And then as each interview 21 22 approached, to discuss with them what questions they may 23 ask.

24 It would be usual for the manager to provide me 25 with a list of questions. I would review them.

1 order.

2 So were you involved with deciding who would be interviewed as part of the grievance process?

4 I would have discussed it with Chris Green. 5 It would ultimately be his decision. My role is to 6 advise. So often with a case somebody might not think

7 that a particular witness might be important or might

8 have anything to contribute and I might disagree and put

forward my thoughts about why I feel they should be 9

10 included.

11 Now, I think Lucy Letby was the first person that you spoke to and the first person you conducted 12 a grievance interview with; is that right? 13

> Α. That's correct.

15 Presumably that would be quite normal because you would tend to speak to the person who's made the 16 17 grievance in the first instance to understand precisely what it was that their grievance related to; is that 18

19 fair?

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Α. That's correct, yes.

21 Now, you mention in your statement that

22 Lucy Letby's parents called Chris Green and spoke to him

23 on more than one occasion?

(Nods)

Q. Can you just give us a little bit more detail about that, how many times do you think they spoke to him and what was the purpose of those conversations?

A. I think it was twice. I'm not sure. I never spoke to them. I know that I spoke to Chris Green a number of times, you know, during and following this investigation which is not unusual but perhaps more so with this one than any other investigation because I think emotionally it was taxing for Chris Green and he mentioned to me during one of those conversations that Lucy Letby's parents had called him, that they were quite distressed and I believe that that happened a second time at the -- after the investigation had concluded and the grievance had been heard.

I may be wrong but that's my recollection.

Q. Is that the sort of thing that would be normal to happen, that somebody's -- the parents of a person who makes a grievance directly phone up the investigating officer for the grievance and speak to them?

A. No. I have never known that happen in any 21 other case.

Q. What did you think about the appropriateness of conversations taking place between the investigating officer and the parents of the person bringing the grievance when you heard about them?

person to contact if they had queries, questions or needed to re-arrange a meeting, that kind of thing. So I expect that she passed on that information to her parents, but I don't know.

Q. Did you consider suggesting to Chris Green that, you know, if they call again, that it would be best to say to them that it's not really right to speak to them because there's an investigation going on into a grievance and until that's concluded it's best not to speak to people about it?

A. I don't recall doing so. But I think if that's the case that would either have been because I didn't think it was necessary because I trusted him implicitly about how he had undertaken this process or because I wasn't expecting that that would happen a second time.

I was, you know, surprised it happened the first time. As I say, I have never known that happen before.

Q. Do you think that there's a chance that a person investigating a grievance might be influenced by the fact that they are receiving these distressed phone calls from the parents of the person bringing the grievance?

A. I don't know that I see it as any different to sitting in a room with a person that's distressed, which A. I didn't have any concerns about what

Chris Green may have said because I have always found

him ethically unquestionable. I didn't have any

concerns that he would have disclosed any information

that was inappropriate or related to that case. I took

from that from what he said to me that he had listened

to their concerns and their distress at what was

happening.

But I don't recall feeling that he had given any information to them. So it probably wasn't appropriate that they called him, but I think I struggle to see necessarily what else he might have done in that situation. You know, when somebody calls you to speak to you, it used to happen to me in my role all the time. Somebody would call and they would want to share with you how they were feeling, particularly if they were distressed, and I would listen.

18 Q. Do you know how it was that they even came to
19 call him, how they even had his phone number?
20 A. No, I don't know, but it would be very usual
21 and I believe that was the case with this -- this
22 investigation that his number would be in the
23 documentation that went to the aggrieved, so Lucy Letby
24 in this case. His phone number, his email address would
25 be on that documentation as a matter of course for that

is part of the process. Very often in grievance cases, particularly bullying and harassment cases, occasionally with disciplinary somebody is very distressed. It can be really hard to hear that to hear the impact that any situation is having on somebody's life. I don't know that it's any different to that.

Q. Now, I am just going to ask you some questions
about that initial grievance interview that you had with
Lucy Letby. I think you have said within your statement
that no questions were asked of Letby in that grievance
interview relating to the underlying allegations that
had been made against her; is that right?

A. That's correct.

Q. Now, was that a conscious decision by you and
Chris Green when discussing the questioning of her in
advance to not ask any questions about harm to babies
that she may have caused?

I don't recall whether or not we had that conversation but I think it's likely. It's often very difficult with grievances and with disciplinaries to stay within the scope of what you have been asked to do and not to drift outside of that, where there would be a different process and to me questions about that would very much have been a disciplinary process and not a grievance.

- 1 **Q.** So to be clear, what was your rationale for 2 being careful to avoid any questions relating to 3 possible harm by Letby to babies?
 - A. Can you repeat the question, please?
 - Q. What was it that motivated you to make sure that you didn't ask any questions about the underlying allegations?
 - **A.** Probably professional etiquette, I think, in terms of making sure that we are following the policy that's related to the matter in hand and that was the grievance process we were looking into, why she had been redeployed from her role and not into what might have happened from a clinical perspective.

I think if -- if there had been clinical questions
 to ask, Chris Green would not have been the right person
 to ask them.

- 17 Q. Yes. And it's right, isn't it, that you
 18 didn't speak to any possible witnesses to the deaths
 19 that Lucy Letby had been accused of causing?
- 20 A. That's correct.
- 21 **Q.** So you didn't approach, for example, the 22 nurses who were on duty at the time --
- 23 **A.** No.

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- 24 Q. -- is that right?
- 25 A. That's correct.

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- Consultants, if there had been more information imparted than there was, if I had felt that there was anything there that hadn't already been looked at that should be looked at under a different process then I would have done.
 - **Q.** Okay. Well, I am going to ask you some questions about the Consultants and in particular their interviews. But before I do that, can I just ask you to look at some of the correspondence that went with the Consultants before they actually came on to have their grievance interviews. If we could please have up INQ0068308. Thank you.
- Now, this is an email -- if we look at the bottom, it is an email from Ravi Jayaram who is obviously one of the two Consultants that you spoke to as part of the grievance process?
- 17 **A.** (Nods)
- 18 **Q.** He asks you if you would be able to give an agenda for the meeting and information as to what the 20 grievance relates to and you reply on the same day, 21 24 October, with what we see there:
- 22 "Chris ..."
- And that is a reference to Chris Green, I assume who's copied in?
- 25 **A.** (Nods)

- 1 **Q.** You didn't approach the parents of the babies 2 who may have been around at the time that Letby was 3 alleged to have harmed them; is that right?
- 4 **A.** That's correct. That would not in my view 5 have been appropriate.
- 6 **Q.** No. So would it be fair to say that when
 7 coming to draft the report outlining your findings, that
 8 it would be appropriate to avoid any discussion of the
 9 underlying allegations and the evidence relating to the
 10 underlying allegations, because you hadn't spoken to any
 11 relevant witnesses about those allegations?
- A. To a point. It is difficult though because,
 as you pointed out earlier, the reason for the
 redeployment is related to those allegations. So there
 was always going to be a bit of a crossover, I suppose
 for me it was about limiting that crossover as far as it
 was possible to do.
- 18 **Q.** Did you consider at any point when dealing 19 with the grievance, suggesting that the grievance should 20 be put on hold and a more appropriate process put in 21 place to actually deal with the underlying allegations 22 first to avoid any spillover risk?
- first to avoid any spillover risk?

 A. I didn't but I think I might have done if when
 we had met with the Consultants particularly or any of
 the witnesses that we met but specifically the
- 1 "... is investigating a grievance submitted by 2 an employee which relates to redeployment. He is 3 required to interview any individual who may have some 4 knowledge of the surrounding events. In light of this, 5 there is no formal agenda. However, the process will be 6 that Chris will ask you some questions and if you can 7 provide any details or information this will be noted. 8 Any information within the grievance that is relevant to 9 you will be discussed."

Then you have got a sentence below that saying:

"I must emphasise that at this stage you have been invited as a witness who may have some pertinent information and you are not being investigated yourself."

15 Can I just ask you, what led you to write that
16 sentence to Ravi Jayaram and in particular the words
17 that at this stage he was being invited as a witness and
18 not being investigated himself?

A. I think if I was going to include that
sentence I would probably always include the phrase at
this stage because I suppose with any case you never
know what's going to happen because he haven't met with
everybody and you don't what information might come out.

24 I am surprised that that sentence is there.

25 I think from memory, but I cannot be sure, that it

may be that I had been told there was some reluctance for Ravi Jayaram particularly to attend and that he was concerned he was being investigated. I think that's why that sentence is there. I can't be sure.

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I mean, do you think you included sentences like this for any of the other people you were speaking to other than Stephen Brearey; so, for example, Ian Harvey, you spoke to Alison Kelly, you spoke to Sue Hodkinson. Would you have had that sort of sentence in any correspondence with them prior to their grievance interviews?

I don't believe that anybody else corresponded with me ahead of their meeting. I believe everybody else just confirmed their attendance which would be usual to do that with Chris Green rather than myself and attended. I'm not sure that I had email correspondence with anybody else in relation to this case.

Do you see that somebody who's been invited in to be interviewed for a grievance who gets an email saying that at this stage they "are being invited as a witness and not being investigated", that that might cause some degree of concern on their part because the implication is that there may well be at some point an investigation into them, where they are not merely a witness?

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surprised -- I would be surprised if they hadn't given them any reassurance on the point that I don't feel that that sentence in that email is inappropriate. I think it's accurate and I think it's fair.

Now, I am just going to ask you to turn up the interviews that you conducted with Ravi Jayaram and Stephen Brearey, so if we could go please on screen to INQ0002879 at page 47.

So these are the notes of the interview with 10 Ravi Jayaram and we can see that very early on in his 11 interview, he explains that there was a rise in 12 mortality and they were not the babies you would have 13 predicted and that none of these babies responded to 14 timely resuscitation manoeuvres; can you see that? 15

A.

16 Q. Now, at this stage, did you know how much of a rise in mortality there had been? 17

> In terms of figures? A.

Yes Q.

A. No, I don't believe so, no.

Well, did you consider questioning

22 Ravi Jayaram about how much of a rise in mortality there

23 had been?

24 I think I did ask him towards the end of this conversation, I think I asked him about percentages. 25

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I think it's possible. But I think it's 1 Α. important that people are aware of what might happen next in any process and I think it's often appropriate 3 to make people aware that different things might happen 4 depending on what information is forthcoming. 5

6 At this point we had already met with Lucy Letby 7 and I believe a number of the other witnesses, so 8 a picture starts to emerge. I don't think it was unreasonable if I had concluded at that point it was 9 10 possible that that might happen at the end of that process but you never know what's going to happen until 11 you have met with everybody that's relevant to a case. 12

13 Because you say in your statement that you were surprised and disappointed by the attitudes and behaviours of Ravi Jayaram and Stephen Brearey in your 15 16 interviews with them as part of the grievance.

(Nods)

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18 Q. Do you think that if they had received this 19 sort of correspondence from you before, that that might 20 have some impact on the degree to which they felt 21 comfortable in being open with you during the grievance 22 process?

23 Α. I suppose it's possible. They were both 24 represented by regional trade union reps who I believe were very experienced and knowledgeable. I was

1 Okay and what's your recollection of what he 2 said?

A. Can I see it on the screen, please?

4 Yes. So the whole interview is that page 5 through to page 48 and 49. But I don't think there is 6 a note within here of any discussion of percentages or 7 figures. Or in the middle of the page, sorry, on 8 page 49 on average two or three in a year, the number 9 has increased to nine in a year?

Yes, that is the first time I recall being 10 11 aware of the numbers.

12 Did it concern you that Ravi Jayaram was 13 telling you that there had been a rise in mortality from 14 two or three in a year to nine and that they were not babies that one would have predicted to die? 15

16 It did concern me. But we had spoken with other witnesses previously who had provided I suppose 17 a different take on that. I think it was Eirian Powell 18 who had talked about the rise in congenital defects and 19 20 changes in lifestyle and I don't have a clinical

background, as I have said. 21

22 Yes. But was Ravi Jayaram the first doctor 23 who had actually been caring for these babies who was 24 giving you this information that you spoke to?

> A. Yes.

- Q. And did you speak to Stephen Brearey after you spoke to Ravi Jayaram? I know they were both interviewed on 11 November.
 - A. They were the same date, I think so.
 - Q. Yes, okay. Well, let's go if we can go
- forward to Stephen Brearey's interview, it is page 51 of
- 7 the same document. So that is the interview with
- 8 Stephen Brearey. Just over the page on page 52, we can
- 9 see that he says in his grievance interview that from
- 10 memory there were no issues in terms of clinical care,
- 11 six of nine died between midnight and 4 am.
- 12 Eirian Powell looked at staff present looking after the
- 13 babies involved in the review, this is part of the
- 14 review. Stephen Brearey looked at both junior and
- 15 senior medical staff involved in looking after the
- 16 babies, no common cause. Eirian Powell identified that
- 17 Lucy Letby was on shift around the time of the deaths
- 18 but was not necessarily the named nurse.
- 19 That is towards the top of the page.
- 20 **A.** Yes

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- 21 Q. Chris Green then asks about two of the
- 22 Triplets dying, what happened around then. And
- 23 Stephen Brearey responds that:
- 24 "In a three-month period following the meeting with
- 25 Ian Harvey and Alison Kelly starting to arrange the
 - •
- 1 we had interviewed, they had given a different
 - explanation for why there was -- why that commonality
- 3 was there and they talked about sort of Lucy Letby
- 4 undertaking additional shifts and being very willing to
- 5 work nights which some staff are not.
- 6 So it was perhaps that aspect was less of
 - a concern, I think, to me than it might have done if it
- 8 had just been these interviews in isolation.
- 9 Q. But the other people you spoke to, none of
- 10 them were medical doctors looking after the babies, were
- 11 they?

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- 12 A. They weren't medical doctors, no, that to me
- 13 does not mean that they don't have valuable knowledge,
- 14 insight and experience in that unit, the nature of those
- 15 cases.
- 16 Q. Why do you say that you felt that
- 17 Stephen Brearey and Ravi Jayaram weren't forthcoming
- 18 when they have just told you all of this information and
- 19 that this was leading them to be so concerned about
- 20 Letby that they weren't sure that they would have her
- 21 back on the unit?
- 22 A. Because I don't feel that that's what they
- 23 said. I think they were explaining why some
- 24 conversations had taken place. I don't believe either
- 25 of them said that they specifically had concerns,

- 1 review meeting prior to Lucy going back on nights there
- 2 had been no episodes of sudden collapse or deaths at
- 3 night".
- 4 So what you had heard between Ravi Jayaram and
- 5 Stephen Brearey on 11 November is that there had been
- 6 a spike in deaths from two to three to nine so
- 7 a threefold spike in deaths of babies that weren't
- 8 expected to deteriorate, that Lucy Letby was on shift
- 9 around the time of the deaths, and that after she had
- 10 been moved off nights, there had been no collapses or
- 11 deaths at night and you had all of that information on
- 12 11 November; is that right?
 - A. Yes.

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- 14 Q. How much did all of that information in
- 15 totality concern you?
- 16 A. I think Chris and I were both surprised that
- 17 there wasn't more from both the Consultants. I think
- 18 prior to meeting them with them we had been expecting
- 19 that they would be more forthcoming with why they had
- 20 concerns about Lucy Letby beyond just her presence on
- 21 the unit.

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- 22 In neither of those interviews did either of them
- 23 sort of articulate why they felt that that was such
- 24 a concern beyond the fact that there was a commonality
- and when we had met with some of the other people that
 - 9
 - I think they talked generally about those concerns.
- 2 They weren't forthcoming about saying that they
- 3 individually held those concerns.
- Q. Well, Stephen Brearey was asked about whetherhe thought there was deliberate harm by Letby and he was
- 6 saying that it's not for him to say; is that right?
 - A. Correct.
 - Q. He told you in the interview that he wasn't
- 9 a forensic scientist or investigator; is that right?
- A. Correct.
- 11 Q. Now, that's not him not being forthcoming,
- 12 that's just him relaying the facts that he can't know
- 13 whether somebody is doing something deliberately or not
- 14 because he's not a forensic investigator. Is that in
- 15 any way not forthcoming by him or is that him being open
- 16 about the limitations of how far he is able to go?
- 17 A. I can only tell you how I took that
- 18 information at the time.
 - Q. Yes.
- 20 A. That is how I took that information at the
- 21 time.

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- 22 **Q.** Now, were you familiar, at the time, with the
- 23 safeguarding provisions in the disciplinary and Speak
- 24 Out Safely policies?
 - A. Yes.

Q. So is it fair to say that the basic point in those safeguarding provisions is that if there is any concern that somebody may be harming children, that a safeguarding referral needs to be made?

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Yes. I think what's difficult about interpreting those policies and I think the concern is not quantified.

So what we would ordinarily look for is some substance to those concerns. I sit in a lot of meetings with a lot of people where they say a lot of things and often that's somebody's perspective or somebody's perception of a situation. It isn't necessarily always appropriate to just take what somebody tells you and take action on it.

In all of the cases that I have had where there have been safeguarding concerns there has been some substance to them beyond I suppose a commonality, this is a unique case I think on a number of fronts. But for me, there had never been anything else where somebody's presence alone had resulted in a safeguarding concern being raised.

But what you were being told is it wasn't just presence alone, was it, there were many additional factors, that for example it was unexplained, unexpected deaths, that they stopped occurring on night shifts when

Do you think with the benefit of hindsight, if you were in this situation again, and you had received information like this from two Consultant doctors, that you would take a different approach and recommend a safeguarding referral?

I would hope so, but I think it's -- it's very difficult to accept one group of people's opinion over another. You know, everybody we spoke to had knowledge and experience in that area and knew the person concerned very well and we had four of five people that all said they didn't see a concern and two people that did and there wasn't anything tangible to rely on in that instance.

But isn't the point of the safeguarding provisions that if there is a risk then you make a referral, does it really matter if there are some people who disagree whether there's a risk or not?

No and I don't disagree, you know, that is the purpose of that process, isn't it, that they will explore it and look at it in far more detail.

But I think you need to have something to go on and 21 22 I don't -- I don't feel that at that point in time that was necessarily there because -- and I absolutely take 23 your point about what you are saying about there was,

you know, a spike and then it changed when she came off

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Letby was taken off night shifts.

2 You were given a whole host of reasons for why there was a particular concern about Letby. So why was 3 4 that insufficient for you to take the precautionary step of suggesting a safeguarding referral? 5

6 I don't feel that we were given any different 7 information than had already been examined by other people with far more clinical knowledge than myself, that that had been looked at by people such as 9 10 Alison Kelly who has a lot more knowledge about safeguarding referrals, what to look for in clinical 11 cases than me. 12

13 If we had been given new information we absolutely would have done something with that. I don't feel that 14 that happened during the course of the grievance 15 16 investigation.

17 Well, I think you told us that you had very 18 little knowledge of the allegations against Lucy Letby 19 prior to dealing with this grievance. Why didn't you 20 apply your own independent knowledge of the policies and 21 when safeguarding referrals needed to be made to make 22 a recommendation?

23 I think I did apply that knowledge. I just --24 I didn't see that there was a need to do that based on the information that was available to us at the time. 102

nights but we had been told that other things were also in place, that the rest of the nursing staff were 2

3 reviewing their competencies, you know, there were other

4 things happening at the same time that might have

5 accounted for that.

6 You say in your statement that you thought the 7 Consultants should have called the police.

8 Paragraph 40.

> A. (Nods)

10 Q. Did you ask them why they didn't call the

11 police?

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12 No, we didn't, because the conversation as it

13 went the interview if you like, didn't lead there

14 because we were expecting them to give more information

than they gave. I think potentially that would have

been a question that we were planning to ask and that is 16

17 not where it went because neither of them said that they

18 had those specific concerns about that specific person.

19 If you thought that the Consultants should 20 have called the police, then why didn't you recommend

that the police be called yourself? 21

Sorry, can you repeat the question?

23 If you thought that the Consultants should

24 have called the police, why didn't you recommend that somebody call the police or call them yourself? 25

I suppose what I was trying to say in my A. statement there is that now when I reflect on that situation that's what I think they should have done. I think if they held those beliefs at the time, they should have done that. I don't -- I didn't feel there was cause for me to do that at that point in time.

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- You say in your statement that you thought that Ravi Jayaram and Stephen Brearey held a genuine belief that Letby had harmed babies but that no party was able to provide evidence. Did you think that you needed hard evidence in order to call the police or make a safeguarding referral?
- No, but again I think that's my reflection of looking at it now. I think that's what I was asked about, whether now do I think they held that belief generally, yes, I do.
- Well, are you saying that at the time you didn't think that they had a genuine belief?
- 19 I don't know now. It's -- it's difficult to 20 say. Before we met with them I think I was expecting that that is what they would present and it's not what 21 22 they presented and so we were left very much with the 23 feeling that things had been said and blame had been 24 attributed with no substance.
- 25 That's how it felt at the time.

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- 1 of other cases that I have been involved with where one 2 or more people have not wanted to work with somebody for 3 any one of a number of reasons and so it's not beyond 4 the realms of possibility to me that there was other 5 reasons why they didn't want to work with her on that 6 unit.
 - Was there anything in their interviews that suggested that they had some ulterior motive for not wanting to work with Letby?
- Only that they didn't -- in my view, they 10 weren't open about -- about the reasons that I now 11 believe they genuinely held. That did not come across 12 13 to me at that point in time at all from either of them.
 - Right. There was a part of Stephen Brearey's interview where you say that there was in effect a tense conversation between him and Dr Green about a prescribing error that had occurred with one of the babies; is that right?
- 19 A. That's correct.
- 20 Was that the first time that you were aware that Chris Green had had some involvement with the 21 22 events surrounding one of the babies?
- 23 A. Yes.
- 24 What did you think about the appropriateness 25 of Chris Green hearing a grievance when there had been 107

- Q. Was there anything in your interviews with 1 them that caused you to think that they didn't have a genuine belief that Letby had harmed babies? 3
- 4 Yes, because they didn't -- they didn't say that to us and because they hadn't taken that action of 6 calling the police themselves, I think if they had and 7 they had said: we feel so strongly about this that we have done -- we have made the following steps, 8 I absolutely would have seen that. But they didn't. 9
- 10 Well, you knew that they had raised their concerns with Executives at the Trust; is that right? 11
 - A. That's correct.

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- 13 Q. You knew as part of the grievance that they had insisted that Letby be removed from the unit; is 14 that right? 15
 - Α. That's correct.
- 17 Q. Part of the issues that you were considering within the grievance was whether in fact they threatened 18 19 to call the police if Letby wasn't removed from the 20 unit; is that right?
- 21 A. Yes
- 22 Q. So surely that would have all left you with 23 the impression that they did have a genuine concern 24 here?
- 25 A. Not necessarily. I think there's been plenty
- 1 that interaction between him and Stephen Brearey, in 2 relation to one of the cases?
- 3 So he wasn't hearing it, he was investigating 4 it, so his role was to gather the information. I wasn't 5 concerned from that perspective.
- 6 I would have been concerned if he had been hearing 7 it and been a decision-maker but he wasn't. His role 8 was to pull together all the available information and present it and offer some conclusions but it's always 9 for the hearing chair to decide whether or not to accept 10 11 those conclusions, to decide something else.
- 12 I mean, you would have been aware, surely, 13 that the policies required independence on the part of 14 the investigating officer and not just the chair of the 15 grievance?
- 16 A. I still think he was independent. I think in 17 a Trust of that size, very often people have come across different people as -- as part of the course of their
- role, so I don't think it's that unusual from that 19 20 perspective. I don't think it had any bearing on the
- questions that he asked, the information that he 21
- 22 received or the way in which he pulled that report 23 together and if I had done, I would have raised it.
- 24 It wouldn't be the first time we have changed
- 25 investigating manager partway through, we could have

done that. I didn't think it was necessary. 1

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Well, why not there was a tense exchange with one of the Consultants relating to the facts that were underlying this whole grievance, why was that not enough for you to think: hang on there isn't sufficient independence here?

I -- I don't know that I see that as relevant necessarily. So that conversation as I took it to be was about what had happened to one of the babies, not about why Lucy Letby had been moved from that unit. I don't see them as the same thing.

I am going to ask you a few questions about the investigation report that came out of your interviews. Can you just explain what your role was in the drafting of that report? That can come down off the screen now, thank you.

So once the report was drafted, I believe it 18 came to me, which would be usual for me to look it over, provide a second pair of eyes, to pass comment on anything that might not be clear, necessarily, anything that might not be well-presented, anything that might 22 have been missed from the body of the report but 23 referenced in the appendices, grammatical adjustments, 24 that sort of thing.

> I would usually comment on that in track changes 109

about that section underneath the bullet points, which reads:

"No party refutes that concerns were raised by Consultants, in particular SB, to the Executive Team around a perceived commonality between LL's presence on the NNU and the collapses/deaths. I acknowledge that these concerns were raised through the appropriate channels in line with both the Trust Speak Out Safely policy and the guidance proffered by the GMC. However, I do not find that the Consultants' concerns when reiterated to the Executive Team were 'clear, honest and objective' (GMC guidance)."

Now that passage, I think, was added to the final report. Do you recall whether it was you who added that or what involvement, if any, you had in that passage being added?

I think it's likely. I do recall looking in some detail at the GMC guidance and I know that I provided some comments to Chris Green about that aspect. So I think it's likely, but I can't be sure.

21 Well, why did you think that the Consultants' 22 concerns, when reiterated to the Executive Team, were 23 not clear, honest and objective?

24 I don't necessarily know that that's my 25 opinion. I think what I'm trying to say is part of my 111

and comments and send it back before the draft was 2 finalised

3 Some managers take on board all the comments that 4 you give them, some take on board none.

5 If we just turn up, please, the draft report 6 first, that's INQ0002879017 at page 178. So this is the 7 draft report.

Would you have been sent that by Chris Green?

Α. Yes

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10 Q. So are all the changes between the draft version of the report and the final report, were they 11 all changes that you would have made yourself? 12

I might make recommendations about changes, I might have 14 changed it in track changes and sent it back. But then 15 16 it would be for Chris Green to accept or not accept them 17 and I believe he made some other changes anyway, which 18 would be usual when you review a document for the 19 second, third or more times and think about how you have 20 presented something and whether or not it expresses what 21 you are trying to express.

I wouldn't have thought so. So I would --

22 If we go to the final report, please. I am 23 just going to ask you a few questions about particular 24 aspects of that.

So if we go to page 221. I'm just going to ask you 110

role is to speak to the investigating manager and to

help them articulate in their report their feelings, 2

3 findings and conclusions, and I think that that sentence 4 reflected Chris' findings and conclusions.

5 Well, what was it that Chris Green told you 6 about his views which led you to add that into the 7 report?

8 I don't know that I can be precise about that 9 at this point. I know that we had conversations in which we both agreed that we didn't feel that the 10 11 information we'd necessarily been expecting had been given in the way that we were expecting it to be given. 12

13 Neither of us felt, I don't feel, that the two 14 Consultants we spoke to were open and honest about the strength of their concerns and the basis of those 15 16 concerns.

17 But why is that? They had said to you that there had been a spike in deaths, that Letby was on 18 shift during those deaths, that they stopped happening 19 20 when she was -- at night when she was shifted away from night duties. They told you all of that? 21

22 Α. (Nods)

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23 Q. Why did that lead you to the conclusion that 24 they weren't being open, clear, honest and objective?

I think because of what I have already said;

that there were other -- there was other information 1 2 that was given to us and there was no account, 3 accounting for that.

So the review of competencies I think by the nursing team, we had been told by other members of the nursing team that the document that had been produced, the table if you like, in which different staff were recorded and it was referenced who was on shift, that 9 there had been a doctor on that list that had been 10 removed before that information was shared. Those 11 things hadn't been accounted for.

And I still don't feel, when I re-read the information that they had given, that they were as forthcoming as I was expecting them to be and perhaps that's unreasonable, but, at the time, that's how I felt about it.

17 Well, did you suggest to them in the interviews that they weren't being clear or honest or 18 19 objective?

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21 Why did you consider it fair to include that 22 finding within the investigation report if you hadn't 23 even suggested to them in their interviews that they 24 hadn't been clear, honest and objective with you?

I think they were asked reasonable questions

1 honest and objective either?

Correct. I think if they had expressed to us: This is what we said to the Executive Team, I think that might have satisfied that point.

Does that answer your question?

LADY JUSTICE THIRLWALL: No, it answers a different 6 7 one, but it's helpful.

So you think if they had said to you what they said to the Executives that would have been clear, honest and objective? 10

A. 11 It might have been. I suppose it depends what 12

LADY JUSTICE THIRLWALL: Yes. It's just that you 13 14 seem to be making a finding here about what they had said to the Executive Team.

15 16 I suppose the two points align to some degree. 17 When we spoke with the Executive Team they didn't,

I suppose, relay to us that there had been specific 18

evidence or support for what had been said; only that --19

20 the commonality at the time. That didn't, to me

personally, feel objective and there had been other 21

22 information that had been given from some of the other

23 witnesses that also did not feel honest and objective.

24 I can't quite recall which witness it was now, but

somebody had mentioned that I think Stephen Brearey had 25 115

in the grievance interviews and they gave the 1

2 information that they gave. They didn't give other

information that I think they could have given. 3

You know, there was a lot of reference to private 4

conversations, never officially discussed, you know, 5

there was very much an undertone there that those 7 conversations had taken place and they weren't prepared

to share them in that setting, and the report is

9 a pulling together of all of the information that's

10 available.

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11 MR BERSHADSKI: My Lady, I see the time. There are going to be a few more questions for Ms Sementa. 12

13 LADY JUSTICE THIRLWALL: Yes, thank you. May 14 I just ask one in relation to this topic --

MR BERSHADSKI: Certainly.

16 LADY JUSTICE THIRLWALL: -- before we break.

17 The highlighted part of the document on page 14:

"I do not find that the Consultants' concerns when 18

19 reiterated to the Executive Team were clear, honest and

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21 I had rather assumed that's a reference to speaking 22 to the Executives rather than to Mr Green?

> Α. Yes.

LADY JUSTICE THIRLWALL: But you also say, I think, 24

25 that when they were talking to you, they weren't clear,

1 discounted somebody else's commonality because they were

2 nice; that did not feel objective and honest, certainly

3 to me, and I don't feel to Chris Green.

4 LADY JUSTICE THIRLWALL: Did you follow that up?

Pardon?

LADY JUSTICE THIRLWALL: Did you follow up that 6 7 point?

I don't think we asked Stephen Brearey about 8 9 it, no.

10 LADY JUSTICE THIRLWALL: I see. Thank you.

11 I think then we will stop. Perhaps we ought to

12 take a shorter lunch break, if that doesn't

13 inconvenience too many people, so we will start again at

14 quarter to 2.

15 (1.02 pm)

16 (The luncheon adjournment)

17 (1.45 pm)

18 MR BERSHADSKI: Ms Sementa, before we go back to the report, I just wanted to pick up one of the topics 19

20 on which you answered questions before the break.

21 You said that you felt that it was acceptable for

22 Chris Green to remain the investigating officer because

23 the Chair, Annette Weatherley, was independent and, in

24 your view, in effect, that was a sufficient level of

independence within the process. Is that a fair summary 25

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of your views? 1

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18 19 A.

3 Q. Now, as far as you were concerned, there was no plan for Annette Weatherley to hear directly from 4 5 Stephen Brearey as part of the grievance hearing, is 6 that fair?

That's fair. It was possible. I suppose it's for the hearing chair to decide if they want to call people.

Realistically it was going to be, therefore, Chris Green's decision in his investigation report about Stephen Brearey and his credibility that was going to be the evidence before Annette Weatherley?

To a point. So the role of the investigating manager is to pull together all of the information that's presented to them, however that comes. So sometimes that's verbal from the meetings that we had, sometimes it's emails or written documents and there is an obligation on that person to include all of that information in -- in the pack that they present to the hearing chair.

22 Yes. So she wasn't going --23 Annette Weatherley wasn't likely to be receiving any other information about Stephen Brearey and his 24 25 credibility other than that which was contained within

circumstances where there was a direct professional tense disagreement between the investigating officer and Stephen Brearey about the fact?

> A. Sorry, can you repeat the question?

It wasn't fair to include comment from somebody who had had a significant professional disagreement with Stephen Brearey about his integrity within the report, was it?

9 I don't know that I would consider the exchange that I witnessed to be a significant 10 professional disagreement. 11

12 If we can turn up the report again, please, it is INQ0002879 and page 218, please. Sorry, Ms Sementa 13 14 the system can occasionally become a little bit 15

I just want to ask you about the middle portion of this. The heading in the middle of the page is "I wish to be informed of any evidence the Trust may have and the process which they have followed".

20 This section of the report, do you recall whether this was -- the next section, whether this is something 21 22 that Chris Green wrote or was it something that you had 23 written?

24 I don't recall but for clarity, I wouldn't 25 describe my contribution to the report as me writing 119

the report from yourself and Chris Green and all the 1 2 material that went with it; is that right?

Not unless she asked for it, no.

No. So if it was Chris Green rather than O.

Annette Weatherley who was going to be making direct 5

6 comment on Stephen Brearey's credibility, wasn't it

7 particularly essential that it was Chris Green who was

independent and wasn't clouded by any professional 8

disagreement that he may have had with Stephen Brearey?

10 My position on that is still that I don't think he was clouded at all -- that is, that is not my 11 impression of it then, it's not my impression of it now. 12 Part of my role would have been to identify if I felt he 13 was presenting information that was not an accurate 14 reflection of what had been gathered and also I feel as 15 16 the hearing chair, it would have been Annette's role to 17 pick through that.

You know, the role of the chair is to evaluate the 18 19 information that's presented to you and ask probing 20 questions if that's appropriate to do. I would expect that she would be sufficiently knowledgeable and 21 22 experienced to be able to do that if it was required.

23 It wasn't fair, was it, for you to be 24 including within the investigation report a comment about Stephen Brearey's honesty and integrity in

1 anything necessarily, but I -- I don't recall with this section, no. 2

Q. Okay. So it reads that: During the course of this investigation I have not been made aware, nor has there been any allusion to, any evidence relating to any alleged wrongdoing by Lucy Letby."

7 In your -- at the start of your evidence to the 8 Inquiry, you said that it was important as part of this process not to have strayed into making any findings 9 about the underlying allegations against Lucy Letby 10 because that wasn't what you were investigating; is that 11 12 correct?

13 Α. That's correct.

14 You hadn't heard from any witnesses that were 15 relevant to any of the underlying allegations; is that 16 right?

> Α. That's correct.

18 So would you agree then that this section of the report and making a finding that there had been no 19 20 allusion to any evidence relating to any alleged wrongdoing by Lucy Letby, that that strayed into making 21 22 a comment on the actual allegations against her?

23 No. I think she asked a question and Chris 24 has provided a response but I think he's clear there

that he's talking about during the course of the

investigation that he's carried out which was in line 2 with the grievance policy and in scope of the questions 3 that she asked. That is not to say there was no 4 evidence. None was provided.

Well, there was a danger, wasn't there, of including a finding that there's been no allusion to any evidence relating to any alleged wrongdoing by Lucy Letby, that that would then give the impression that that was the view of the investigating officer, that there's not been any evidence relating to any alleged wrongdoing by Lucy Letby?

I don't think I agree. I think that sentence doesn't say that to me. I think if it had said there was no evidence, I didn't find any evidence, I don't think that's what that says.

Well, you said earlier that you were very concerned by the matters that Ravi Jayaram and Stephen Brearey had set out to you: the spike in deaths, the timing, the fact that they had stopped at night; all of those matters we discussed. I think you say in your statement that you were deeply concerned about those matters?

23 A. (Nods)

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24 Q. Why doesn't that appear in this section when 25 making a finding about the evidence of wrongdoing by

no information held back. Annette Weatherley as the hearing chair had access to the whole pack, all of the information. So those comments made by Stephen Brearey and Ravi Jayaram were presented to her as part of that pack.

Q. What you should have done is not made any comment at all about the evidence of alleged wrongdoing by Lucy Letby because it simply wasn't something that you were in a position to investigate; would you agree with that?

Α. I don't know if I agree with that because the question that she's posed is: "I wish to be informed of any evidence the Trust may have", and what Chris is presenting there is that we weren't provided with any evidence during the course of this investigation. So he can't answer that question and I think that's accurate.

Well, given the deeply concerning matters that you had heard from Ravi Jayaram and Stephen Brearey, why wasn't the answer to Lucy Letby's question: well, the evidence of alleged wrongdoing is the unexpected and unexplained spike in deaths, the fact that she's on duty more than anybody else, the fact that the deaths stopped at night when she was taken off night shift, all of those matters that Ravi Jayaram and Stephen Brearey had set out to you in their interviews for their concern

Lucy Letby? 1

2 Α. Well, firstly, this isn't my report, it's Chris' so it wouldn't be reasonable for it to reflect my 3 feelings. It's only reasonable that it reflects his and 4 I would always be concerned about deaths in, in any 5 6 setting. 7

Well, are you saying that you personally wouldn't have come to that conclusion in the report? 8

9 No. That's not what I'm saying.

10 So did you disagree with Chris Green when you were interacting with him in finalising this report --11

A.

13 Q. -- with his characterisation of the evidence 14 against Lucy Letby?

15 Α.

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Q. Do you think on reflection looking back on it,

17 that it was an omission on your part and his part not to

include the matters that you were deeply concerned about 18

19 from Ravi Jayaram and Stephen Brearey when coming to

20 these findings in your report?

21 I don't know if I consider it to be an 22 omission. I think on reflection, and knowing what we 23 know now, I think the report would have benefited from -- from that as well. But that information was 24 there, all of those appendices were included. There was

1 about Lucy Letby, why wasn't that the answer as to the 2 evidence against Lucy Letby?

3 I wouldn't have described those things as 4 evidence. So perhaps that's just an interpretation of 5 the term.

6 Q. So why not include those deeply concerning 7 matters in your report?

8 So it wasn't my report, it was Chris' and I think those -- they are there because they are 9 included in the appendices as part of the pack. 10

11 Do you think that's good enough; that not setting those matters out in a 19-page investigation 12 report and asking the reader to find those deeply 13 14 concerning matters within the appendices to the report, do you think that's an adequate way of dealing with 15

these deeply concerning matters? 16

17 No. But I think that when we met with Ravi Jayaram and Stephen Brearey, and we've looked at 18 those documents again today, I don't think at the time 19 20 it was as clear as it appears today; that when they were talking about the fact that there was this -- the 21 22 commonality and the spike that it was attributed to her 23

in quite the way that it looks now. 24 I don't feel that that was clear at the time.

25 Well, you say in your statement that you were 124

- deeply concerned about the points raised by
- 2 Ravi Jayaram. Presumably you mean that you were deeply
- 3 concerned at the time?
 - A. I suppose I was trying to answer the question.
- 5 The question posed to me was: was I deeply concerned
- 6 about the fact that a disproportionate number of babies
- 7 had died on that unit and the answer to that is always
- 8 going to be yes.

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- 9 Q. Well, in your statement one of the matters
- 10 that you say you were deeply concerned about was the
- 11 association with Letby, not just the fact that there
- 12 were the deaths?
- 13 A. And that -- that is -- was a concern and is
- 14 a concern.
- 15 Q. The fact is that making any comment within the
- 16 report about the evidence of alleged wrongdoing created
- 17 a risk, didn't it, of this report being seen
- 18 as exoneration of Lucy Letby, if it was accepted by the
- 19 chair?

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- 20 A. I think that's possible, yes. But I do think
- 21 the role of the chair as I have said is to read and
- 22 evaluate the information that's presented and I believe
- 23 it was clear to the chair that her role was to examine
- 24 the grievance and the reasons for the redeployment and
- 25 that this was not a clinical investigation.
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- the room and listen to the information and it'spresented on the day.
- 3 And I think again this was not an investigation
 - into anything that might have happened clinically. It
 - was about why Lucy Letby had been redeployed. So
- 6 I don't think the information contained within the
- 7 report was particularly complex and there wasn't an
- 8 enormous amount of it and I think, you know, she had
- 9 been asked to hear this as an experienced professional.
- If she didn't feel prepared to do that because shehadn't had the materials for long enough I would have
- 12 expected her to raise that herself.
- 13 Q. If we go over the page, please, to page 3, we
- 14 can see towards the bottom that Annette Weatherley seems
- 15 to have not known that there was an external panel that
- 16 was looking into the allegations against Lucy Letby.
- 17 Was that your impression in the hearing, that
- 18 Annette Weatherley seemed not to know that until it was
- 19 mentioned in the hearing?
- 20 **A.** I don't recall that being my impression, no.
- 21 Q. Well, what did you understand that to be
- 22 a reference to, Annette Weatherley saying "panel?"
- 23 A. So when I have read it now --
- 24 **Q**. Yes
- 25 **A.** -- to me it's the use of the term "panel"

127

- 1 Q. Well, let's go now, if we may, to the
- 2 grievance hearing conducted by the chair. If we could
- 3 have, please, on screen INQ0003155. You were present at
- 4 the grievance hearing conducted by Annette Weatherley;
- 5 is that right?

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- A. Ye
 - Q. You are listed there at the top.
- 8 Now, were you involved with compiling and sending
- 9 the material to Annette Weatherley in order for her to
- 10 prepare for this hearing?
- 11 A. I don't recall being so.
 - Q. We can see that one of the first comments or
- 13 the first comment that Annette Weatherley makes is she
- 14 introduced herself and advised that she had only
- 15 received the full pack 48 hours ago.
- 16 Do you know why it was that she only received the
- 17 full pack 48 hours prior to the hearing?
 - A. No, I don't know.
- 19 Q. Given how serious the matters were that were
- 20 part of this grievance, did it cause you any concern
- 21 that Annette Weatherley had only had 48 hours to
- 22 familiarise herself with all the material?
 - A. Not particularly because with a grievance
- 24 quite often there isn't an investigation report to
- 25 review ahead of time; often you just as a chair sit in
 - 12
 - I think that might have been where the confusion came
- 2 from. But that's my interpretation of these notes.
- 3 Q. Okay, so you don't -- is it your evidence you
- 4 don't recall either way --
 - A. No.
 - Q. -- yourself what was said about that? Okay.
- 7 If we go over the page to page 5, Chris Green,
- 8 about two-thirds of the three quarters of the page down,
- 9 is recorded as saying:
- 10 "Regards the terms of allegations on Lucy Letby
- 11 there isn't any other than the deaths of the babies
- 12 involved, no investigation for Lucy Letby and there is
- 13 no answer as there is no evidence at all."
- 14 Did it concern you at all that Chris Green was
- 15 telling Annette Weatherley that there was no evidence at
- 16 all against Lucy Letby despite all of the matters that
- 17 you say you had found very concerning that Ravi Jayaram
- 18 and Stephen Brearey had told you?
- 19 A. So firstly I don't -- these notes are not
- 20 verbatim and I don't know that they are accurate in
- 21 terms of everything that was said.
- 22 But secondly, I -- I imagine something similar to
- 23 that was said, but as I think I have explained, my
- 24 interpretation of the term "evidence" might be different
- 25 to your own. I would have taken that to mean something

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- more concrete, so a witness or some documentation, that 1 2 sort of thing, that would be what we would usually 3 expect to see in a case where we were talking about 4 evidence as an employer.
 - How were you in a position to evaluate what you would expect to see by way of evidence of a nurse murdering babies?
 - I wasn't in a position. But I think that's what I was talking about before when we were talking about the Consultants, that is not the information that they presented to us.
- Did you at any point during this hearing, 13 bring up all of the matters that Ravi Jayaram and Stephen Brearey had said to you that you say you were deeply concerned about?
- 16 A. No.

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- 17 Q. Why not?
- 18 A. It wasn't my role. My role there is to 19 support the investigating manager, which was
- 20 Chris Green.
- 21 Q. Well, you are recorded as having contributed 22 to this grievance hearing on a number of occasions; is 23 that right?
- 24 A. I am recorded as doing so, yes.
 - Q. So it's not as if you felt that you weren't 129
- 1 buried away in an annex to the report?
 - Δ I don't --
 - Q. Why not communicate them?

was given to us by all of the witnesses.

- 4 I don't know that I would say they were buried 5 away. I think when I was referencing the appendices 6 I am saying that those comments were clearly 7 identifiable in those appendices. I do think the body 8 of the report references the fact that there was 9 an increase in deaths on the unit and there was a commonality, which are the -- is the information that 10
- 12 Do you think, on reflection, that you should 13 have raised the matters that had deeply concerned you at 14 the grievance hearing?
- I think the report would have benefited from 15 having reflected that more thoroughly. I don't know 16 17 that it was my place to raise that at the hearing.
- I have got just one final topic, please --18 that can come down off the screen now, thank you -- for 19 20 vou.
- I just want to pick up on something that you say in 21 22 your statement at paragraph 45 as regards calling the 23 police. You say towards the end:
- 24 "I also recognise the need to balance the reputations of the Trust and Lucy Letby and with the 25 131

- 1 able to say what you thought in the hearing; is that 2 right?
 - A. If I was asked, I would have said so.
 - Well, there was clearly a discussion at this
- hearing of the evidence of wrongdoing by Lucy Letby? 5
- 6 Α. (Nods)
 - So there was an opportunity for you to say:
- 8 Well, these are all the very concerning matters that
- were relayed to us ... 9
- 10 So why didn't you do that?
- 11 Because I didn't disagree with the report.
- That isn't what I'm saying. You were asking me whether 12
- or not I was concerned about the fact there was a rise 13
- in deaths on that unit and the answer to that is 14
- 15 absolutely, yes.
- 16 Then, was I concerned about the fact that some 17 people thought there was a correlation between those
- deaths and a member of staff? Yes, I am concerned about 18
- 19 that. That doesn't mean that I felt there was evidence.
- 20 I didn't. I'm not saying I was right. That's just how
- 21 I felt at the time.
- 22 But why didn't you set out the matters that
- 23 you say deeply concerned you from Stephen Brearey and
- 24 Ravi Jayaram given that you have accepted that they
- weren't set out in the report itself, that they were 130
 - feelings of the families of the babies who had sadly
- 2 died against taking any action that might not have been
- appropriate (such as calling the police in this
- 4 situation) and appreciate that this was a difficult
- 5 position to be in."
- 6 Is that what you were doing in your mind when
- 7 considering the question of calling the police;
- 8 balancing the reputations of the Trust and Lucy Letby?
- No. I think what I'm trying to explain there 9 is that that's how I think the Executive Board presented 10
- to us that that's what they were doing. 11
- Well, do you think that that was a correct 12
- 13 thing for them to have done; to have balanced the
- 14 reputation of the Trust and Lucy Letby against the need
- 15 to call the police?

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- Α. I think all those things needed consideration.
- 17 Well, I am going to suggest to you that it is
- completely wrong and contrary to all the safeguarding 18
- aspects or policies to balance the reputations of the 19
- 20 Trust and a possible killer, against the need to call
- the police; that would go completely contrary to all the 21
- 22 guidance within your own HR policies. If there is
- 23 a risk, the police should be called, notwithstanding the
- effect it may have on the reputation of the Trust or the
- potential murderer; would you agree with that?

I would agree with that. Perhaps I have not 1 A. 2 explained that quite in the way that I wanted because 3 I don't agree with that at all. I think where I am what 4 I was trying to articulate is I think when the board were talking to us they did not feel with all the 5 6 information that they had available that there was 7 grounds to believe that Lucy Letby had done those 8

9 So what they were explaining to us or how 10 I interpreted what they were explaining to us was that if they had contacted the police and there was no 11 substance, no reason to do so that that would be 12 damaging to an individual's career, to the reputation of 13 the Trust and potentially cause a great deal of upset 14 for the Families of the babies, not that that was the 15 16 right thing to do because they were worried about the

17 reputation of the Trust.

18 Q. With your knowledge of safeguarding principles
19 within the HR policies, you should have recommended that
20 the police be called, shouldn't you, notwithstanding any
21 effect it may have on the reputation of the Trust or
22 Lucy Letby because it's the safe thing to do? Do you
23 agree with that?

24 **A.** Yes.

25

MR BERSHADSKI: Thank you, I have no further 133

- 1 Q. Do you have it with you?
- 2 A. Yes, thank you.
- 3 Q. We see, Dr Green, from the beginning of your
- 4 statement that you qualified with a BSc Honours in
- 5 Pharmacy in 1992. Between June 2005 and March 2023, you
- 6 were the Director of Pharmacy and Medicines Management
- 7 at the Countess of Chester?
- A. That's correct.
- 9 Q. You were or are registered with the Royal
- 10 Pharmaceutical Society of Great Britain until the split
- 11 to form the General Pharmaceutical Council and Royal
- 12 Pharmaceutical Society?
 - A. That's correct.
- 14 Q. Along with another number of memberships of
- 15 various professional associations?
- 16 **A.** Yes.

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- 17 Q. But for our purposes you in 2013 took up
- 18 a place on the NHS Leadership Academy Nye Bevan
- 19 Programme?
- 20 **A.** I did, yes.
 - Q. Can you tell us about that course?
- 22 A. That course was designed to prepare senior
- 23 managers for potential executive leadership positions,
- 24 so there was a wide range of sort of theoretical
- 25 learning and experiential learning, some finance, some

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1 questions, my Lady. I don't think there are any further

2 questions from Core Participants.

LADY JUSTICE THIRLWALL: No. Thank you very much
 indeed. I know it's taken slightly longer than expected

5 but you are now free to go.

6 **A.** Thank you.

7 LADY JUSTICE THIRLWALL: So we are going to take

8 a break now and start again at 2.30 pm and then we will

9 run through.

10 (2.11 pm)

11 (A short break)

12 (2.29 pm)

13

MS LANGDALE: My Lady, may I call Dr Green, please.

14 LADY JUSTICE THIRLWALL: Dr Green, please come

15 forward.

16 DR CHRIS GREEN (sworn)

17 LADY JUSTICE THIRLWALL: Thanks, Dr Green, do sit

18 down.

19 **A.** Thank you.

20 Questions by MS LANGDALE

21 MS LANGDALE: Dr Green, you have provided the

22 Inquiry with a statement dated 9 June 2024. Can you

23 confirm the statement is true and accurate as far as you

24 are concerned?

25 A. I can, yes.

134

1 dealing with the public, dealing with the press, MPs,

2 sort of the softer side of leadership maybe.

3 And then there were some assignments to do around

4 various leadership models and that sort of thing.

- Q. How long was the course?
- 6 **A.** From my recollection about 18 months, maybe,
- 7 two years.

5

- 8 Q. It's part-time presumably, was it?
- 9 A. Yes, kind of a day release, kind of.
- 10 Q. Day release?
- 11 **A.** Yes, yes.
- 12 Q. Did safeguarding -- and I don't just mean
- 13 patient safety, I mean safeguarding of children, babies,
- 14 feature in that course?
- 15 A. Not to my recollection, no.
 - Q. Did patient safety more generally feature in
- 17 it?

16

- 18 A. Not as a specific topic, I don't think.
- 19 I mean, the idea of being an executive leader is to make
- 20 sure that your organisation delivers good quality care.
- 21 So it might have been implicit in the learning but
- 22 I don't recall there being a specific module about
- 23 patient safety or safeguarding for that matter.
- 24 Q. You say at paragraph 13 your biggest
- 25 achievement at the Trust was successfully leading and

1 managing the introduction of electronic prescribing at

2 the hospital and you were awarded the hospital's

understand them, INQ0108367, page 1.

3 Outstanding Team Achievement of the Year for that.

When was that?

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A. I think that was 2011, 11/12, maybe.

Q. We asked you about following -- about various policies and the like within the hospital. You are also our first and I think our only pharmacist to give evidence. So can I ask you to have a look first of all, the Standards for Pharmacy Professionals, so that we

Just while we are getting that, does the General
Pharmaceutical Council provide advice or assistance or
helplines, what is the role of that organisation, as far
as you are concerned, as somebody who is a pharmacist,
Director of Pharmacy?

A. The General Pharmaceutical Council looks after
 my registration. As a professional I am required to
 provide them with evidence of ongoing continuing
 professional development each year.

21 **Q.** Right.

A. And they are also responsible for the
 registration of the pharmacy premises I am responsible
 for and the standards that that service delivers.

Q. Okay, I don't think we can get that on the 137

This document breaks down those various standards and explains them a bit further, doesn't it? And under the "Pharmacy professionals must work in partnership with others", there is a reference to "take action to safeguard people, particularly children and vulnerable adults".

I wanted to ask, the guidance Working Together 2015 and the like, were you aware of that when you were at Countess of Chester, that it's everyone's responsibility to protect children and to safeguard children?

A. At -- at some point safeguarding mandatory training was introduced and I would have done that every year or two years, so -- and I am fairly sure I attended a face-to-face education session about that.

But I couldn't be specific about when that was.

Q. Because it is not the case, is it, it would be wrong to think it is just paediatricians and nurses and the doctors involved in day-to-day clinical care that have that responsibility; we all have that responsibility?

A. Yes

Q. Looking at the standards for your profession,

23 it is the same.

24 Under "Pharmacy professionals must communicate 25 effectively" which is page 10 of this guidance, it says 139 1 screen so I am going to discuss it with you, if I may.

2 You have seen it before presumably?

A. Yes.

Q. Thank you. So I will -- I don't know if it's
possible to get it on the screen in the next few minutes
while I am talking people through so they can see it.

7 I am sure Mr Suter, if it can happen, he will make it

8 happen and we will be able to see it for other people to

9 follow.

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But the Standards for Pharmacy Professionals, there's basically as I see it nine, isn't there, there is nine requirements for pharmacy professionals?

A. That's correct, yes.

14 Q. 1, provide person-centred care.

2, to work in partnership with others.

16 3, to communicate effectively.

17 4, maintain development and use their professional

18 knowledge and skills.

19 5, use professional judgement.

20 6, behave in a professional manner.

21 7, respect and maintain the person's

22 confidentiality and privacy.

8, speak up when they have concerns or when thingsqo wrong.

25 And 9, demonstrate leadership.

138

1 this:

2 "Communication can take many forms and happens in3 different ways. Effective communication is essential to

4 the delivery of person-centred care and to working in

5 partnership with others. It helps people to be involved

6 in decisions about their health, safety and well-being.

7 Communication is more than giving a person information,

8 asking questions and listening. It is the exchange of

9 information between people, body language, tone of voice

10 and the words pharmacy professionals use all contribute

11 to effective communication. There are a number of ways

12 to meet this standard and below are examples."

12 to meet this standard and below are examples.

14 to information etc, etc.15 So soft skills, really, you use that in terms of

16 the course. Soft skills: you are expected to

17 communicate and pick up what people might not be saying,

It speaks about listening actively and responding

18 what they are saying, why, the underlying thinking; is

19 that fair.

13

20 **A.** Yes, it is.

21 Q. One of the experts that's given evidence to

22 the Inquiry, Professor Dixon-Woods, spoke very

23 eloquently about psychological safety and the need for

24 when people are speaking up or concerned about matters,

5 psychological safety, that there's no immediate risk or

- 1 threat if -- if they do so.
- 2 A. (Nods)
 - Q. Is that a concept you are familiar with,
- 4 psychological --
- 5 A. It is, yes.
 - Q. -- safety? So how would you define that?
- 7 Sorry, before you do, miraculously Mr Suter has it
- 8 there and it is page 10. Thank you, Mrs Killingback.
- 9 Sorry, so what would you say about psychological
- 10 safety?

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- 11 A. It's providing -- my own version of the
- 12 definition would be it's providing a safe space for
- 13 individuals to speak up about their concerns in a way
- 14 that doesn't leave them feeling judged or at risk of
- 15 punitive treatment and that their contribution to the
- 16 subject matter at hand is valued and -- and means
- 17 something.
- 18 Q. When we use concerns, we mean just concerns,
- 19 suspicion, concerns, gut feeling; it doesn't mean
- 20 concrete proof of a criminal act, does it?
- 21 **A.** No.
- 22 Q. It means concerns, particularly when we are
- 23 dealing with children. If I am worried about something,
- 24 I should tell someone, share that?
- 25 A. Yes.

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- 1 know, if -- if I notice that members of my team are not
- 2 themselves or I feel there's something they are not
- 3 really sharing or -- I coach a girls' rugby team and
- 4 sometimes I ask them if they are okay, I can see that
 - they are not their normal self, so yes, I think I have
- 6 got reasonably good soft skills, yes.
 - Q. Page 12 of this guidance: pharmacy
 - professionals must use their professional judgement.
 - One of the penultimate bullet points there:
- 10 recognise the limits of their competence.
- 11 Does that mean in relation simply to giving
- 12 prescriptions or drawing up prescriptions, supervising
- 13 others or does it mean more broadly that as
- 14 professionals we are all required to say: this isn't my
- 15 bag really or I am out of my depth, it is not for me.
- Does this cover the wider category, you just say
- 17 when it's outside your area, not really my thing?
 - I think that would be fair to say.
- 19 Q. So we should all be saying: I am not
- 20 a commercial lawyer, that is not the case for me. Or
- 21 you might be saying if you are asked to do something
- 22 that it's not within your area of expertise or
- 23 competence, not for me?
- 24 **A.** (Nods
- Q. Page 13, standard for lots of professionals.
 143

- 1 Q. Yes. So we are agreed that it's important not
- only to recognise the concept but to actively think
- 3 about the skills required to ensure people tell you what
- 4 really matters and they are worrying about?
 - A. (Nods). Yes
 - Q. Yes. Did you have any training or discussion
 - within the Trust about that as an issue?
 - A. Psychological safety specifically?
 - Q. Yes and directed particularly to people
- 10 sharing worries about patients, the people you are there
- 11 for?

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- A. No, I think it is a term that's grown in use
- 13 over the last few years rather than 10 years ago.
- 14 Q. So you -- if I asked you that question in 2015
- 15 would you have answered it in the same way?
- 16 A. I'm not sure I might have known what
- 17 psychological safety was as a concept then.
- 18 Q. How would you have ranked your soft skills, if
- 19 I can use the language of the definition there in your
- 20 General Council guidance? Are you good at picking those
- 21 things up, the reasons are for why people might be doing
- 22 things or saying things in the way they are?
 - A. I know where this is going, so --
- 24 Q. Of course, you are a bright man.
- 25 **A.** Yes, but I would like to think so, yes. You 142
- 1 Treat people with respect and safeguard their dignity.
- 2 I suppose how would we manifest that?
- 3 A. It's through our patients, isn't it, I think
- 4 rather than colleagues in this context?
 - Q. Okay.
- 6 A. But we would expect to respect people's
- 7 personal beliefs, be they religious or, you know, just
- 8 general sort of perceptions of how life should be.
- 9 Q. Understanding?
- 10 **A**. Yes
- 11 Q. At page 15: must speak up when they have
- 12 concerns or when things go wrong. We see in the bullet
- 13 points there: raise a concern even when it's not easy to
- 14 do so, open and honest when things go wrong. Say sorry,
- 15 provide an explanation, put things right when things go
- 16 wrong.
- 17 So really duty of candour is referred to, isn't it,
- 18 so at the top, usually called the duty of candour.
- 19 So you have the same again as those doctors, nurses
- 20 and medical professions around being candid?
- 21 A. Yes, it is something that's drummed into us
- 22 from a very early part of our career, is to be honest
- 23 about anything that goes wrong. So, yes.
- 24 Q. That's that guidance on speaking up generally.
- 25 Would you ever have looked at the speaking up policy at

- 1 the Countess of Chester?
- A. Yes.

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- Q. Speak Up Safely I think it's called, isn't it?
- A. At one point in my career I did begin to look
- 5 at whether I might take up a Speaking Out Safely kind of
- 6 approach to concerns I had about the way the hospital
- 7 was being run.
- 8 Q. What year was that?
- 9 A. It was between Covid and my departure, so
- 10 I would say 21/22 maybe.
- 11 Q. Okay. But before then it's not something you
- 12 had asked for or been shown?
- 13 A. Not particularly, no.
- 14 Q. Not particularly?
- 15 A. I don't think I had ever really encountered
- 16 a situation in which it would have been applied, not
- 17 that I can recall anyway.
- 18 **Q.** Grievances now, the grievance policy.
- 19 That can come down now, thank you.
- 20 The next policy is INQ00028790100.
- 21 There we have it. Look at the box immediately
- 22 under the heading "Grievances"?
- 23 A. Yes.
- 24 **Q.** It says:
- 25 "If a grievance can be more appropriately dealt 145
- 1 meant, protected disclosures or what that involved?
- 2 A. Yes, but I wasn't aware at that time of any
- disclosures made to the Trust under the whistleblowingpolicy.
- 5 Q. Right. You were aware I think we will come to
- 6 the documents that Letby was making a complaint of
- 7 bullying, wasn't she?
- 8 A. Was she?
- 9 Q. Let's go to the documents.
- A. Okay.
- 11 Q. If that appears to be the case it didn't cross
- 12 your mind at the time to go back to the policy?
- 13 **A.** No
- 14 Q. Okay. Because it looks as though this policy,
- 15 like lots of policies, gives a discretion to just allow
- 16 the person who's been asked to do something to stand
- 17 back and say: does this fit the bill?
- 18 A. So I think Lucy Letby raised this grievance
- 19 herself.
- 20 **Q.** Yes.
- 21 A. If she felt she was being bullied and
- 22 harassed, I would have expected her perhaps to have
- 23 raised that concern under that policy under the guidance
- 24 of her trade union.
- 25 **Q.** So I don't know what the policy was for that 147

- 1 with under a different procedure, staff will be advised.
- 2 The examples below indicate where it's inappropriate to
- 3 follow the grievance procedures as other mechanisms or
- 4 Trust procedures are in place.
- 5 "Dismissal or any disciplinary matters."
- There are a number listed and we see there:
- 7 "Complaints of harassment and bullying.
- 8 "Disclosures made under the Trust's whistleblowing
- 9 Public Interest Disclosure Act policy."
- 10 Dealing with those last two, were you aware of this
- 11 policy first of all saying it's inappropriate to deal
- 12 with complaints of harassment and bullying under this
- 13 policy?

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- 14 A. At the time I will have read the policy.
 - Q. You didn't --
- 16 A. I will have read the policy --
- 17 Q. Right, okay.
- 18 A. -- to try and get some understanding what the
- 19 grievance procedure was and to make sure I followed it
- 20 as best I could.
- 21 **Q.** Yes.
- 22 A. So I will have read this and thought about its
- 23 contents.

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- 24 Q. Disclosures made under the Trust
- 25 whistleblowing. Did you understand what that even

146

- 1 was, it very different for harassment and bullying?
 - A. I couldn't say, sorry.
 - Q. So that can go down, thank you.
- 4 We asked you in your Rule 9 about what you knew at
- 5 various times about the mortality rate, deaths,
- 6 unexpected deaths, so I am going to take you through
- 7 a few documents now to ask you --
- A. Okay.
- 9 Q. -- if you would, to set out what you did or
- 10 didn't glean from those, okay.
- 11 So the first one please is INQ0003114, page 1. And
- 12 this is an email from Dr Brearey to a number of people,
- 13 including you, saying:
- 14 "I have brought together all the summaries of the
- 15 reviews of care into this Thematic Review Report."
 - It's dated 2 March 2016.
- 17 Then if we look at the report, can we please go to
- 18 INQ0003251, page 1. The Inquiry is familiar with this
- 19 document now. Dr Green, I think you are as well?
 - A. Yes
- 21 Q. You have seen it through us certainly. If you
- 22 look at page 2, refresh your memory of what it sets out
- 23 at the beginning. Higher than expected mortality rate.
- Then, please, if we go to page 7, themes identified
- during discussions of all cases and we see there

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1 Dr Brearey setting out themes.

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"Some of the babies suddenly and unexpectedly deteriorated and there was no clear cause for the deterioration or death identified at postmortem. Timing of arrest, six babies for nine deaths reviewed had arrests between midnight and 4 am.

"Action: Dr Brearey and Eirian Powell to review all these cases focusing on nursing observations in the four hours before the arrests. Aim to identify phone while babies could have identified earlier. Identify any medical or nursing staff associated with these cases."

What did you think when you received that?

14 A. I honestly don't remember receiving the15 report.

Q. So when you were cc'd back in March, you don't
remember -- clearly you are not disputing you got it but
you didn't open it, didn't read it; is that the
position?

20 **A.** I don't remember seeing it. I get hundreds of 21 -- literally hundreds of emails every week.

22 **Q.** Like many professionals?

23 **A.** Yes.

24 **Q.** So how do you sift what matters to read? Did

25 you get many from Dr Brearey of this nature? 149

the documents: six babies had arrests between midnight and 4 am. He has bothered to point that out, hasn't he,

3 it is a pattern he's picked up?

A. Yes.

Q. When you look at that now, sense-checking, what do you think about that?

A. That distributed over 24 hours, that is statistically unlikely to be chance.

Q. Is the hospital quieter -- avoiding statistics
for a moment, is it quieter at midnight 4 am generally
around the hospital, might it be?

12 **A.** Yes, absolutely. There is no outpatient 13 activity, the vast majority of staff have gone home. 14 Yes

15 **Q.** So he's picked something up there but you say 16 you didn't see that at the time. Did you ever go back

17 to that email? We know Dr Brearey offered in his

18 grievance interview to send you the mortality review.

19 But you didn't take him up on that. You didn't ask for

20 that or get it later?

A. No.

22 **Q.** Right. Is there a reason you didn't? You had

23 been sent it before, we will have known that, but when

24 he offered to send it to you as part of the grievance

25 process, were you interested to see it or not?

A. No.

Q. It says "NNU Mortality Thematic Review".

3 I mean, "mortality"; what did you think that meant

4 as a headline?

Well, exactly what it says.

Q. Yes

7 A. But I honestly can't remember seeing the

8 document.

9 Q. Just looking at that page 7 now.

10 A. Yes

11 Q. Another piece of evidence Professor

12 Dixon-Woods gave us was that when people sometimes sense

13 things aren't wrong, they don't know why, it is

14 sense-checking, they just think it's not right. You

15 nod, you agree.

16 So she described Dr Reynolds, who was one of the

17 first to be suspicious of Dr Shipman, and she had

18 noticed her patients were dying in the afternoon, sat up

19 in a chair in their armchair at home and the pattern was

20 something she just didn't know at that point what

21 Dr Shipman had done, but that it didn't sit with her.

22 **A**. (Nods)

23

Q. Reading this pattern now that is being

24 described to you, Dr Brearey has chosen at this stage

25 without linking the pattern but he is saying six -- on

15

1 A. Honestly no because I was aware that there

were two formal investigations going on into these
 cases. So what -- what's what Dr Brearey might have

4 found in his mortality report we had seen. But actually

5 this was a specific investigation looking at the deaths

6 and that was being carried out by people who were

7 eminently qualified to do so, from my perspective.

8 So I was aware that these investigations were 9 ongoing and that they would look at was there a case to 10 answer about any potential foul play or wrongdoing or 11 poor practice.

12 **Q.** Next document, please INQ0005701, page 1.

13 Just going through the chronology, so that is why

14 this one comes up next, Dr Green, because this one is

15 13 April 2016. This is an email to Janet McMahon cc'ing

16 you and we see there Dr Brearey is not happy about

17 a response you have given around pharmacist involvement

18 in a particular case and he needs to meet to discuss it

19 because he has go a duty of candour with the parents

20 until the issues regarding the Gentamicin advice had

21 been resolved.

That is not an indictment baby, I am not asking you

23 for the details of that baby or the issue but we see

24 there was an issue between you and him at that time over

25 email.

- A. This had cropped up a number of times over the
 course of the Inquiry and my personal view is that it's
- 3 been blown out of all proportion.
- Q. Okay.
- 5 A. We have disagreements about things all the
- 6 time.
- Q. Okay.
- 8 A. And usually it is done in a professional
- 9 manner, usually it's resolved. But yes, we disagreed
- 10 about this but I didn't walk away from it with any
- 11 grudge or malice towards Dr Brearey as a result of that.
- 12 It was just a professional disagreement and I didn't
- 13 have a problem with that.
- 14 Q. So if we can go to the next document, please
- 15 INQ0003174, page 1. This is taking us forward, Dr Green
- 16 to July, 8 July, page 2 --
- 17 **A.** Yes.
- 18 Q. -- would be even more helpful, thank you,
- 19 Mrs Killingback.
- 20 So this is 8 July and it's the set-up, as you tell
- 21 the police, of the Silver Control Room. You tell the
- 22 police it was a major incident kind of alert around
- 23 deaths on the NNU and whether there could be foul play,
- 24 can you remember saying that, that is what the Silver
- 25 Control Room was about?
- 153
- 1 called to the board meeting and we set up a kind of
- 2 incident room, if you like. Some people went through
- 3 notes to identify anything that would be a concern.
- A. Yes.
- 5 Q. If we look --
- A. That was definitely the case.
- 7 Q. That's correct, yes.
- 8 So if we look at the actions underneath. We see
- 9 for example Sian Williams looking at staffing at the
- 10 time of identified incident.
- 11 She was doing that with Julie Fogarty and she was
- 12 tasked with looking at sudden and unexpected deaths or
- 13 deteriorations and looking at the staff who were present
- 14 there or thereabouts; is that what you understood to be
- 15 the case?
 - I really can't remember.
- 17 Q. Well, it must be a one-off in a lifetime,
- 18 this?

- 19 **A.** No.
- 20 Q. Mustn't it?
- 21 A. Sorry, the subject matter absolutely.
- 22 Q. Yes, so having a Silver Control, 36 of you --
- 23 literally were you in the same room?
- 24 A. Yes. I think personally I have been through

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25 Covid, a very challenging time in the hospital, which

- 1 A. I did say that.
- Q. Yes.
- 3 A. At the time, was it -- was it billed as foul
- 4 play? I am not -- I am not entirely sure I can remember
- 5 that it was.
- 6 Q. It was your expression to the police, wasn't
- 7 it?

8

- A. It was yes, not disputing that but I maybe
- 9 that was with the benefit of hindsight. I can't
- 10 remember.
- 11 Q. There were 36 people there looking at that
- 12 list, a serious list of people?
- 13 **A.** Yes.
- 14 Q. So who summoned you all to the boardroom or
- 15 got everybody to go there?
- 16 A. It will have been an Executive decision to
- 17 call Silver Control together.
- 18 I can't specifically remember which member of the
- 19 Executive Team it was but I think it was the
- 20 Chief Executive.
- 21 Q. You think it was, sorry?
- 22 A. The Chief Executive.
- 23 Q. That is Mr Chambers?
- 24 A. Yes.
- Q. You said again to the police you were all
 - 154
- 1 led to my potential exploration of whistleblowing,
- 2 things that happened eight or nine years ago have been
- 3 superseded in many cases by some things that no one else
- 4 should have to go through.
 - Q. Okay. But in terms of at the time it was
- 6 a highly unusual set-up and looks like you are all being
- 7 allocated things to do; is that the situation?
 - A. Yes.
- 9 Q. I think you say you were allocated to handling
- 10 helplines if we go to page 35 and 36, looking at both in
- 11 sequence, if we could.
- 12 Media enquiries, key messages for parents or
- 13 patients have been drafted and over at 36 we see you are
- 14 one of the people named to take calls on the contact
- 15 number.

5

- What -- who were you anticipating would be calling,
- 17 what was the issue?
- 18 A. I think -- and again I am struggling to
- 19 remember, but I think it was around any kind of press
- 20 awareness of what was going on in the Silver Control
- 21 sort of set-up and whether that resulted in concerned
- 22 calls from family members or the press or ...
- 23 Q. Did family members -- we know there was the
- 24 downgrade on 7 July, we know there was an announcement.
 - Were family members discussed as much as press interest

4

7

12

- 1 in that meeting, can you remember?
- 2 A. I can't remember now, sorry.
- 3 Q. Because we are aware that there was a lack of 4 communication with family members and parents affected.
- Yet here you all are, everyone's got a chance to think: 5
- 6 what do we do next? It seems quite a programme that is
- 7 being put in place here; is that a fair assessment?
- 8 I'm not sure that I saw it that way at the
- 9 time.
- 10 Q. What did you see it as at the time?
- I saw it as a response to a spike in deaths on 11
- the neonatal unit and a sort of assessment of whether 12
- there was anything in there that would cause concern 13
- that might require further action. 14
- Since the March thematic review Dr Brearey had 15
- 16 been at pains to say they were unexpected, unexpected
- 17 with no medical cause. The doctors were at a loss.
- So it wasn't simply about deaths, was it, it was 18
- 19 that these were unexpected deaths?
- 20 Yes. I think so. I think that would be fair.
- Q. There is an important distinction there, 21
- 22 though, isn't there?
- 23 A. Yes, yes.
- 24 Q. Sometimes it gets lost, doesn't it, in the
- 25 emails --

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- 1 that?
- 2 At some point I had gone to the neonatal unit
- 3 and retrieved some TPN, I don't know if you know TPN is,
- 4 so intravenous feed that's given to the neonatal
- 5 patients. I retrieved the bags and stored them in the
- 6 pharmacy cold store.
- 7 You were aware that there was a suspicion of
- 8 foul play to be taking those bags and storing them,
- 9 weren't you?
- 10 A.
- 11 O Indeed you tell the police that. We knew
- 12 there was an issue.
- "I am fairly sure because otherwise I wouldn't have 13
- 14 been sure about why we were collecting the bags, so
- I was aware there was something going on that perhaps 15
- shouldn't be." 16
- 17 Is what you said to the police; yes?
- 18 A.
- The request came from Sian Williams, is that 19 Q.
- 20 right, to you?
- Possibly. 21 Α.
- 22 Q. To go and collect the bags?
- 23 A. (Nods)
- 24 You also speak to Eirian Powell, if we go to
- INQ0014568, page 11. Thank you. 25

159

- Α. Yes
- 2 Q. -- and certainly some of the comments that you
- are given in the grievance process? 3
 - Δ Yes
- They were unexpected with experienced 5 Q.
- 6 paediatricians having no explanation for them?
 - Α. Yes
- 8 Q. So it is --
- But in that summary there seemed to be things 9 Α.
- 10 that could have contributed to that.
- 11 Q. In the mortality --
 - Yes, yes. So it wasn't that there was no
- possible explanation, but it was that there was -- they 13
- were unexpected despite those things. 14
- You were aware, were you, at the time of this 15
- 16 meeting, or subsequently, of the death of two baby boys,
- 17 two of three Triplets?
- Α. 18 Yes.
- 19 If we go to INQ00068900112, we see an email
- 20 from Mr Harvey to you. You see:
- 21 "We discussed the issue of the retained TPN at
- 22 Execs this morning ... felt at this time we continue to
- 23 store in as safe and non-degrading (in a chemical, not
- 24 an E&D way) possible."
- 25 That was sent to you and you understood, what, from
- 1 We see the police ask you, you see halfway down:
- 2 "Eirian handed the bags to you and you have gone
- 3 over to get them. Did you have any conversations
- 4 surrounding why you were taking them?"
 - You say:
- 6 "I can't really remember, I think there was a kind
- 7 of -- I think there was a kind of, you know, got to pick
- 8 these up, we hope it's not the reason that we think we
- have to, but I can't remember any particular 9
- conversation." 10
- 11 They continue down the page:
- 12 "For what purpose did you retain the bags?"
- Go to the next page, please, Mrs Killingback at the 13
- 14 top:

20

- 15 "I was advised to keep hold of the bags by
- Sian Williams ... didn't really question it. Under the 16
- 17 circumstances it seemed like a reasonable request."
- 18 The circumstances were there was suspicion that
- someone had deliberately harmed those Babies O and P and 19
- that these samples might be relevant to that, to understanding what had happened? 21
- 22 Α. (Nods)
- 23 Q. You nod?
- 24 Α.
- 25 Q. But there was no doubt about that. From that 160

- point that was very clear to you having been asked to goover and get them?
- 3 A. Yes. Yes.
- 4 Q. As a Director of Pharmacy, have you ever been
- 5 asked to do anything like that before or since, I don't
- 6 need to know the details if you have, but to go and take
- 7 samples that might be needed for an investigation of
- 8 foul play, and to keep them in the hospital?
- 9 A. I think once, one other occasion.
- 10 Q. One occasion?
- 11 **A.** I think.
- 12 Q. You think. Or you know?
- 13 A. I don't know for sure.
- 14 Q. What was the suspicion? You don't have to
- 15 tell me which hospital or who, what was the suspicion,
- 16 of what act?
- 17 A. So we had discrepancies in the volumes of
- 18 methadone on a ward and we sent the contents of the
- 19 bottle off to see if it had been diluted so it wasn't
- 20 foul play necessarily.
- 21 Q. So it was dosage?
- 22 A. No, the suspicion might have been that someone
- 23 had taken out the methadone which is a controlled drug
- 24 and replaced it with water.
- 25 **Q.** Right.

- on that committee QSPEC and we see an NNU briefingpaper:
- "Action Plan: Mrs Millward reported that pages 12,
 13 of the paper details have reached while waiting an
- 5 independent review plan for 1 and 2 September 2016.
- "Mrs Rees advised it could take up to six monthsfor the report to come from the RCPCH.
- 8 "Mrs Hodkinson replied this was discussed with the 9 Execs team.
- 10 "Mrs Williams agreed to check timescales."
- 11 So this was coming back to this meeting at this
- 12 point for discussion about what was happening with that
- 13 review?
- 14 A. (Nods)
- 15 Q. What did you understand that review was about?
- 16 A. I understood that the -- that some of the
- 17 paediatricians had raised concerns about the deaths on
- 18 the unit and that as a result of that, the Executive
- 19 Team had commissioned an investigation to be delivered
- 20 by the RCPCH and they were waiting for that to come
- 21 back.
- 22 Q. Did you ever -- it is a relatively small
- 23 hospital, isn't it -- reach out or go and chat to one of
- 24 your paediatrician colleagues and say: what's going on,
- 25 you know, how are you doing? What are you worried 163

- 1 A. To make it look like there was more in the
- 2 bottle, so we sent the bottle off for analysis to check
- 3 that that wasn't the case.
- Q. Okay. So nothing like being suspicious of --
- 5 **A.** No
- 6 Q. -- whether somebody has injected, put
- 7 something into a bag, put something -- a poison or
- 8 anything else into a child, nothing like that --
 - A. No.
- 10 Q. -- before or since? It must be really rare
- 11 that you --

9

15

- 12 **A.** Yes.
- 13 Q. -- you get a request like that and that is
- 14 what you are telling us?
 - A. Yes.
- 16 Q. So it would presumably stay in your mind and
- 17 you would have some curiosity about: what's happened
- 18 with that, what's that about?
- 19 A. Yes.
- 20 Q. The next document, going back to what you were
- 21 aware of before the grievance INQ00043350001. It's
- 22 a Quality Safety and Patient Experience Committee
- 23 meeting, Monday, 15 August at 12 noon. If we can go,
- 24 please, to page 6.
- 25 You are listed as an attendee, you tell us you are
- 1 about? Did you have professional relationships that
- 2 were supportive in that sense before you were involved
- 3 in the grievance?

6

8

- 4 I mean, just reaching out to someone saying: this
- 5 must be really worrying?
 - A. No. No.
- 7 Q. Why was that?
 - A. It didn't occur to me to do that.
- 9 Q. Again you had done that leadership course.
- 10 Part of that leadership is it's everybody's
- 11 responsibility, isn't it, within an organisation with
- 12 leadership roles? Do you think looking back that might
- 13 have been helpful, you are at meetings, you are hearing
- 14 about it, might have felt quite an isolated space,
- 15 mightn't it, for doctors trying to deal with that this
- 16 situation?

20

- 17 **A.** Yes, in retrospect, yes, but I didn't really
- 18 have a particularly close relationship with any of the
- 19 paediatricians.
 - Q. Right.
- 21 A. I am not -- I am not a particularly outgoing
- 22 kind of person. I am more of an introvert, I think, so
- 23 that wouldn't naturally be my style.
- 24 Unless I could see that somebody was distressed or
- 25 struggling or suspected that that was the case and then

- 1 I might reach out to them to say: hope you're doing ok?
- 2 Q. It is not always visible, that kind of thing,
- 3 is it?
- 4 **A.** No.
- 5 Q. Sometimes the people who appear the most
- 6 distressed may be less distressed than the introverts
- 7 who don't demonstrate it?
- A. Yes.
- 9 Q. The next document, please, INQ00028790083.
- 10 This is something that came to you as part of the
- 11 grievance process. It appears Eirian Powell sent it to
- 12 you on 28 October 2016. We see if we can start at
- 13 page 84 first, please, Mrs Killingback.
- 14 Thank you. We see it is an old article that
- 15 Dr Jayaram sent his consultant colleagues and Eirian
- 16 Lloyd Powell.
- 17 Then if we go back to page 83, Dr Gibbs commenting
- 18 on case cause of air embolus and thinking about it and
- 19 at the top we see Eirian Powell says:
- 20 "This is the article and email I was alluding to in
- 21 our discussion".
- 21 our discussion".
- 23 clearly that they are thinking about air embolus,
- 24 doesn't it?

25 A. Yes.

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This exchange between the doctors shows very

- 1 of thing.
- Q. Who did you think was doing that?
- 3 A. I'm not sure I was ever aware of who it was
- 4 specifically but I was led to believe it was some
- 5 leading paediatricians from somewhere in the country had
- 6 been brought in to do an external review.
- 7 Q. Who did you rely on? Eirian Powell has
- 8 obviously sent you this, but who did you rely on for
- 9 that information?

10

11

- A. About the external investigations?
- Q. No, the reviews or what was happening?
- 12 A. They were mentioned in meetings, so it was
- 13 mentioned in QSPEC, as we have just seen.
- 14 **Q.** Mmm.
- 15 A. I had a conversation with Ian Harvey about it
- 16 as well, I put that in my statement.
- 17 Q. When did you have a conversation with him?
- 18 A. Around the time of the grievance -- before the
- 19 grievance, I think. Because he was -- as I said in my
- 20 statement, he gave me some insights into what the report
- 21 might be finding.
- 22 Q. What did he say to you about that?
- 23 **A.** As I recall --
- 24 Q. Do you want to direct us to where it is in
- 25 your statement, that conversation? Can you remember

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- 1 Q. When you read that, and all that you knew
 - before about the samples being taken, were you worried
- 3 for those babies and think about that?
- 4 A. Yes. But as I have mentioned already there
- 5 were two investigations commissioned by the Executive
- 6 Team to look into this in a structured and sort of
- 7 forensic way. So for me, some of this was kind of going
- 8 on at the side of those two things, so everyone could
- 9 have an opinion about what was going on.
- 10 Q. Everyone had an opinion, did you say, or would
- 11 have an opinion?
- 12 A. Everyone could have an opinion about what was
- 13 going on.
- 14 Q. Could have?
 - A. But there were two separate teams or two
- 16 separate investigations actually looking at the detail
- 17 because that's where the real sort of evidence would be,
- 18 in my view.
- 19 Q. What, the RCPCH review?
- 20 A. Yes, and the there was a forensic review as
- 21 well

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- 22 Q. Yes, what did you understand that meant,
- 23 a forensic review?
- 24 A. That there would be an investigation into
- 25 bloods and postmortem results and histology, that kind

166

1 now?

3

5

- 2 A. Yes. INQ0101359 --
 - Q. Sorry, which paragraph of your statement?
- 4 A. Sorry, it is number 37.
 - Q. Right. So you say:
- 6 "I am recorded to have said 'I was led to believe
- 7 it was not out of the normal range but it was high'."
- 8 When are you having this conversation, in his
- 9 office?
- 10 A. Yes, I think so.
- 11 Q. There is no reference to the document of that
- 12 on that paragraph. I am going to go to a conversation
- 13 you had with Mr Cross and maybe there is somewhere. But
- 14 what -- was it before the grievance or during the
- 15 grievance? Who appointed you to do the grievance?
- 16 **A.** So just before I answer that can I just say --
- 17 it is the last sentence:
- 18 "I also recall being informed there had been
- 19 a review of the unit which found some concerns around
- 20 medical leadership on the unit and around clinical
- 21 decision-making and the care of individual babies."
- So that was from the report that Ian Harvey told me
- 23 those things were potential findings.
- Q. Right, so he was telling you what the review
- 25 said or something?

- A. That is my understanding of what happened,
- 2 yes.

- Q. Okay. Who appointed you to do the grievance?
- 4 A. I am pretty sure I was approached by
- 5 Sue Hodkinson, the Director of HR.
- 6 Q. What did she ask you to do?
- 7 A. She explained some of the background and said
- 8 that Lucy Letby had raised a grievance and they would
- 9 like a senior manager to investigate it and that they
- 10 would ask me to do it.
- 11 Q. One more document before we go to the details
- 12 of the grievance. If you can have a look, please, at
- 13 INQ0002879, page 59. This is later in time, it doesn't
- 14 have a date on this but I can tell you it is
- 15 9 September.
- 16 When it comes up, Dr Green, it is an email that's
- 17 contained within the grievance file but I'm not sure
- 18 whether you saw it or not. Can you tell us if you saw
- 19 that?
- 20 A. I recognise the smoking gun reference so
- 21 I think I have seen that.
- 22 Q. Okay. So this is Dr Jayaram saying when he
- 23 has had a meeting with Mr Harvey he did acknowledge that
- 24 concerns were raised over foul play and recommended
- 25 a forensic detailed independent review of all the cases.
 - 169
- 1 often communicates how strongly we feel about things?
- 2 A. Yes
- 3 Q. They are certainly not helpful, are they, when
- 4 you go back to them?
- 5 **A.** No.
- 6 Q. And there is a lot of meetings, aren't there,
- 7 a lot of meetings, a lot of minutes?
- A. Yes.
- 9 Q. When you all get sent them to read them and
- 10 approve them, do you do that?
- 11 A. Not always, since I have taken an oath to tell
- 12 the truth.
- 13 I think -- I mean, yes, there are, there are too
- 14 many meetings and in my view they are too broad in terms
- 15 of their content and too little time to actually get to
- 16 the bottom of a number of things. That would be my
- 17 criticism of many meetings that I have gone to over the
- 18 last 20 years.
- 19 Q. Interestingly in the Silver Control meeting
- 20 board meeting boardroom, names were put next to tasks.
- 21 That is a very effective way of seeing what gets done,
- 22 isn't it?
- 23 **A.** Yes.
- 24 Q. You have someone who's accountable for that
- 25 task?

- 1 That is what you said, you understood that was
- happening. Did you rely on Mr Harvey for information
- 3 then in that conversation about what was happening with
- 4 that?

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- A. I would have had some information from
- 6 Mr Harvey but I think I would have heard those things
- 7 being mentioned elsewhere like QSPEC or perhaps other
- 8 meetings. I don't know, but --
 - Q. The QSPEC meetings are not like emails, are
- 10 they, they don't really tell you what's going on
- 11 sometimes. They certainly don't use expressions like
- 12 "foul play" "smoking guns" and things like that?
- 13 A. No, there was never any mention of that sort
- 14 of thing in QSPEC meeting.
- 15 **Q.** Why is that when we get minutes of those sorts
- 16 of meetings, they are written in a very neutralised way,
- 17 when you read them as an attendee do you sometimes
- 18 think: it is a bit more florid than that, or do you
- 19 think they are accurate?
- 20 A. I think sometimes they are written in a way to
- 21 soften the -- soften the truth maybe.
- Q. Conceal the truth is another way of saying it.
- 23 Potentially sometimes if you have got a very difficult
- 24 discussion and it's conveyed in very neutralised
- 25 language or doesn't really say how people spoke which
 - 17
 - A. Yes. In my current Trust there's always an
- 2 action plan at the end of every set of meeting notes, so
- 3 it's transparent about who should do what and when it's
- 4 expected to be done by.
 - Q. Sian Williams incidentally gave evidence
- 6 yesterday that when she had finished that -- the
- 7 document can go down, thank you, Mrs Killingback, when
- 8 she finished that staffing review, she and Julie Fogarty
- 9 thought they should have gone to the police?
- 10 A. Yes.
- 11 Q. Did she ever say that to you?
- 12 A. She did, yes.
- 13 Q. When did she say that to you?
- 14 A. I couldn't tell you an exact date but I would
- 15 say that Sian and I discussed it or more than one
- 16 occasion and both felt the same about that.
- 17 Q. What did you say to her when she said that?
- 18 A. I can't remember the exact words but
- 19 I would -- my recollection is that I agreed with her
- 20 because if there had been doubt about it, then the
- 21 easiest way to address that will have been to call the
- 22 police in but I have said in my statement I don't know
- 23 that the police weren't ever contacted about this.
 - Q. Say that again?
 - A. I don't know for sure that the police weren't

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- 1 ever contacted about this. I am not privy to that
- 2 information. I surmised that Stephen Cross as an
- 3 ex-senior policeman may well have had some informal
- 4 conversations with former colleagues to say, you know:
- 5 this is the situation we have got, what do you think we
- 6 should do? Or, you know, have we got this right? Or is
- 7 it too early to call the police in?
- 8 So.
- 9 Q. You had a meeting with Mr Cross since you
- 10 mention him, INQ0003373, page 1. This is his
- 11 handwriting, I believe, 16 November 2016. An 8 o'clock
- 12 meeting with you about the grievance:
- 13 "Pressure on Execs. 'Threatened' to go to police
- 14 by Consultants? Consultants say no issue re police
- 15 being called. Denied any knowledge they would want
- 16 police. Accusations that Lucy had harmed babies,
- 17 disputed emails from Eirian marked confidential,
- 18 [something] to refer to foul play."
- 19 Can you remember an 8 o'clock meeting with him and
- 20 what this was about?
- 21 A. I have been asked that in my Rule 9 pack and
- 22 I was asked that by the police as well -- no, no, sorry,
- 23 Facere Melius.
- 24 Q. Facere Melius, that company that did
- 25 interviews with you all?

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- 1 were both discussing?
 - A. Does that demonstrate it?
- 3 Q. Well, why would there be pressure on Execs,
- 4 threatened to go to police, if the police had already
- 5 been contacted and gone to them?
- 6 **A.** I think he is making a note of what I said
- 7 rather than --

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- Q. Oh, so it is recording what you say?
- 9 A. Perhaps, yes, but I can't remember the
- 10 conversation.
- 11 Q. It seems unlikely you would have that
- 12 conversation without saying: have they been called, do
- 13 you want them called? Or -- rather than just -- you
- 14 don't just sit and take notes of what someone says, you
- 15 are trying to say what they mean, aren't you, write down
- 16 what they mean?
- 17 A. So this is -- this is saying, so it says: the
- 18 Consultants saying no issue re police being called. But
- 19 I didn't ask him: have you called the police? I don't
- 20 think I asked him that question, no. I could have -- in
- 21 retrospect I could have done.
- 22 Q. I am just asking -- focus on Mr Cross.
- 23 **A.** Yes.
- 24 Q. You and Mr Cross are having this conversation

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25 and suggesting within the conversation you both had in

- A. Yes, yes. So I had no recollection of that
- meeting at the time. I have since looked through my
- 3 email calendar and it is in my diary, so --
 - Q. It must have happened?
 - A. It must have happened, yes. But I don't
- 6 really remember anything and I have tried in my mind to
- 7 recollect the meeting but I can't now decide what was --
- 8 what I am sort of imagining happened and what actually
- 9 happened.
- 10 But I think --
- 11 **Q.** I know -- sorry.
- 12 A. I think there was -- there was -- there was
- 13 nothing that happened at that meeting that was a red
- 14 flag to me or crossed any lines, red lines in terms of,
- 15 you know, how the grievance was being conducted or the
- 16 outcome or anything like that.
- 17 Q. But it is apparent, isn't it, looking at that
- 18 the way forward, do you see the next paragraph:
- 19 "The way forward to be discussed at Execs when
- 20 final version received."
- 21 It's pretty clear reading that, and as is the case,
- 22 the police hadn't been called at that time in
- 23 November 2016. When you say you weren't sure whether
- 24 they had or they hadn't, this meeting demonstrates,
- 25 doesn't it, that they hadn't because that is what you

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- 1 November, whatever he's written down --
- 2 **A.** Yes.
- 3 Q. -- about what you had said or got from the
- 4 grievance interview, you would have been clear that the
- 5 police were not already involved because he says: way
- 6 forward is to be discussed at Execs.
- 7 If the police were involved, that's the way
- 8 forward, isn't it, the police are involved?
- 9 A. My understanding is that forms part of his
- 10 notes from the next meeting. See where it says Part 1,
- 11 9.30 Execs?

13

- 12 **Q.** Yes, yes.
 - That is an Executive meeting.
- 14 Q. Looks like that, you are right. So do you
- 15 think he didn't share that with you at all and you
- 16 didn't ask him about that?
- 17 A. No. I think I would have been careful not to
- 18 stray too far off general "how's it going" kind of
- 19 conversation.
- 20 Q. Weren't you curious? You have been asked to
- 21 get those samples, suspicion of foul play, babies had
- 22 died, people are talking about it?
- 23 A. Yes, I was. And -- and it was a topic of, you
- 24 know, as I say I have discussed this with Sian Williams
 - 5 on a few occasions, but again I come back to curiosity

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- isn't going to find anything out that leads to 1
- 2 Lucy Letby's arrest or an explanation of why those
- 3 babies died, that was -- that was the responsibility of
- those two qualified investigations. 4
 - So, I mean, I'm not sure that speculation or gossip or kind of "what if" is that helpful when those things are going on at the same time.
- 8 Q. If we can go now to the grievance interviews and the notes of them. If we start with the one you had 10 with Letby INQ0002879, page 5.
- 11 14 October.
- 12 So before you have taken the time to do all the 13 other interviews this is the first one you get, page 5:
- "... and her representative TM goes bang in with 14 'the issue been raised under the grievance policy but we 15 16 also wish to raise under the Dignity at Work policy as
- 17 fell LL has been bullied and harassed by Consultant Stephen Brearey'."
- 18 19 So his opening line to you is they want to raise 20 that as well which wasn't in the original grievance, was
- it? 21

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- 22 A. No, it wasn't.
- 23 Q. If you -- well, we have seen that document,
- but if you want to see it again, INQ0002879 0069, that 24
- is where we see Sue Hodkinson summarising the grievance
- 1 experience of grievance investigations. There wasn't
- 2 anything in there that was technically or clinically
- 3 sort of challenging or complex. It was more about
- 4 process and I felt I was able to do that with HR support
- 5 which I did get.
- 6 Let's go to INQ -- back to the interview with 7 Letby -- 0002879, page 6, at the bottom of page 6.
- 8 Letby asks:
- 9 "How have the Trust values [the penultimate entry on that page] been adhered to in my situation? I would 10
- like to know what I am being accused of." 11
- 12 TM says:
- "There is serious allegations. Why hasn't this 13
- 14 been reported to the police? Why is the organisation
- sitting on something like this? Has the organisation 15
- challenged this evidence?" 16
- 17 Did you think when you said that: why haven't they
- been to the police? Let's just go to the police. That 18
- is the people who should be looking at it. You have 19
- 20 been sent to save samples, other people are doing staff
- rotas and looking at things. That is not what 21
- 22 a hospital is set up for, is it, that kind of --
- 23 No, no. Whether I thought about it in that
- 24 moment I'm not sure but I thought about it on a number
- of occasions before and after the grievance process and 25

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- and the questions that Letby wanted answering. If you 1
- 2 look at that now to focus everyone's mind on that?
 - I am familiar with the document.
 - O. You have got the document?
- 5 Α. I am familiar with it, yes.
 - Okay. Well, basically I can read it
- 7 Mrs Killingback, don't worry:
- 8 "What are the issues the Consultants have raised?"
- 9 There we are
- 10 "Professional responsibilities. What is the Trust
- doing about it? What evidence does the Trust have? Is 11
- there to be an investigation into a practice? What are 12
- the grounds? Does she have to undertake supervised 13
- practice? Who else has to undertake it? No one else,
- why not? Why she's been singled out? When can she 15
- 16 return?"

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- 17 So no mention of being bullied and harassed by the
- one Consultant as it happens, however minor, you have 18
- 19 had an issue over email a short while ago.
 - Did you think at that point: this isn't for me,
- 21 this is something completely different?
- 22 Α.
 - Q. Do you think you might have done?
- 24 Α. I -- I did go away and think about it after
- 25 Sue Hodkinson had asked me to do it but I had had some
- came back to the same conclusion that at the very least
- 2 the police should have been called to at least assess
- 3 the situation.
- 4 But -- but again I wasn't -- I wasn't in -- in
- 5 possession of the knowledge that that hadn't happened
- 6 and I am surprised that it didn't.
- 7 At an early stage, Karen Rees told the police
- 8 that she had asked Letby if there was any reason or
- 9 personal issue between her and either of the
- Consultants, including a relationship or anything that 10
- 11 could lead them to do this or say these things.
- 12 Letby said no, there wasn't, as far as she was
- 13 aware, a personal issue. Early stages, that is what she
- 14 said and I think it was Dr Jayaram in particular, it
- could have been the other way round, but one of them 15
- that she got on with and always got on with relatively 16
- 17 well?

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- A. Mmm.
- You never asked her that question, did you,
- 20 Karen Rees did but you didn't say: well, why would
- 21 Dr Brearey bully you?
- 22 A. Well, at that stage, we didn't have any
- 23 evidence that Dr Brearey was bullying her because we
- 24 hadn't done any interviews.
 - You are doing one with her?

- 1 **A.** Yes.
- 2 Q. So she's the person who can tell you if she
- 3 thinks she is being bullied by him so isn't she the one
- 4 to ask: why would he do that and what's he done?
- 5 **A.** But the RCN rep had already sort of intimated
- 6 that was the case.
- 7 **Q.** Sorry?
- 8 A. If we go back to paragraph 1 of the --
- 9 Q. Yes. Just the paragraph that says "she feels
- 10 as though she's been bullied and harassed"?
- 11 A. Yes.
- 12 Q. But that doesn't tell you why or what he has
- 13 done or how; did you just accept that as a fact?
- 14 A. Well, I think the next action was to give Lucy
- 15 no I think Lucy Sementa said in response that they would
- 16 be investigated in the same way. So ...
- 17 Q. So how were you going to investigate it? What
- 18 did you need to ask Letby to investigate that?
- 19 A. Yes, okay. I guess we could have or should
- 20 have -- should have asked her questions around how that
- 21 bullying had been manifest.
- 22 **Q.** Well, look --
- 23 A. But then -- then we kind of knew that because
- 24 she had been removed from the unit, so --
- 25 **Q.** Look what she says at page 7 in the third box
- 1 set out to professionally discredit LL."
- 2 You knew from the Silver Control times and taking
- 3 the bag that they were wrestling with this and a number
- 4 of people were given tasks to look at and they hadn't
- 5 gone to the police to see what explained these sudden
- 6 and unexpected deaths, who was there and the suspicions
- 7 that they had?
- 8 **A.** (Nods)
- 9 Q. When he said that to you, when they failed to
- 10 provide any evidence so he must have set out to
- 11 professionally discredit LL, you knew yourself many
- 12 people were involved in looking at evidence or material
- 13 that might help with how these deaths had occurred,
- 14 these unexpected deaths; yes?
- 15 **A.** Mm-hm.
- 16 Q. So you already had knowledge of some of the
- 17 facts. Did you bring that to bear when you listened to
- 18 what TM said?
- 19 **A.** I'm not sure I understand the question, sorry.
- 20 Q. Well, it wasn't just Stephen Brearey, was it?
- 21 Here it is being suggested he set out to professionally
- 22 discredit LL with no evidence?
- 23 **A.** Yes.
- 24 Q. You knew many people were involved,

25 Executives, other people gathering, looking at

- 1 up. She says:
- 2 "Out of all the Consultants worked with
- 3 Stephen Brearey the least and unaware of any issues."
- 4 Unaware of any issues with him. It's Hayley Cooper
- 5 believed Brearey was influencing the rest of the team.
- 6 So Letby herself says: I am unaware of any issues?
 - A. Okay.
 - Q. Did you make that distinction, did you
- 9 appreciate what was being said there, that Hayley Cooper
- 10 seemed to believe he was influencing the rest of the
- 11 team? That is what Letby tells you that is right,
- 12 that's what she tells you?
- 13 A. Are they the same thing? I'm not sure that
- 14 they are.

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- 15 Q. Of course they are not, are they,
- 16 Hayley Cooper --
- 17 **A.** No
- 18 Q. -- is acting for her as her representative and
- 19 saying she believed that and Letby's saying
- 20 Hayley Cooper believes that but she herself didn't know
- 21 that. Do you see?
- 22 A. No, sorry, I don't.
 - Q. Let's move to the next box. TM says:
- "SB has a right to raise concerns but failed to
- 25 provide any evidence so the conclusion is that he has
- 1 material --

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- A. Yes.
- 3 Q. -- including Eirian Powell who did that first
- 4 table with Letby's name in red?
 - A. Yes.
- 6 Q. So it wasn't just about Stephen Brearey, was
- 7 it? You knew that because you worked at the hospital
- 8 and you had that evidence and material?
- 9 A. I'm not sure that is true. I -- I think the
- 10 impression I got that it was being largely driven by
- 11 Stephen Brearey, you know, the drawer of doom thing, the
- 12 table that he had drawn up. I'm not sure that other
- 13 people actively believed that Lucy Letby had
- 14 deliberately harmed patients.
- 15 Q. That is not the question. The question was
- 16 what Dr Brearey had done. Here he's being accused of
- 17 bullying her for putting that material together. You
- 18 knew he wasn't alone putting material together
- 19 Eirian Powell had put material together?
- A. Possibly, but in the interview situation, that didn't cross my mind.
- 22 Q. Let's go to the next interview, if I may.
- 23 17 October, Yvonne Griffiths. That reference is
- 24 INQ0002879, page 43.
- 25 Here Yvonne Griffiths is telling you, if we go to

1 page 44 in the penultimate box, she appears to say here:

"It's not like Steve Brearey to cause trouble but we have looked at the information. The only thing seems to be she was on duty. SB had voiced concerns prior to the loss of two triplets. They said that if they didn't go to the Chief Exec, they would be going straight to

the police. We were very uncomfortable. We told them

to take their concerns to Lucy but they were adamant

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9 they wanted her fired immediately. I find it very

10 difficult to act on something I didn't believe in. It

was a witch hunt". 11

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Did you test anything that Yvonne Griffiths told you there, by asking the doctors: did you want her fired immediately? Were you engaging in a witch hunt?

Repeat the question, please.

16 Did you ask the doctors what you were being

17 told by Yvonne Griffiths there?

A. 18 No.

> Q. To see if they -- why not?

20 We asked them about going to the police,

I think. I'm not sure we used the word "witch hunt" but 21

22 I think we did ask them about Lucy.

If we go to page 45 in the middle of the page:

"I have worked on the unit for 10 years. I feel we

25 have had equivalent deaths in previous years but now we 185

1 death rates might be explicable for these reasons, would

you want to test that with the Consultants who were

3 concerned about specific sudden and unexpected deaths;

4 for example, were they older mothers, any of them?

> A. So --

Q. It's easy to say generalisations, isn't it:

7 older mothers, premature babies?

> A. Yes.

Q. Looking at each baby as an individual child is

key, isn't it? 10

> A. It is, yes and that was the role of the two

external reviews. So that was not our role as -- in my 12

13 mind, and perhaps given some of the questions I have

14 been given in the Rule 9 and we have heard today,

perhaps I got that wrong, but in my mind I was there to 15

focus on the -- the grievance issues raised by 16

17 Lucy Letby, not to stray into trying to solve all the

18 other issues were that were investigated.

19 Yvonne Griffiths strays into this, doesn't

20 she, by commenting on the death rates?

She does. Α.

You let her do that.

23 Let's go to the next page, 46.

24

"Is there a culture for SB to come on to the unit 25 187

have more older mothers, increases in fertility 1

treatment and less termination of care some outcomes are

not fantastic." 3

4 When you are looking at sudden and unexpected

deaths, every medical professional view is important, 5

6 but this was a nurse giving you that view. Would you be

7 more interested in what the doctors said a medical cause

might be for a sudden unexpected death than a nurse.

9 The specific deaths, I am not talking about

10 generalities, specific deaths?

11 It depends because, you know, if you look at

one of the things that sparks human factors training in 12

healthcare it was the death of an airline pilot's wife 13

and there were two Consultants in the theatre and two 14

nurses, as I recall it. The patient passed away despite 15

16 the nurses telling the Consultants what they were doing

17 was wrong, so the idea that Consultants are infallible

is not --18

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19 Q. Absolutely not my question.

20 Α.

21 Q. Here you have got a nurse describing to you

22 that she's worked for 10 years and feel we have had

23 equivalent deaths in previous years?

Α. Yes

Q. But now we have older mothers, basically more 186

and say things? He is a nice guy. We haven't been able

2 to see what he feels, gut feeling. He is responsible

for all neonates. What are we doing wrong?" 3

4 Nice guy, you are not getting anything, are you,

5 about him targeting Lucy Letby?

6 Not from that paragraph, no.

No. Let's keep going to the next interview.

If we go to INQ0053104, page 1, taking you,

Dr Green, to an email sent to you by Hayley Cooper 9

asking she couldn't remember sending it, but accepted it 10

this morning that she recognised it was sent from her 11

and she met you. But she's looking to ask to meet you 12

13 first, or early on, isn't she?

14 "You interview myself separately as I have been

15 involved in this situation right from the start and

I need to make you aware of some issues." 16

17 I think you told the police you had done a couple,

two or three grievances before this one. Two, this was 18

your third, is that that is my reading of what you said? 19

20 You had done two or three and that sounded like you were

21 including this one but tell us what it was?

22 It's something in that ballpark I can't

23 honestly remember how many I have done.

> Q. Hardly any, really?

Α. Not that many.

2

- 1 Q. Two or three is not very much, is it, if this 2 was your third and one of this type?
- 3 A.
- 4 O So my question: did you think that was typical that you would have somebody saying "interview me 5 6 separately as the member supporting the person making 7 the grievance first"?

8 She was wearing a number of hats, as she explained 9 to us this morning?

- 10 A. Yes.
- She worked as a Freedom to Speak Up designated 11 Q. officer, Risk and Safety Patient and also RCN rep. 12
- 13 Sorry, did you say she asked to be interviewed
- 14 first?

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- 15 Q. She asked to meet you, didn't she?
- 16 A. Yes, separately. Well, from that email I took
- 17 it to read as is it possible to interview her as part of
- the grievance process separately, which -- as opposed to 18
- 19 accompanying Lucy.
- 20 Q. Yes, so you did meet her on INQ0002879,
- 21 page 17. So you have interviewed Letby, Griffiths, now
- 22 you are interviewing Ms Cooper. I am taking you through
- 23 the interviews chronologically, Dr Green, if that
- assists you as we go through, because you will know what 24
- you knew before and afterwards.

- 1 treated her. Letby told me others had been questioned 2 re relationship with SB/LL. LL reported this to me and 3 I emailed for clarification. The effect on that girl 4 cannot be understood."
 - Pausing there. As I have said Karen Rees in fact asked Letby that directly but at this point, are you getting -- well, what impression are you getting about the emotions of Letby and her family?
- 9 I didn't get a lot of emotion from Lucy Letby. 10
 - Even to the point where we had a follow-up meeting that
- wasn't documented anywhere, there was no -- there were 11
- no minutes of it to explain the outcome of the grievance 12
- 13 and when I explained to her that other people had said
- 14 that she had potentially been murdering babies, which
- was a difficult thing to say to somebody if you didn't 15
- know that it was actually true. If someone had said 16
- 17 that to me I would have reacted very strongly and been
- angry about it and, you know, indignant about it. 18
- But she didn't really react at all from my 19
- 20 recollection and that's the one thing that I took away from that meeting; that that reaction wasn't quite 21
- 22 normal, I didn't think. However, her union rep, if
- 23 I recall correctly, did jump in to sort of take over the
- 24 conversation about that being outrageous and that sort
- 25 of thing.

- A. Okay.
- Q. So this is Hayley Cooper and if we go to
- page 18. At the bottom of the page, she says: 3
- "I don't feel that the Trust has supported Lucy at 4
- all. Met with her and her parents after her interview 5
- 6 meeting and I can honestly say it was one of the most
- 7 distressing conversations I have ever had to have."
- 8 Pausing there, her parents feature as well as Letby
- 9 when she's dealing with members of staff at the
- 10 hospital. Did you have any contact with her parents?
- 11 Yes. I think I met them in person on the day
- of the hearing. I think they were on site. 12
 - What did they say to you?
- 14 I can't remember. I think they thanked me for
- investigating the grievance on -- on behalf of their 15
- 16 daughter.

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- 17 Q. They thanked you?
- Yes, I think so. 18 Α.
- 19 Right. So we see there it says:
- 20 "Having to explain to parents what is being alleged
- about their daughter I feel was unacceptable. It is 21
- 22 a conversation I will never forget."
 - That is what Hayley Cooper says:
- 24 "The Trust should have had this conversation with
- 25 Lucy. I am disgusted at the Trust and how they have

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- 1 But -- and I think I put that down to potentially
- 2 she knew there was allegations already; it wasn't like
- 3 it was a shock. So -- but -- but I was struck by how
- coolly she took it. So I didn't get a lot of emotion 4
- 5 from Lucy Letby at all.
- 6 Okay. Yet here was Hayley Cooper describing
- 7 how distressed she was and upset she was and that was
- 8 fed back?

9

- A. Yes.
- Q. 10 But that's not your experience when you were
- speaking yourself with Letby? 11
- 12 No. A.
- 13 Q. Okay.
- 14 So the next interview then, please -- that can go
- down -- is INQ0002879, page 21. Dr Green, this is your 15
- interview with Ms Kelly. 16
- 17 We see here in the top box:
- 18 "Eirian Powell was confident there were no issues
- with the individual nurse. She was a competent nurse 19
- 20 and had a good network of friends on the unit and there
- were no concerns about her behaviours. In the meantime 21
- 22 SB conducted his own mini review of the cases and
- 23 an analysis of staff on duty at the time of deaths."
- 24 Did you accept that as fact from Alison Kelly that
- there had been no concerns about her behaviours? 25

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- A. I did in the context that it was triangulated 1 2 with other members of the nursing leadership team and 3 there were no pieces of information to suggest
- 4 otherwise, except perhaps the -- I hadn't appreciated
- this at the time, but I have seen it in the Inquiry 5
- 6 documentation; that Lucy was visiting other nurses'
- 7 babies which apparently was not the done thing.
- 8 That's right.
- 9 A. But I'm not sure I knew that at the time or 10 appreciated that it was an issue.
- Over the next page, page 22, you ask Ms Kelly 11 12 at the top:
- 13 "Why do you think LL was being singled out?"
- 14 She says:
- 15 "I have no idea."
- 16 Then further down you ask about: was there a threat
- 17 from the Consultants, talking about the police.
- 18 Ms Kelly says:
- 19 "The Consultants were very anxious about it. There
- 20 was talk about whistleblowing and going to the police,
- it was talked about at the board if we needed to go to 21
- 22 the police, but in the absence of any evidence, what was
- 23 there to say? We needed to understand the external
- 24 review and wait for the final report."
- 25 Dealing with the point that you were examining,
- 1 I said the Trust might want to consider disciplinary
- 2 action about some of the things the Consultants may have
- 3 said, but I didn't present any evidence necessarily that
- they should be disciplined, if that makes sense. 4
- 5 Well, we will get to that. Q.
- 6 A. Okay.
- 7 Q. Sue Hodkinson you interviewed, I won't take
- 8 you to hers.
- 9 Sian Williams INQ0002879, page 29. We see here you
- interview Sian Williams and on page 30, in the top box, 10
- she's repeating the type of material you have heard from 11
- 12 Yvonne Griffiths she is saying:
- "No red flags. Sudden deteriorations in neonatal 13
- 14 babies is apparently common. Although I am not
- neonatally trained, I didn't find anything more than 15
- that. I asked how the sudden deterioration could happen 16
- 17 and was told they are more unstable than adults. Met
- 18 Lucy ..."
- 19 Et cetera.
- 20 She didn't tell you in this grievance interview
- that when she had completed the staff analysis, she 21
- 22 thought she should have gone to the police, did she, and
- 23 her answer to that was you never asked her that?
- 24 A.
- 25 Q. Did you think of saying to any of these 195

- Ms Kelly says to you the Consultants were very anxious,
- not bullying and discriminating, they were anxious; that 2
- is how she describes them? 3
 - Α. Yes.
 - Did you listen -- did you hear that? I will Q.
- 6 us Professor Dixon-Woods' expression here "hearer
- 7 courage", did you hear something that went against what
- you were looking for here, which was whether there had 8
- been bullying and discrimination when Ms Kelly says they 9
- 10 were very anxious, the very reverse of someone being
- 11 bullying?
- 12 Yes, I think this has turned into
- 13 a Consultants v nurses v managers v me perhaps kind of
- situation and it's a shame because that's not going to
- deliver effective healthcare. And at the time I did not 15
- 16 set out to investigate the Consultants. That was not
- 17 the intention about it. So --
- 18 But that is what you ended up doing, that is
- 19 what the report ends up saying when we get there.
- 20 Well, I -- I would disagree, I think it
- touches on that but -- but there were several questions 21
- 22 set out by the complainant that I was set out to
- 23 investigate so I answered them and there were some other
- issues that I picked up that I thought were worthy of 24
- further investigation. I didn't -- so, for example,
- grievance witnesses: what did you make of the
- allegation? Have you been sighted on any of the 2
- material because that is what she would have told you:
- 4 I wanted to go to the police?

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- Possibly, but I will come back to it, again we
- were very clear to stay on the Terms of Reference of the 6
- 7 grievance. So -- and again as I have said before, we
- 8 could have gone down that route of trying to investigate
- the allegations a bit more. But again there were two 9
- separate properly structured qualified reviews going on 10
- 11
- into -- into the deaths of the babies.
- 12 So for me, I was quite happy to stay in my lane, as
- 13 it were, and allow that process to continue alongside.
- 14 Karen Rees, one more before we take a break,
- 15 if I may, INQ0002879, page 33. If we go to page 35 of
- that interview. You asked: you believe the intention is 16
- 17 to return LL to the unit?
 - Where's this, sorry? Α.
 - Page 35, can you see? There we are.
- 20 Α. Yes, yes.
- 21 Q. Yes.
- 22 Karen Rees tells you:
- 23 "I feel very strongly we need to get her back on
- 24 the unit. I raised or questioned why they hadn't
- brought the police in. Karen Rees said she hasn't 25

- because of LL. Would we like our daughter to be treated 1
- 2 like this? I don't think so. In a meeting with
- 3 Stephen Cross it was mentioned about if we call the
- 4 police the unit will be shut down and people may be 5
- 6 That is what she said to you, didn't she?
- 7 Α. Yes
- 8 Q. Making it clear the police hadn't been called
- 9 and at least in her case, and it suggests others here,
- 10 there was a worry she might be arrested?
- But again did Karen Rees know for sure that 11
- no one had ever had a conversation with the police? 12
- I don't know. 13
- Were you concerned if a reason for not phoning 14
- them was just a worry that she would be arrested? 15
- 16 No. If the police were called and they had
- 17 grounds to arrest Lucy Letby then she should have been
- 18 arrested.
- 19 You then meet with Eirian Powell. INQ0002879.
- 20 page 37 and if we can go to page 38, please. We have
- 21 halfway down:
- 22 "Ravi Jayaram was heard by a nurse, Nurse T, in
- 23 outpatients, when asked if anything had come from the
- review to say 'somebody's causing these deaths on the 24
- 25 unit'. Nurse T is now anxious to return to the unit
- 1 if you didn't test what you were being told. You just
- 2 accepted what people said to you and in Ms Powell's
- case, if we can go to INQ0002879, page 63? 3
- 4 I would challenge the view that I accepted
- 5 everything people told me.
- 6 Q. Okay.
- 7 I think that we tried to triangulate what
- 8 people told us with other people's evidence. So, for
- example, where Ravi Jayaram was heard to say something 9
- in clinic, Ian Harvey told us that he had had 10
- a conversation about it with Ravi Jayaram. So, you 11
- know, I had no reason to disbelieve Ian Harvey and you 12
- 13 know, I think there --
- 14 So you believed what he said. So that is what
- 15 I have just suggested: you believed what he said, who
- did you not believe? 16
- 17 Well, there were -- there were two other or
- three different people who said that over the course of 18
- the interviews and I wasn't out to get Ravi Jayaram for 19
- 20 saying something on the unit, you know, that -- that --
- for me, again I made a recommendation that maybe 21
- 22 consideration for disciplinary actions against the
- 23 Consultants if they had said these things --
- 24 Q. We will come to that.
- 25 Yes. A.

- after RJ's statement." 1
- 2 Then she says to you:
- 3 "I said to SB 'what if LL goes home, kills
- 4 herself?' ... said I don't care."
- 5 She gives you information about Mr McCormack,
- 6 suggesting to her you are harbouring a murderer so she
- 7 is giving you the information about comments here and
- I am not going to respond now with the evidence we have
- heard about those, but she's given you that information. 9
- 10 Did you think to interrogate with any of those
- people whether those things were right, if this is what 11
- you were doing? I mean, in the scheme of things it 12
- seems a lot less important than the underlying 13
- allegations in terms of the babies, but in terms of what
- you were looking at, did you think about addressing this 15
- 16 with any of these people that were named to see if they
- 17 had said anything? In other words, this might not be
- right? 18
- 19 Not really. Because as I said before we
- 20 weren't investigating the Consultants and there was
- 21 a lot of "he said/she said" kind of stuff going on. And
- 22 again, my view was very firmly to let the process find
- 23 out whether anything had gone on on the unit that
- 24 needed.

1

- Q. The process wasn't going to find anything out
 - 198
- Let's look at INQ on the screen now.
- 2 Eirian Powell sends you this document, doesn't she,
- 3 you have had time to read it, I just want to be clear
- 4 that other people have the opportunity to do so. It's
- 5 a six-page document giving you information. You don't
- 6 accept Dr Brearey's invitation to send you his mortality
- 7 reviews but you receive this information from
- 8 Eirian Powell. Is there a reason for the difference?
- 9 A. I'm sorry, I don't understand which
- information I accepted and which I rejected? 10
- 11 This document has been sent to you. Do you
- 12 remember seeing it?
- 13 It has because it's got my handwriting on it
- 14 but I don't -- I don't really remember seeing it.
- 15 Say that again? It has got your handwriting Q.
- on it, you say? 16
- 17 Α.
- 18 So you will have seen it if it has got your
- handwriting on. So Eirian Powell has sent you this, so 19
- 20 she's given you written evidence as well as her oral
- 21 interview; is that right?
- 22 Α. Yes.
- 23 MS LANGDALE: My Lady, I see the time. I don't
- 24 need to go into the details of that document, and it may
- be that the shorthand writer and others need a break at

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1 this point.

2 LADY JUSTICE THIRLWALL: Yes. Shall we take

3 a 10-minute break? So we will come back in just after

- 4 5 past 4.
- 5 (3.57 pm)
- 6 (A short break)
- 7 (4.04 pm)
- 8 LADY JUSTICE THIRLWALL: Ms Langdale.
- 9 MS LANGDALE: Dr Green, Mr Harvey's interview next
- 10 so INQ0002879, page 9. We see at the body of the
- 11 interview in the last paragraph, he says to you
- 12 Executives were uncomfortable in assigning blame without
- 13 every other cause being included. There was a threat --
- 14 sorry.
- 15 LADY JUSTICE THIRLWALL: Excluded.
- 16 **MS LANGDALE:** Excluded, sorry, I thought I said
- 17 there.

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- 18 "There was a threat to go to the police when the
- 19 cause being excluded. Execs considered do we go to the
- 20 police? How do we take this forward? How do we protect
- 21 LL from allegations whilst carrying out the
- 22 investigation work? Going forwards to protect Lucy from
- 23 the allegations we felt this redeployment was the best
- 24 cause of action."
- 25 So to be clear this note, Mr Harvey is telling you 201
- 1 "No, I hadn't heard that."
 - So he who you relied on, is it, for those comments?
- 3 A. So somebody had said that a nurse had heard it
- 4 in the outpatient clinic and then lan Harvey is saying
- 5 that he spoke to Ravi about it and Ravi accepted it. So
- 6 I didn't have any grounds to think that Ian Harvey would
- 7 lie about it. So I did accept it, yes.
 - Q. You said earlier in your evidence when you
 - were talking about Letby's reaction that if someone
- 10 accused you of doing that, it would be so upsetting,
- 11 assuming it wasn't true and it's a hard thing to say
- 12 about somebody if you don't know it's true, yes?
- about somebody if you don't know it's true, yes
 - **A.** Mm-hm.
- 14 Q. If these nurses and doctors were saying
- 15 comments like that, did it enter your mind that they
- 16 might have been worried that was true?
- 17 A. Yes. Yes. I think.
- 18 Q. Did that influence how you viewed those
- 19 comments, inappropriate as they were, did it influence
- 20 you if someone really thinks you might be doing that?
- 21 A. Yes, I wasn't -- I didn't sort of ignore those
- 22 comments but -- sorry, I have lost my train of thought.
- 23 The question again, please?
- 24 Q. Yes. If these nurses -- and you said it did

203

25 enter your mind -- were saying something like -- or

- 1 every other cause needs to be excluded before we would
- 2 be investigating Letby; is that the point?
- 3 A. Yes. But I took that in context of the
- 4 investigation as they were ongoing at the time.
 - Q. So you thought that the RCPCH and the other
- 6 investigation would be able to exclude or include?
 - A. My expectation from those external reviews was
- 8 that they would be able to establish or to a degree of
- 9 probability that either foul play or not foul play was
- 10 the most likely cause of the deaths.
- 11 Q. Did you ever ask Mr Harvey how that was going
- 12 to be done in those reviews or not?
 - A. No.
- 14 Q. We see at page 10 four boxes up he tells you
- 15 there had been a number of behaviours that do not
- 16 reflect too well:
- 17 "I had to go and speak to RJ that some of the
- 18 trainees had been making reference to 'angel of death'
- 19 but no specific person was named. There was behaviour
- 20 in the clinic being heard talking about killing babies
- 21 on the unit. I had to speak to Ravi about comments. RJ
- 22 did accept that it was inappropriate."
 - And you asked:
- 24 "Did you hear about Jim McCormack telling
- 25 Eirian Powell she was harbouring a murderer?
 - 202
- 1 doctor -- "angel of death" they may have thought she was
- 2 suspicious in her work and was involved in foul play?
 - A. Yes
 - Q. That is why they are saying it?
- 5 **A.** Yes.
- 6 **Q.** Did you think about that?
- 7 A. I did, yes. So comments, comments made in
- 8 clinic or in passing, you know, I'm not sure they add in
- 9 isolation a huge amount of value to what I was doing as
- 10 regards to grievance. But, you know, is that an
- 11 appropriate way to raise concerns about somebody, to
- 12 make a comment in public in a clinic or to refer to
- 13 somebody as the "angel of death"? I didn't believe so.
- 14 So, you know -- and again, this was being -- so
- 15 everyone can have an opinion about what was going on but
- 16 there was some focused pieces of work looking at the
- 17 evidence, the actual evidence.
- 18 **Q.** You say you didn't think the comments were
- 19 very important but you know in the hearing itself
- 20 Annette Weatherley did think they were important, didn't
- 21 she; they were important to her?
- 22 A. I can't recall Annette Weatherley actually
- 23 saying anything about it. It might have been in the
- 24 transcript, but I don't remember.
 - Q. We will go to that later, thank you.

INQ0002879, page 165, please and this is a letter 1 2 that Dr Jayaram and also Dr Brearey received from you 3 before their interviews and they come last in this 4 chronology of interviews.

You see what you state at paragraph 2:

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"Any information you provide me will form part of my investigation into this matter and ultimately may be presented in a disciplinary hearing. You are entitled to be accompanied by a staff organisation trade union representative."

Over the page, 166, Dr Brearey gets the same letter and unsurprisingly they both do come with a trade union representative, don't they?

- They did. Everybody else got that same letter 14 and nobody else brought a trade union representative. 15
 - What did that tell you about their differences in approach to what this grievance might have been about, the fact that these are the only two, if they all got the same letter, but thought they needed to come with a representative? Using your soft skills, what does that tell you?
- 22 It tells me that they might think that they 23 have a problem that they need support with in terms of 24 their behaviour, maybe.
 - Rather than they have got a problem with why

grievance policy that I can share unless representation can be provided at such short notice, then the meeting should be deferred."

So they have gone to get assistance and to have someone come with them, yes?

- A. (Nods)
- 7 If we go to Dr Jayaram's interview with you, 8 INQ0002879, page 47. If we could highlight, please, 9 that first paragraph from Dr Jayaram. He sets out very clearly a rise in mortality and they were not the babies 10 you would have predicted. None of the babies responded 11 to timely resuscitation manoeuvres. 12
 - What clinically did you understand from that?
 - Α. Exactly what it said.
- That is suspicious, unexpected as well, that 15 they are not responding in a way that you expect babies 16
- 17 when they require resuscitation from natural causes do?
- 18 I -- I wouldn't be able to make a judgement on 19 that.
- 20 "We were concerned they were deteriorating and
- needed to look at why. It was raised to the Executive
- 22 Board about the increase in death rates. Also reviewed
- 23 individual cases internally ... didn't seem to be
- anything in terms of clinical practice, equipment or
- 25 environment. There did appear to be an association with 207

the grievance is happening and who's being investigated? 1

- 2 They weren't being investigated. The subject that was being investigated was the list of grievance 3 4 issues that Lucy Letby had raised. We were not investigating the Consultants?
- 6 They didn't know that, did they? If we go to 7 INQ0068308. So it's 0068308, page 1. I will read it out -- there we have it. See at the bottom, Dr Jayaram 8 9 asks Lucy Sementa:
- 10 "Would you be able to give me an agenda for the meeting and information as to what the grievance relates 11 to?" 12
- 13 And he gets told:
- 14 "No formal agenda. Chris will ask you some questions and if you can provide any details and 15 16 information, this will be noted. Any information that's 17 relevant to you will be discussed with you in more detail in the meeting. You are invited as a witness, 18 19 you may have pertinent information. You are not being
- 21 A. (Nods)

investigated yourself."

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- 22 Q. If we go over to page 2 we see Dr Jayaram 23 emails:
- 24 "You have been in contact with the BMA. They have advise me until you have provided me with a copy of the
- Letby either looking after or being present at the time 2 of the deaths.
- 3 "Discuss with obstetricians who were all concerned 4 we were potentially putting babies at risk when there
- 5 was something that there might have been a factor.
- 6 Executives took further decisions. Outcome was to
- 7 downgrade the status of the unit only looking after 8 babies at 32 weeks."
- 9 Next but one paragraph, reference to the two
- 10 Triplets.
- 11 "These were babies who were getting better and were stable who suddenly collapsed. This led to a review 12 sooner than the three months." 13
- 14 That is the ones that you knew the TPN bag had been 15 taken --
- 16 Α. (Nods)
- 17 -- and stored in your department. Q.
- He was clearly setting out there, wasn't he, why 18
- foul play was suspected? 19
- 20 Perhaps. But he did not say at any point we 21 suspect foul play, does he?
- 22 You have had the background, I have been
- 23 through all the documents that you have had?
 - Α.

24

25 Q. You sat in Silver Control, you have told the 208

- 1 police: we were thinking as we took it, let's hope we
- 2 haven't to got to take it for the reasons we think we
- 3 have.

- You said to Sian Williams: it is reasonable in the circumstances.
- 6 Setting out clearly that they were suspicious of 7 foul play.
 - A. Yes, but he didn't actually say it, did he?
- 9 Q. So you are suggesting you didn't understand
- 10 that? Just look at that and with all that I have been
- 11 through with you that you knew. What is Dr Jayaram
- 12 telling you first and foremost in that extensive
- 13 paragraph?
- 14 A. He's given me some factual information about
- 15 why they were concerned. But at no point in the
- 16 interview does he say: We think Lucy Letby is guilty of
- 17 foul play.
- 18 Q. You said earlier:
- 19 "That's a really difficult thing to say, I suspect
- 20 you of murdering babies, unless you think it's true."
- 21 A. Yes.
- 22 Q. You said that earlier?
- 23 A. Yes.
- 24 Q. They couldn't come before there was a proper
- 25 investigation forensically with the resources it 209
- 1 in private.
- 2 "You: so that is not a yes or no.
- 3 "We discussed a lot of possibilities in private and
- 4 took our concerns to the Executive Board."
- 5 He wasn't telling you what they discussed in
- 6 private, was he, that was obvious?
- 7 A. Well, if I had said -- if I had taken that as
- 8 what might be obvious, then I would be at risk of being
- 9 criticised for making an assumption, wouldn't I?
- 10 Q. Why would you? Just look at it. He says "we
- 11 discussed a lot of possibilities in private" and you say
- 12 "yes or no"?

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- A. Well, a lot of possibilities.
- 14 Q. I have taken the concerns to the Executive
- 15 Board but I am not taking them to you; that is the
- 16 answer, isn't it?
- 17 A. A lot of possibilities suggests there is more
- 18 than one explanation for what's gone on.
- 19 Q. You had already had from Eirian Powell the air
- 20 embolus email, hadn't you?
- 21 **A.** Yes.
- 22 Q. So that was what they were discussing in
- 23 private but you didn't tell him you had seen that?
- 24 **A.** No
- 25 **Q.** You didn't say: I have seen an email. You 211

- 1 requires to you and say: she's been murdering babies,
- 2 they could say: we are concerned?
- A. Yes.
- 4 Q. We think she's associated with this, infer
- 5 she's involved in deaths and deteriorations and let
- 6 other people pick up the work. They are not forensic
- 7 investigators, are they, the hospital aren't equipped to
- 8 forensically investigate what was required in this case,
- 9 are they?
- 10 A. No, no which is why I keep saying that there
- 11 were two ongoing reviews into the deaths that were doing
- 12 that job.
- 13 But this wasn't new information that Ravi was
- 14 giving us on the day. As you say, it had cropped up in
- 15 other -- other forums so -- but, you know, if you read
- 16 the trial report of Lucy Letby and Baby K, Ravi Jayaram
- 17 clearly describes seeing Lucy Letby in proximity to the
- 18 tube that he thinks she's tampered with.
- 19 **Q**. Let's --
- 20 A. That doesn't come out in this interview.
- 21 Q. Let's look at page 48.
- "So to clarify, was there any suggestion from any
- 23 of the Consultant team that Lucy had been deliberately
- 24 harming babies?
- 25 "Ravi Jayaram: we discussed a lot of possibilities 210
- 1 were discussing air embolus, weren't you, Dr Jayaram?
 - **A.** No.

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- Q. So why didn't you ask him that?
- 4 A. I'm not sure that is the case.
- 5 Q. This is 11 November --
- 6 A. Yes.
- 7 Q. -- with that interview and the document I took
- 8 you earlier that was sent to you by Eirian Powell was
- 9 28 October? Call it up again, if you --
- 10 A. Yes, I need to refer to my statement, please.
- 11 Q. Shall we go to the document? The document is
- 12 INQ0002879 0083.
- A. So I have got a different reference number
- 14 here for the document but it says --
- 15 Q. Let's put the document back on screen. This
- 16 one can go down, we have got that one and it will come
- 17 in a moment, 00002879 0083?
- 18 **A.** Sorry. If you go back to the previous page,
- 19 please.
- 20 Q. Before we do, just look at the date on this
- 21 one so we don't have to get the other one back up. Can
- 22 you see Eirian Powell sent it to you on 28 October?
- 23 A. Yes.
- 24 Q. Right, so now we can go back to Dr Jayaram's
- 25 interview, which is in November, INQ0002879, page 48.

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- 1 So around a third of the way down I ask: A.
- 2 "Was deliberate intent by Lucy suggested that she
- 3 might have been doing something to the babies? Air
- 4 embolism was mentioned."
- 5 Yes. Q.
- 6 A. So I did ask him about that directly.
- 7 "I am not here to speculate things ... can only say
- 8 that the Consultants had concerns and they escalated
- 9 these to the Executive Board."
- 10 Q. Yes.
- That is not a straight answer, is it? 11 A.
- 12 "I am not here to speculate on things. I am
- 13 not here to discuss whether there's been an air embolus
- 14
- 15 You are not investigating, you say, the actual
- 16 events, are you?
- 17 A. No, no.
- 18 Q. And he certainly doesn't say: no, we didn't
- 19 discuss air embolism. On the contrary, he just says "we
- are having discussions in private". You knew the 20
- Consultants were having those discussions because you 21
- 22 had been sent them?
- 23 A. Yes.
- 24 Q. So why didn't you say -- not "air embolism was
- 25 mentioned", when he said "I am having discussions in
- 1 being open with Dr Jayaram. You didn't show him the
- 2 email you had got?
- 3 A.
- 4 Q. So you engaged in a process that made you
- 5 perhaps behave in a different way. Would you normally
- 6 do that with someone, read something that you know they
- 7 had written and not mention it in your conversation?
 - I think I was frustrated during these
- 9 interviews that I wasn't getting open and honest answers
- to some of the questions I was asking and --10
- 11 But you recognise today how difficult it is to
- say, "You are murdering babies, I have got evidence 12
- I have walked in", it's difficult? 13
- 14 A. But that's directly to the individual
- 15 concerned.

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- Q. What about them, it is difficult, isn't it?
- Yes, yes, I guess. But --17 A.
- "I guess?" It is, isn't it? It's really hard 18 Q.
- 19 to say.
- 20 A. But the things that the Consultants disclosed
- in the court proceedings against Lucy Letby. 21
- 22 Q. You didn't know about that then?
- 23 A.
- 24 When you did this interview -- let's focus on
- 25 the timeline, okay?

- private", "yes, I have seen an email between you and the
- 2 Consultants and Dr Gibbs. You were all worrying about
- air embolism", if you wanted to go down that line? That 3
- would have been open, wouldn't it? 4
 - It would have been yes, but --
- 6 You have been sent every document that we 7 might go to; that is open, isn't it?
 - A. Yes.
 - You have got material there that you don't
- 10 tell him about or show him that you have already got?
- 11 Α. Yes.
 - Q. Why not?
- Because it's not -- it doesn't come across 13 Α.
- from the transcript necessarily that those two 14
- interviews -- all the other interviews that I did I felt 15
- 16 that the people who attended were being open and honest
- 17 with their answers. These two interviews were
- different, considerably different to that. 18
- 19 I felt that in both cases, the answers were
- 20 evasive, non-committal.
- 21 Circumspect. We have had discussions in
- 22 private but we are not going to discuss them in
- 23 a grievance process with you. Circumspect maybe. What
- is wrong with that? You weren't investigating whether 24
- they were being open with you, were you? You weren't

 - Α. Yes.

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- Q. If we go to Dr Brearey, can we go to
- 3 INQ0002879, page 51.
- 4 You didn't ask Dr Brearey, did you, whether he had
- 5 been honest and open with the Executives or generally,
- 6 you didn't ask him that, you didn't ask Dr Jayaram that,
- 7 whether he had been honest and open with you or the
- 8 Executives. You didn't ask either of them, did you?
- 9
 - A.
- 10 I go through all of this, I see no reference
- to "honest" and "open" about anything. If you talk 11
- about what was being said, if you go to page 53 here, 12
- 13 you say:

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- 14 "There was a view that Lucy was possibly
- 15 deliberately harming babies. Do you know why that was?
- Was there anything suspicion about her behaviour?" 16
- 17 You knew in that Silver Command room that people
- were looking at links and what may or may not be 18
- suspicious; it wasn't just these two, was it? 19
- 20 And yet the answer to the question was: no.
- 21 He says -- no, he says "not really for me to
- 22 say" and the rep says "the answer is no".
 - Α. And then --
- 24 What do you take from that?
- 25 Then he says "no, not my position to Α.

1 speculate".

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clear?

Q. So what do you take from that? If someone is saying -- both of them have used the same phrase, they are sat with their reps "not for me to speculate, not for me to comment on the detail about her". What do you take from that when they both have reps? I know you have only done two or three grievances?

A.

Q. What do you think happening's there?

10 A. What I thought was happening there was that the Consultants didn't really believe what they were 11 alleging about Lucy Letby. 12

> Q. Right. So --

> > Or at least weren't sure. Α.

15 Q. You have just said something else. really 16

think about what you mean there, Dr Green.

17 What did you think "not sure". Sure, certainty, you need a police investigation for that and a lot of 18 19 experts and resources, don't you?

> A. Which was --

Q. You just said -- so what did you mean?

22 If -- one, one of the possibilities of what

23 was going on in this meeting is that when it came to the

crunch, when they had the opportunity to say: we think 24

25 there is foul play going on here, they didn't take that

1 collectively, was there, by experts or elsewhere to say 2 categorically Lucy Letby has murdered these children, 3 that wasn't -- that wasn't -- so how could you ever have 4 expected Dr Jayaram and Dr Brearey to tell you that in 5 the meetings? They had told you they were suspicious 6 but you are saying you want more, you wanted to know 7 what the proof is that were they certain, were they

So -- but that -- that was the problem at the time, wasn't it, that there was, there was no objective evidence, there was no CCTV footage, there was no abnormal results, there was no abnormal pathological

investigations.

So --

15 Do you understand that suspicion and what Q. Dr Jayaram had set out at the beginning of his interview 16 17 was more than enough to justify the referral to the police immediately? Do you understand that? Just what 18 he said in that one paragraph I have taken you to, they 19 20 should have gone to the police?

21 Yes, I have already said that I agree that the 22 police should have been called.

23 Can we go now to the actual report that you 24 did and there is two versions of this. Just so people have the opportunity to see the difference, I am going 219

1 opportunity.

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2 Now, why didn't they take that opportunity was the 3 question that I was asking myself. Was it because they didn't believe it? Was it because they were worried 4 about the consequences to themselves? Was it because 5 6 there was no evidence? I don't know the answer to that. 7 But -- but again come back to: there were two separate reviews looking at that, we were investigating their 8 bullet point list of Lucy Letby's grievances. 9 10

That can come down now, thank you. If we go back to your police interview, INQ0014568, page 33:

12 "As regards Lucy I did ask myself a few times: am 13 I helping out somebody here who has done something horrific? But then it wasn't my job to decide whether 14 she had or hadn't done anything. My job was to do the 15 16 investigation into the grievance and that was it. I 17 wasn't there to draw any sort of conclusions about what 18 had gone on, so I kind of parked that aside.

19 "And, you know, across this table looking at her 20 thinking 'that won't show up on the tape, will it', but 21 thinking, you know, are you a monster or are you the 22 fall guy in all of this?"

23 You remember saying that to the police?

24 Α. Yes

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There was no evidence at that point built up 218

to ask that the first is put up but we will concentrate 2 on the second. The first one is INQ0002879, page 178. 3 12 November 2016.

4 If we go to page 183, you see this looks like 5 a first draft. This is in July, question marks about 6 dates, and we go through it and we see at page 187:

7 "During the course of this investigation I have not 8 been made aware, nor has there been any allusion to, any

evidence relating to any wrongdoing -- alleged wrongdoing by LL. Repeated reference to a commonality 10

11 between the dates and times that LL was on duty and

collapse/deaths of a significant number of babies. 12

Nothing to support additional information or data beyond 13

14 this that has not been shared with LL."

15 You wrote that?

> A. Yes

17 Q. That was your view on what we have gone

through? 18

19 A. Yes.

> Q. If we go over the page, 188:

"The drive to remove LL from the neonatal unit 21 22 appears to have come from the Consultant SB and to 23 a lesser extent RJ. The concept of air embolism also 24 appears to have originated from the Consultant body 25 although this is denied."

They hadn't denied it, they said they weren't going to speculate, did they, they didn't deny that at all?

They didn't, did they, we had no denial about air embolism at all?

- So in my interview with Steve Brearey, I asked Α. him:
- "It's been said there is a suggestion of air embolism and twisting of tubes that led to babies' deaths. Was that on the table as a cause of death?
- 9 10 "SB: I have never come across a case of air embolism before. 11
- 12 "JB [which is the union rep]: no, in this particular case he's asked you a specific question as requested. In this particular case, was that suggested by you?"
- 16 And Steve Brearey says "no".
- 17 Now --

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- Q. 18 That was Dr Gibbs and Dr Jayaram, wasn't it?
- 19 A. In retrospect it was but --
- 20 Q. So that is the answer, no, not by him but by
- others; you knew that? 21
- 22 A. But there had been some discussion of it.
- 23 Q. Yes, and you knew that?
- 24 A. Yes
- 25 Q. But "denied" isn't right, is it?

Can we go to page 190, please. Third box up from the bottom:

3 "I have found that the Trust Executive Team and 4 Nurse Management Team have showed significant empathy 5 for LL's situation. They have all been deeply affected 6 by it. I also believe that the Executive Team have 7 reflected on their initial handling of this situation 8 and taken action to address this in their fortnightly 9 meetings."

Do you set out anywhere the anxieties or difficulties the Consultants have had and as you have expressed now how difficult it is to clarify or articulate that you think someone is murdering babies?

14 I -- so I am describing there what I found during the course of my investigatory meetings and some 15 of the interviewees were very visibly upset by the 16 17 situation that they were answering questions about and 18 some of them weren't.

- 19 What did you deduce from that? We spoke 20 before about being visibly upset and privately upset. I mean, what do you take from that? 21
- 22 A. That some people handled it differently to
- 23 others. 24 Q. You might not always know what some people are
- 25 feeling?

Yes. I guess, looking back, I could have said 1 or should have said: the Consultants refuse to confirm or deny whether this was the case. 3

4 Could you have said: I have been sent an email by Eirian Powell that set out the position. I had it in 5 6 full, they didn't and might have felt able to comment if 7 they knew that I already had it.

8 That might be an accurate summary.

9 Let's look at what else is in this box:

10 "I find it a concern, these concerns are based on gut feel and do not accept this provides a basis on 11 which to make the accusations that appear to have been 12 13 made."

14 We spoke earlier about Dr Reynolds and her observation of patterns and you agreed sense-checking 15 16 and patterns are relevant?

17 Α. Yes.

18 Q. So why here are you condemning gut feel as not 19 being a basis to be suspicious once somebody

20 investigated and need an explanation for their role or 21 part in events?

22 I think gut feel is a reasonable basis on

23 which to speak out safely to raise -- raise a concern. But to accuse somebody of murder without supporting 24

evidence I think is a different thing in my view.

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Α. No.

Q. If we look at the conclusions at page 192.

3 Last paragraph:

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4 "Trust Executive Team and the Board in the absence 5 of firm objective evidence to identify the true 6 situation on the unit clearly found themselves in 7 a situation where it's conceivable, if unthinkable, that 8 to leave LL on the NNU may have exposed patients to

9 harm 10 "Secondly, LL may have been left in a position 11 where ultimately she may have been subject to adverse treatment from Consultant staff and ultimately she may 12 have been arrested which one would imagine to be 13 14 infinitely more damaging than redeployment."

15 So was that your view, certainly a view that had been expressed by Karen Rees to you, that avoiding 16 17 arrest was important for her?

18 This is eight years ago so it's difficult to be clear about exactly what I was thinking when I wrote 19 20 this. But I think what I am trying to say here is

that -- so take the first sentence, you know, I think 21 22 that -- is there any issue with the first sentence -- it

23 is the second sentence that we want to pick up, is it?

24 Say that again? 25

Sorry. You read out two sentences there. Α.

1 Q. Yes

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2 A. The question is specifically about sentence 3 two, is that correct?

O. Yes, that is right.

Okay, thank you. Yes. So I think what I am trying to say there is that if Lucy had gone back on the unit, the Consultants may have called the police because of that, not because of evidence to confirm or -- the trigger for calling the police would be the fact that she was on the unit, not the fact that there was evidence or new evidence or that sort of thing.

There can only be the trigger they were worried she was going to do something to kill or harm a baby?

15 A.

16 Q. That would be the right thing to do, wouldn't 17 it, if someone was on unit and you thought they were going to kill or harm a baby? 18

> A. Yes, which is why she was removed.

20 So what are you saying, that that would be

better for her to be removed than to be arrested? 21

22 Well, at this point in time, there was no 23 clear -- I mean, we have heard and we have read all the data behind the increase in deaths and the reviews but 24 the fact is the police weren't called.

225

1 You say:

"In that context I believe her return should be managed in tandem with the final reports regarding the neonatal unit's mortality figures"?

> A. (Nods)

Q. What do you mean by that second sentence?

That -- as I have said several times, there were two ongoing investigations being independently carried out into the forensic detail of what happened on the unit and that Lucy shouldn't go back to the unit 10 without them confirming or -- or clarifying that there

was no sort of case to answer. 12 13

If you go to page 194, the last recommendation. As a result of your investigation you

16 "... the elements of the events leading to the suspension which were mediated by SB and RJ warrant 17 further investigation, possibly under the Trust 18

disciplinary policy and under the Trust bullying and 19

20 harassment policy.

21 "The fact that LL has been subject to the ordeal of 22 the last four to five months based on a gut feeling and 23 the subsequent behaviour of SB is not compatible with 24 the Trust values and behaviours."

Do you reflect on that now?

227

I am not interested in increase in deaths, 1

2 Dr Green, and that is not what they are talking about.

We are talking about sudden, unexpected specific babies 3

not expected to deteriorate or die and who didn't 4

respond to resuscitation? 5

> Α. Yes.

Q. So let's remove generalities of an increase in

deaths. That is a general picture. This is not

a general picture. These are babies with parents who 9

10 loved them and lost them, so let's focus on those

11 babies.

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12 Α. Yes

13 Q. So what are you saying: you didn't have any 14 evidence around sudden and unexpected deaths and what

Dr Jayaram had said to you in that grievance interview? 15

Well, at the time if -- if there had been

17 enough evidence to call the police, if it was really

obvious for example that something -- if there had been 18

19 CCTV footage, if there had been evidence that bags had

20 been tampered with, that sort of thing, then that

21 clearly would have led to the arrest of Lucy Letby.

22 You say at page 193, the recommendations, that 23 the grievance should be upheld and Letby given the 24 opportunity to return to the NNU?

Α. Yes.

226

Α. Yes.

2 Q. What would you say now sitting today looking

3 at that?

4 I think -- I think that conclusion was -- was 5 arrived at on the basis of the investigatory interviews,

6 but obviously more and more information has come to

7 light since then. I have had access to information as

8 part of this Inquiry that I didn't have at the time and

also Speak Out Safely was -- I'm not sure how aware 9

I was of -- of it at the time in terms of the basis on 10

which concerns could be raised. 11

12 But at the same time, I don't feel that we --

13 I don't feel the situation was handled correctly by the

14 Trust in terms of they should have called the police

15 from the outset.

16 Q. There's a second version of the report,

17 22 November 2016. If we can go to that, it's

INQ0002879, page 208 is where it starts. 18

I am going to just take you to bits that have been 19

20 added. So your draft goes to, who?

Nobody. Lucy. Lucy Sementa, maybe.

22 Q. Yes, Lucy Sementa.

23 Α. Yes.

21

24 Well, this next version has other bits in it.

So tell me if you are the author of the extra bits or 25

who, okay. So if we look at this next copy, INQ002879,page 221.

We spoke earlier, didn't we, about Speak Out Safely
policy and you said that wasn't as refined and you don't
remember looking at that before.

Look what this section says at 221:

"No party refutes that concerns ..."

8 That middle section paragraph.

A. Yes.

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10 Q. "... were raised by the Consultants in

11 particular SB to the Executive Team around a perceived

12 commonality between LL's presence on the NNU and the

13 collapse/deaths of babies. I acknowledge [that's you as

14 the report writer] that these concerns were raised

15 through the appropriate channels in line with both the

16 Trust's Speak Out Safely policy and the guidance

17 proffered by the GMC through the Executive Team. I do

18 not find that the Consultants' concerns when reiterated

19 to the executive team were clear, honest and objective."

So here we have got a section that includes

21 a policy you told us earlier you hadn't looked at and

22 also GMC guidance and reference to "clear, honest and

23 objective". How did that get added?

24 **A.** This is probably one of the key parts of the

25 document that I look back on now with some regret maybe.

229

1 **A.** I would have done. I'm pretty sure I would 2 have done.

3 Q. You think you would have looked at GMC 4 guidance?

A. Yes. Yes, I don't think I'd include something in a document like that without looking at it at least.

Q. So you either got someone to look it up foryou or -- why did it come at this stage? Why not inyour first draft if that's the case?

A. I -- I honestly can't remember, I'm sorry.

Q. The next page please 224, 0224, paragraph 3:

12 "I conclude that the decision to redeploy Lucy was

13 fundamentally due to the impracticality of

14 supervising..."

If you go further down:

16 "I find on the balance of probability Consultants

17 as a group, and specifically SB, asserted they would

18 call the police if she wasn't removed and this was

19 something the Executive Board wished to avoid. In the

20 interests of both Lucy and the Trust conflicting

21 statements were provided. You both deny that this

22 unwritten threat took place. I have found no evidence

23 to support that this did not occur and furthermore no

24 reasonable explanation for why it would be suggested it

231

25 had not."

1 I -- I can't remember specifically thinking about

this document in terms of what was my thought process,

 $3\,$ $\,$ why did I add it, what drove me to include those

4 comments?

5 Q. Did you write that? Who did the research for

6 that?

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A. I can't remember exactly, but it was either

8 myself or Lucy, but my name's on the document so I'm

9 responsible for it.

Q. You take responsibility for it --

11 **A.** Yes.

12 Q. -- but did you look up the Trust's Speak Out

13 Safely policy and clear, honest and objective from GMC

14 guidance? I notice in the statements to the Inquiry you

15 don't remember writing "clear, honest and objective"?

16 **A**. No.

17 Q. Might it be because it was written and you

18 just adapted or adopted that?

19 A. It -- it may have. I'm not saying it did. It

20 may have been Lucy Sementa's suggestion, but I can't

21 remember.

22 Q. So we should follow that up where this has

23 come from because you are not clear now, are you,

24 sitting there where you -- did you look up the guidance

25 or not? Do you have a memory of that?

230

1 Isn't it the other way round? You have to find

2 that it did happen and they have to say they did say

3 that? Are you saying you didn't believe them that they

4 hadn't threatened that?

A. Yes. Again, I can't remember specifically

6 writing that sentence, but it's mine. I --

Q. I just want to break that down.

When you say "it's mine", you take responsibility

9 for it.

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10 **A.** Yes

11 Q. It's your report, I understand that.

12 **A.** Yes

13 Q. But I'm interested in who holds the pen with

14 you to get you to your report. We all get input and

15 assistance with documents and ultimately we take

16 responsibility for them.

17 So, did you get, apart from Lucy Sementa, any input

18 from anyone?

A. No. No.

20 Q. So it was Lucy Sementa or you?

21 A. I got the impression from the Rule 9 questions

22 that there was concern that perhaps the Executives might

23 have had some involvement in the writing of the report.

24 But I can categorically state that that was not the

25 case.

So it was you. So if we go to page 225, Q. unless you want to comment on that section any more, do you, the findings that you make there?

4 I think it's badly -- I think, I -- I knew 5 what I wanted to say, but I phrased it badly.

> Q. Okay?

Α. Yes

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Q. 225, so we have that. The one that's been added is:

10 "Due to the nature of the unit and its patients it is unfortunately probable that a further death will 11 occur on the unit and that LL may be associated with 12 that event. I consider that it would be prudent to 13 acknowledge this prior to Lucy's return to the unit and 14

to agree an outline plan as to how this might be 15 16 managed."

Again, do you remember writing that? A. Yes.

> Q. Right, and what was the thinking behind that?

20 If, if the external reports found no

21 suggestion of foul play and there was no evidence that

22 any foul play had taken place and Lucy Letby was

23 returned to the unit then, if anything were to happen

unfortunately, if there was another baby death on the 24

25 unit, then the Trust needs to think carefully about how 233

1 I can't remember specifically. But, yes, 2 perhaps in the cold light of day when I read the draft 3 maybe a week later or something I thought that's a bit 4 strong or inappropriate, so...

> Q. So the --

6 A. Lucy might have said -- sorry -- Lucy might 7 have said: I think that's a bit inappropriate, Chris.

8 Lucy Sementa that is, obviously.

9 Yes. We now go to the hearing -- that can go down -- the hearing with Annette Weatherley and it's 10 11 INQ0003155, page 1.

12 A number of comments made you have seen the 13 transcript, Dr Green. Just a couple of questions 14 please.

15 From page 0011 you say at the top fourth box, the fifth box: 16

17 "If the Consultants had called the police it would have been declared a crime scene and LL would have been 18 arrested." 19

20 Annette Weatherley says:

21 "Who said this would happen?"

22 "lan Harvey, that's what he said would have

happened." 23

24 Lucy Sementa says that. And Letby says:

25 "I was happy for the police to come. I had nothing 235

it would manage that situation in terms of the response, 1

in terms of supporting the Consultants' concerns and

Lucy Letby and the effective functioning of the unit 3

4 when there was clearly conflict around the safety of

patients on the unit.

6 The next page, please, 226. This end bit has 7 been toned down considerably from the first draft. In the first draft you said that you thought there should

be an investigation possibly under the Trust's 9

10 disciplinary policy and/or the Trust's bullying and

harassment policy and you made reference to "gut 11

feeling" as we discussed earlier. 12

This conclusion now says:

13 14 "The evidence gathered has raised significant concerns around the behaviours reported to have been 15 16 exhibited by SB and RJ. Further exploration of details 17 surrounding their suggesting accusations regarding Lucy and comments that are reported to have been said was not 18 19 undertaken as it was beyond the scope of this 20 investigation. I recommend that the Trust takes action 21 to explore this in more detail and to investigate if

required in line with the policy." 22 23 Did you change your tone deliberately about "gut feeling" or did Lucy Sementa suggest you might want to 24

think about "gut feeling"?

234

1 to hide."

2 We know from Hayley Cooper's evidence that actually -- sorry, Hayley Griffiths' evidence that that 4 wasn't the position. Lucy Letby wasn't inviting the

5 police or wanting to go to see the police actively.

6 Did you have that discussion with Hayley Cooper or 7 not about whether that was going to be included in the 8 grievance or not the question of the police?

A. I don't -- I don't recall any discussions 9 about the police as part of the grievance process. 10

Q. If we go to page 0015. At the top, the third 11 12 pox.

"I believe that the Exec Team wanted that but 13 14 I don't know about the Consultants. I would like to say

it would be managed." 15

16 Further down Dee Appleton-Cairns says:

17 "Mediation."

18 Annette Weatherley to Letby:

"Do you feel strong enough to discuss this with 19

20 them?"

21 "I want to go back to work, so yes."

Further down. Annette Weatherley: 22

23 "Have apology from senior nurses. Would you like 24 apologies from the Exec Team? We will meet them and get

25 this in writing."

1 Over the next page, page 17. This is the hearing 2 investigator. You have handed your notes, your report 3 at the top of the page:

"Am I right in thinking that you both think that two Consultants have caused this?"

That's Annette Weatherley. Further down, three lines up, you say:

"I was disgusted by their behaviour. It's likely that they lied."

10 I'm not disputing that I said that because it's recorded in the notes. I don't recall saying it, 11 but I am deeply embarrassed that I said that. I really 12 wish I hadn't. That said, I was very frustrated with 13 their behaviour during the investigative interviews. 14

> Q. We have red the transcripts, Dr Green.

16 A. Yes.

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17 Assuming for a moment not everyone shares a sense of frustration when you read that transcript given 18 19 the situation they're in with a Union rep there and what 20 they do actually say --

21 A. No, but --

22 Q. What --

23 A. -- if you were -- if you were the

investigating officer and you were in the room and their 24 25 body language and the tone of some of the answers and

1 found Lucy Letby was not going back on that unit any 2 time soon.

3 Q. You said that depending on the reviews that 4 were produced, didn't you?

> A. Yes.

Q. You said see what the reviews say?

7 A.

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But this is a different question. You get to this point and at the conclusion the absurdity is that 9 it's the Consultants that you are commenting on as being 10 untruthful, not honest and open with you as though that 11

12 was what was ever part of the grievance.

13 How they worked in the grievance with you was not 14 the question for the grievance procedure itself, was it?

Sorry, could you repeat that?

Q. You weren't being asked as part of

Lucy Letby's grievance to say whether the Consultants 17

were honest and open with you --18

19 A.

20 Q. -- in their meetings with you?

21 Α.

22 Q. So what's the point of that finding or

23 observation?

24 As I said, I'm deeply embarrassed that I said that. I think that was an off-the-cuff comment at the 25

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don't forget they are not verbatim transcripts. I was

really frustrated after those meetings because I thought

we are not really getting to the truth of the issue 3 4

here

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5 Did you think as you reflected on this and 6 looking at this hearing, it was absurd the position that 7 you ended up in, this grievance and the outcome that there was going to be mediation between Dr Jayaram, 9 Dr Brearey, a managed return to the unit, while there

10 was the huge task of investigation into the allegations

11 themselves outstanding?

12 I suppose it could be described as absurd, yes. Regardless of the outcome of this grievance 13 process, I was absolutely clear that Lucy Letby was not going back on the unit unless there was compelling 15 16 evidence there was no case to answer.

17 So in that respect it was almost tokenism in some respect, except that you know, that if you look at the 18

19 individual bullet points of Lucy Letby's grievance we

20 did answer some of those in -- well, I think we answered

21 pretty much all of them in a really honest and

22 supportable way, supportable by the evidence. 23

But in some respects it might be described as,

I don't know, I don't know what the right phrase is, 24

maybe window dressing in that whatever the grievance 238

1 end of the meeting borne out of some frustration at the

3 of the hearing.

4 So, you know, had I seen the meeting notes I would 5 have asked for that to be taken out because that wasn't 6 part of the actual, you know, presentation of the

process and not part of the actual evidence, discussion

7 grievance case.

8 Q. Wait a minute. That's where the person who is the decider is having the conversation with you, isn't 9

10 she?

2

11 Δ Yes.

12 Annette Weatherley? Q.

13 Α.

14 Q. So you would have asked to take out something

15 that you said to the decision maker?

Well, in -- in -- in the sense that it was an 16

17 off-the-cuff comment and it wasn't a evidential piece of

discussion sort of thing. 18

Well, the strength of the rest of the evidence 19

20 will be scrutinised I'm sure. But the reality is in

that conversation with her, presumably you were 21

22 presenting your report and your findings. It should

23 have been a formal conversation, not an off-the-cuff

24 question and answer with --

> A. Yes.

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-- something you now regret and would say was wrong. Would you say that was wrong?

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was?

Yes. Yes, absolutely. And, and, you know, it was a difficult and emotive meeting. You know, yes, I -- I really wish I'd said -- and I've reflected on that in my statements to the Inquiry as well.

You say: We answered the questions to the grievance. You were doing the investigation report and it was Annette Weatherley who was supposed to make the findings one way or the other. Is that how you understood it or did you think you were doing it together, the investigator and decision maker were the same. Tell me how you thought the structure of that

A. I thought the structure was that Lucy Letby posed some questions about experience and my job was to gather the evidence and come up with some suggestions as to whether those grievances could be upheld and it was Annette Weatherley's decision whether the argument that I presented was reasonable or not.

21 That can be taken down. The last document Q. 22 from me please, Dr Green, INQ0058624, page 1. 23

The grievance has happened. The review has happened. This is an email from Letby to her colleagues on the NNU:

241

1 to when the police were called.

Oh, it was the -- there was an insulin result, wasn't there, that hadn't been picked up I think that might have triggered the police.

Finally, one of the issues that Professor Dixon-Woods raised was that in an HR process it becomes very focused on the individual --

A. Yes.

9 Q. -- the individual, the employer, the individual backwards and forwards and that within the 10 NHS it can take a long time, there can be defensiveness 11 and it's not effective for patient safety or for child 12

13 safety? 14

Α. No.

15 Reflecting on all of this now, and now with Q. all that you know, what would you say about this 16 17 grievance process in terms of the time it took, the way it was conducted, the conclusions? 18

What do you say about it as a reflection on an HR process in a difficult situation where all of those people in Silver Command knew foul play was suspected even if they didn't have the concrete evidence that you say you wanted to see at that point? What do you say about the process?

25 A. (Pause).

"After a thorough investigation established that 1 all the allegations were unfounded and true I have been fully exonerated. I have received a full apology from 3 4 the Trust. This whole episode has been extremely distressing. I will begin my return to the unit in the 5 6 coming weeks. I will need colleagues to be sensitive 7 and supportive at this time."

So the reviews that you were relying on to examine 8 the conduct and the impact of Letby's care of the babies 9 had come back and this was the conclusion?

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11 (Nods) Α.

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12 It's quite clear those reviews were not tackling the issues of her involvement or the suspicion 13 around her involvement at all. When did you become 14 aware of that? 15 16 Α. I was never informed of the outcome of those

17 reviews. I never got to see the actual documents. They were never tabled to my knowledge at any of the meetings 18 19 I went to.

20 Q. When did you know that the hospital did go to 21 the police?

22 Α. I'm not sure I was ever in possession of that 23 detail of who went to the police and on which date and what triggered that in terms of what changed from where 24 we were at the time of the grievance investigation maybe 242

1 I did what I thought was right at the time in terms 2 of conducting the grievance and the conclusions that 3 I came to, but there are certain things that I wish 4 I had done differently.

I do wish I had probed the -- Ravi, Ravi Jayaram and Steve Brearey around why they weren't sharing their real concerns with me and that was partly because of the trade union reps being very controlling about what was discussed at the meeting in terms of their responses, you know, for example: This is an answer we agreed on or something.

So I think perhaps I should not have been asked to 12 13 do that grievance; perhaps it should have been someone 14 external to the Trust. But I thought I was doing the right thing at that time by focusing solely on the 15 grievance allegation -- the grievance issues raised by 16

17 Lucy Letby. But clearly there was a lot of other stuff 18

going on at the same time in there, but I'm not sure

19 I would have been equipped to deal with that.

20 In terms of the process and why she was removed and what was being said about her, I was fine with that, but 21 22 the other part of it I don't think I was equipped to 23 deal with that.

24 So I think I've said in my statement, you know, if ever this situation arises again there should be some 25

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specialist input to deal with it, not, not a local 1 2 manager who thinks he's doing the right thing.

- And so was your access for support Lucy Sementa in the process and nobody else?
- Α.

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- Q. Sorry, you looked like you wanted to say something else.
- I'm just trying to think if anyone else spoke to me. In terms of day-to-day support and actual input 10 into the process of the documentation, I think Lucy Sementa was the only support that I had. 11

I think people might have asked me how I was doing 13 personally because it was a very stressful and emotive kind of thing to go through.

- Who asked you how you are getting on and how 15 Q. 16 is it?
- 17 A. I think Sue Hodkinson might have asked me that in passing in a meeting. I think Dee Appleton-Cairns 18 19 might have done the same. Maybe my line manager might 20 have asked me how I was doing, seeing how I was doing with the grievance. So just general kind of supportive 21 comments or just checking in that I was doing okay sort 22 23 of thing.

24 MS LANGDALE: Thank you, those are my questions. 25 Mr Baker has some questions.

245

- Well, if I put it this way: your approach to this investigation, this grievance could have begun by you saying, "This is entirely inappropriate, it's not an employment matter. Let's call the police", couldn't it?
- A. It -- it's possible that could have been an approach.
- Well, I mean that was the observation made by Hayley Griffiths in evidence this morning; was that she couldn't see why it was an employment route, why the employment route was being taken, that the police should 10 11 have just been called?
- 12 Yes and I have -- I've said that I agree with Α. 13 that.
- 14 Yes. Now, if you look at paragraph 108 of 15 your witness statement, please.
- 16 A. Yes.
- 17 You say here: I do not hold a particularly Q. strong view about the Consultants or: 18

"I did not hold a particularly strong view about 19 20 the Consultants. I felt there was enough to warrant a mention in the report about their behaviour in the 21 22 context we were dealing with either a serial killer or 23 terminating someone's career."

24 And that's a binary categorisation that you use throughout the witness statement. It's either a serial 25 247

LADY JUSTICE THIRLWALL: Mr Baker. 1

Questions by MR BAKER

3 MR BAKER: Dr Green, I ask questions on behalf of 4 12 or The Families of 12 children. Lucy Letby was convicted of murdering five of those and attacking 5

6 a number of others. Α.

(Nods)

I want to take a step back and begin by saying Q.

how they would perceive this episode; that they would 9

10 say that the grievance process delayed Lucy Letby being

brought to justice, that there was a sense the process 11

was centred around meeting the needs of someone who 12

turned out to be a serial killer and that it became a process that effectively put on trial the people who

were trying to draw that to the attention of the 15

16 appropriate authorities and it nearly led to her being

17 returned to the unit and those people being disciplined 18 or losing their jobs.

19 Now, that is a fair observation for them to have 20 about this, isn't it, on reflection?

21 From -- from The Families' position I can 22 completely understand how they might see it like that.

Did it delay Lucy's arrest? I don't think it did.

I think the arrest was triggered by the discovery of 24

a -- of a blood result.

246

1 killer or we are ending somebody's career.

2 Do you accept that's completely the wrong approach

3 in this scenario? It isn't an approach where the

4 Consultants have to prove that Lucy Letby is a serial

5 killer in order for this grievance process to function?

6 I don't recall suggesting that the Consultants 7 had to prove that Lucy Letby was a serial killer.

But the exercise of a grievance process can 8 never get to the bottom of whether Lucy Letby is 9 a serial killer or not, can it? 10

11 Α. No and it was never intended to

Well, in that case, I think it proceeds on 12 a completely false premise, doesn't it, because the 13

14 correct thing to do is to call the police?

15 Yes. That -- that conversation had been had within the Trust by a number of people on a number of 16 17 occasions and the decision by the Executive Team had been that they weren't going to call the police. 18

19 So I think under employment law or contract, 20 Lucy Letby is allowed to raise a grievance as part of

her working sort of terms and conditions. So that was 21

22 the sort of take I got on it from HR, I think.

23 But the way that's handled is that it's upheld and you recommend at the end of it that the Consultants who blew the whistle should be disciplined?

- 1 A. That's not what I said in my final report.
- 2 I said it warrants further investigation. I didn't say
- 3 they should be.

9

- 4 Q. Well, your original position was that they
- 5 should be disciplined?
 - A. Well, in the draft report, do you mean?
- Q. Your original position you took was that they
- 8 should be disciplined?
 - A. But not the final position.
- 10 Q. Can I also look at some aspects of your
- 11 statement where you deal with points that you make
- 12 against the Consultants within your statement and if you
- 13 could go first of all please to paragraph 89.
- 14 **A.** Yes
- 15 Q. You refer here, and in a very judgmental way,
- 16 to the suggestion that there may be some evidence that
- 17 Stephen Brearey did not like Letby?
- 18 **A.** Yes.
- 19 Q. And you say there is a reference to
- 20 Mel Taylor, that Stephen Brearey was told that Mel
- 21 Taylor was also common to the incidents and
- 22 Stephen Brearey's response is, "But Mel is nice."
- Now, the source of that information was
- 24 Eirian Powell, wasn't it?
- 25 A. Yes.

249

- 1 Yvonne Griffiths and finally Dr Jayaram.
- 2 Do you think you were being influenced by the
- 3 accounts that were being given by the nurses and
- 4 ignoring any other perspective?
 - A. I felt at the time that the evidence given to
- 6 me by the nursing staff was done so in a more open and
- 7 honest spirit than I felt the Consultants gave their
- 8 evidence.

5

- 9 **Q.** But they were giving -- they were advocating
- 10 for Lucy Letby and advocating against the Consultants,
- 11 weren't they, the nursing staff?
- 12 A. Not necessarily. They were perhaps providing
- 13 an alternative explanation for some of the Consultants'
- 14 concerns. That's not necessarily advocating against the
- 15 Consultants.
- 16 Q. Well every -- and you list these as criticisms
- 17 of the Consultants in your witness statement. Every one
- 18 of those criticisms is lifted from a source who is
- 19 a nurse?
- 20 A. I -- I'm not sure I understand why you think
- 21 they are criticisms of the Consultants.
- 22 Q. Because the first set of things going through
- 23 were all points being made against the Consultants. B)
- 24 Steve Brearey said he had concerns but never found any
- 25 evidence. Points here again Lucy Letby being

- Q. The next comment about, "How would everybody
- 2 feel if Lucy Letby went home and killed herself?"
- 3 Steve Brearey's response was, "I don't care." Again
- 4 that was -- the source of that information was
- 5 Eirian Powell?

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- A. Yes.
 - Q. Again the next point:
- 8 "Eirian Powell highlighted that Stephen Brearey
- 9 removed a column containing doctors' names from the
- 10 analysis as stated."
- 11 Source of information: Eirian Powell?
 - A. Yes.
- 13 Q. And d): If Lucy Letby had done something that
- 14 we hadn't been able to see what he feels is happening it
- 15 all seems to be on a gut feeling.
- 16 Yvonne Griffiths?
 - A. Yes.
- 18 Q. And if you go on then to paragraph 175, you
- 19 quote here:
- 20 "... interviews members of staff who were much
- 21 closer to the situation than me gave me a consistent
- 22 story."
- 23 And the quotes are Yvonne Griffiths,
- 24 Yvonne Griffiths, Sue Hodkinson, Sian Williams,
- 25 Yvonne Griffiths, Eirian Powell and then

250

- 1 responsible or there being no evidence and the previous
- 2 sections, comments about Stephen Brearey or
- 3 Ravi Jayaram.
- 4 Again, the source of information were all the
- 5 nurses?
- 6 A. Yes, but I would say that the nurses were more
- 7 forthcoming in giving evidence to the investigative
- 8 process.
- 9 Q. Do you understand why a whistleblower might
- 10 find this grievance process intimidating?
- 11 **A.** Yes.
- 12 Q. Do you understand why, if they are being asked
- 13 to provide evidence, that they might feel that if they
- 14 accuse Lucy Letby of being a serial killer they will
- 15 lose their jobs?
 - A. At the time of the -- of the investigative
- 17 meetings it did not -- it did not cross my mind that if
- 18 they said in those meetings that they had concerns about
- 19 Lucy Letby they would lose their jobs. That was not
- 20 a connection that I made or a conclusion that I came to
- 21 at all.

16

- 22 Q. But part of this grievance was about bullying
- 23 and harassment, part of the complaint, and that bullying
- 24 and harassment related to derogatory comments about
- 25 Lucy Letby being a serial killer.

Can you not understand how if those Consultants had 1 2 done as you had been asking them to do and say: We 3 think she might be a serial killer, that that could have been held against them? 4

Potentially, but if it -- if -- if they had said those things and it had led to Lucy Letby's arrest, then they would have got what they...

This was an adversarial process in effect.

9 They were being accused as part of a grievance process. 10 What they did was they were reflective and circumspect which is an entirely normal response to that sort of 11

pressure, isn't it? 12

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13 Yes. I did not enter into the grievance process with a view this was an adversarial process. Now, the Consultants because of things that had -- must 15 16 have gone on in the background that I wasn't privy to

17 the Consultants may have felt that way, but I wasn't 18 aware of that at the time.

19 Yes. Well, it culminated in you recommending, 20 initially at least, they be disciplined. So it was a fairly adversarial scenario, wasn't it? 21

22 No. I would say that I came to that 23 conclusion because I thought some of the things that had been said in public places were inappropriate and not, 24 not particularly professional in their sort of manner.

253

1 check that the parents were aware of the concerns that 2 were being raised?

3 Again that was -- I didn't feel that was in 4 the scope of my involvement in the grievance process. 5 That was something that the Trust needed to deal with at 6 a much higher level than me, in my view.

But you didn't check?

I didn't check, no.

MR BAKER: Thank you, my Lady. No more questions.

10 MS LANGDALE: My Lady, Mr Kennedy has a couple of questions. 11

12 LADY JUSTICE THIRLWALL: Mr Kennedy.

Questions by MR KENNEDY

MR KENNEDY: My Lady, I am very grateful.

There's just one point where perhaps Dr Green should be offered the opportunity to say more if he

17 wishes to.

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18 LADY JUSTICE THIRLWALL: Certainly.

MR KENNEDY: It was a point in the [draft] 19

20 transcript at page 213, line 2.

Perhaps if I can just read it out and offer him the 21 22 opportunity. If he declines to take it up, then we know 23 where we stand.

24 Dr Green, you gave an answer, and this was in the context of what was said or not said to you by the 25

255

Well, they didn't say anything to you. That was your problem with them. It wasn't that they were saying things that were inappropriate. It was that they 3 4 didn't open up and require or provide a level of commitment you were wanting them to?

6 Yes. I was frustrated that -- I didn't feel 7 after the interviews with the Consultants that they had given me what they really thought and their Union reps were quite controlling in that, I thought. 9

10 Yes. But do you not understand another reason as to why that might be that they felt threatened? 11

12 I do now, but at the time I had not even 13 anything within the Trust to make me think that people couldn't raise concerns. I had not seen any particularly bullying behaviour or behaviour in meetings 15 16 where people were raising issues that, that was 17 intimidating or...

18 Can you not see how being interviewed as part 19 of a grievance process that names you as a source of 20 a grievance might be slightly intimidating?

21 Yes, but they got the same letter as everybody else and there was no -- and that's a standard letter 22 23 the Trust sends out.

24 Okay. Finally, did it occur to you, at any point given what was being said, that somebody should

Consultants.

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3

Α. (Nods)

You gave an answer to this effect:

4 "But the things that the Consultants disclosed in

5 the court proceedings against Lucy Letby ..."

6 And then my learned friend said to you, "Well, you 7 didn't know about that then?" And you said, "No."

8 I just want to offer you the opportunity through my Lady to provide any further detail in relation into 9

point. If as I say, if you decline to take it up then 10

11 we know where we stand.

I'm not sure I understand by what you mean by 12 Α. 13 where I stand.

14 LADY JUSTICE THIRLWALL: Do you want to say 15 anything about it?

16 MR KENNEDY: Well, I'm just affording you the opportunity --17

Α. Right.

19 Forgive me. I am affording you the 20 opportunity to say something if you wish to,

appreciating that of course I act on behalf of the 21

22 Trust.

18

24

23 Α. Yes.

Therefore you and also the Consultants.

25 So I'm just doing this out of fairness to you.

Right. 1 1 A. Α. Nο 2 When I read the BBC report of the retrial of 2 LADY JUSTICE THIRLWALL: No. 3 Lucy Letby and Baby K, when I read what Ravi had said --3 One of the things that was said by Lucy Sementa, 4 LADY JUSTICE THIRLWALL: I think we have heard your 4 I know you were in for part of her evidence but I can't 5 remember at which stage you arrived, but one of the evidence about that 6 A. Yes. 6 things that she expressed frustration about as you have 7 LADY JUSTICE THIRLWALL: Was that what you were 7 was the fact that there wasn't anything more. There was 8 nothing more than they had already given the Executives. referring to? 9 9 A. Yes, in particular. Α. Yes 10 LADY JUSTICE THIRLWALL: Yes. Is there anything 10 LADY JUSTICE THIRLWALL: Was that something that else apart from that? you felt frustrated by? 11 11 No, thank you. Absolutely, yes. 12 12 13 LADY JUSTICE THIRLWALL: I'm not rushing you, but 13 LADY JUSTICE THIRLWALL: Yes. just if there is something else please do say it. 14 14 I -- I think -- I think I'm disappointed that 15 LADY JUSTICE THIRLWALL: So although they had said 15 16 I wasn't able as investigating officer to draw the 16 what they had to say to the Executives, you felt they 17 information from Dr Brearey and Dr Jayaram that was 17 would be able to say more? elicited in court is where I think I stand on that. Yes. Like I -- I'd known Ravi for 10, 18 18 19 MR KENNEDY: Very well. 19 12 years by this point and I felt I had a good working 20 My Lady, I am very grateful. 20 relationship with him and I was kind of disappointed Questions by LADY JUSTICE THIRLWALL 21 that he felt he couldn't trust me to give me the 21 LADY JUSTICE THIRLWALL: Thank you very much, 22 information that maybe he felt he could have done. So 23 Mr Kennedy. 23 I kind of felt a bit frustrated and a bit sad about that 24 But, of course, it wasn't your role to investigate 24 to be honest. 25 that which was elicited in court, was it? 25 LADY JUSTICE THIRLWALL: Yes. Yes, I understand 257 1 that. But again that information was information that 1 her parents. 2 was pertinent to whether or not Lucy Letby had killed 2 Α. Yes. babies or injured babies. LADY JUSTICE THIRLWALL: Was that something that 3 3 4 A. Yes. 4 you were surprised by, had you expected? 5 LADY JUSTICE THIRLWALL: Which wasn't what you were 5 To be honest when -- when Lucy Sementa said 6 investigating? 6 that I had had two calls I was surprised. I don't 7 7 remember the first one. I'm not saying it didn't 8 LADY JUSTICE THIRLWALL: So I suppose there may 8 happen, but I don't -- I didn't really remember them have been perhaps just a mismatch between the things 9 9 until it was -that you were looking at -- I just want to give you 10 LADY JUSTICE THIRLWALL: Did you remember a call? 10 a chance to think about this -- investigate and being 11 Now, that she mentions it --11 frustrated about and actually what you needed to look at LADY JUSTICE THIRLWALL: I think she wasn't sure 12 12 which were the details of the grievance which you did 13 13 there were two. I think she thought there might have 14 also look at 14 been two, but she thought there was one. 15 Yes. Yes, I think that's a fair comment. Now that it's been brought up it does, it does 15 16 LADY JUSTICE THIRLWALL: Thank you. bring back some memories. But so -- so if -- it's not 16 17 Now, can I just turn to something completely 17 the first time that a family member of a member of staff has contacted me. 18 different. 18 LADY JUSTICE THIRLWALL: No, Ms Sementa said that. You mentioned that you had met Lucy Letby's 19 19 20 parents? 20 Yes. And in those situations the line to take 21 I felt was to listen to what that person had to say and Α. Yes 21 22 LADY JUSTICE THIRLWALL: And they had thanked you 22 that's, rightly or wrongly, largely driven out of trying 23 for taking on the grievance or something like that and 23 to be kind to them and listen to their concerns.

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again we heard from Ms Sementa this morning that you had

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had at least one or possibly two telephone calls from

LADY JUSTICE THIRLWALL: Understood.

But then to say that I can't really talk about

1	that member of staff with you, you are not their trade	1	just got a rough note, but I think you said: I thought
2	union rep or work colleague and our policies are very	2	they must have a problem that they need support with in
3	clear around that.	3	respect of their behaviour. And then you did say
4	So I always have a very firm line around, you know,	4	"maybe".
5	trying to be kind and supportive to the person who has,	5	I mean, is that what you would usually think, that
6	obviously has genuine concerns about what they are	6	someone brings a representative along with them because
7	ringing me about, but not disclosing anything that, you	7	they think they've got a problem or just because they
8	know, shouldn't be disclosed to them in terms of process	8	are entitled to bring one?
9	or evidence or anything like that.	9	A. I think in that context, I think they brought
10	LADY JUSTICE THIRLWALL: But you don't have	10	a Union rep because they were concerned about the
11	a particular memory of that conversation, but that's	11	process and the content of that process.
12	what you would have done in usual circumstances?	12	Ordinarily if someone brings a Union rep along,
13	It doesn't matter	13	I don't take a particular view on that. Some staff like
14	A. Yes, I think I do but I don't really remember	14	to bring a Union rep, some staff don't.
15	it and I'm surprised at that because I would have	15	LADY JUSTICE THIRLWALL: But on this occasion, you
16	thought that would be quite an emotive discussion.	16	have just given us the answer
17	So but it was a long time ago and a lot's happened	17	A. Yes, yes, I felt that they were concerned
18	since then.	18	about what was happening.
19	LADY JUSTICE THIRLWALL: Finally, there was one	19	LADY JUSTICE THIRLWALL: Yes.
20	thing which I did want to ask you about. It was in	20	A. Yes.
21	respect of the fact that the doctors came with their	21	LADY JUSTICE THIRLWALL: Yes. Thank you.
22	Union representatives and I appreciate how frustrated	22	Does anybody want to ask anything arising out of
23	you got by the interventions, I do understand that.	23	that? I am not saying anybody should.
24	But it's rather what your view was as to why they	24	MS LANGDALE: No, thank you.
25	had come with their Union representatives and I have 261	25	LADY JUSTICE THIRLWALL: Thank you, Ms Langdale. 262
1	Dr Green, thank you very much indeed. It's been	1	INDEX
1 2	Dr Green, thank you very much indeed. It's been a very long session, it's been very helpful. Thank you	1 2	INDEX
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