

THE THIRLWALL INQUIRY

RULE 9 QUESTIONNAIRE - MIDWIVES

Name: Rachael Wright

Role as per Countess of Chester 2015-2016 Staff List: Midwife

Enclosed documents: Witness statement dated 11 March 2019 (INQ0000043)

Questionnaire

Midwifery career and employment at the Countess of Chester Hospital ("the hospital")

- I began my midwifery training via an access course at West Cheshire College, and then proceeded to the University of Chester in 2009 where I studied Midwifery (BSC, Bachelors of Science). I qualified in 2012. I trained at the Countess of Chester hospital from 2009-2012.
- 2. When I first qualified in 2012 as a midwife at the hospital, I was a band 5, which is the band all midwives start from. I received a six-month temporary contract and then got an interview for another contract after. After approximately a year and a half I got a permanent contract and went up to a band 6. From 2015 to present I have been a Band 6 Midwife working between Labour ward and ward 32 (antenatal and postnatal ward).
- 3. Currently I am a Band 6 Midwife working within the Infant feeding team located on the antenatal/postnatal ward.
- 4. I had no management responsibilities of any kind within the hospital between 2015 and 2016.

The culture and atmosphere on the NNU at the hospital in 2015-2016

- 5. I did not directly work on the NNU. At the time, I was a midwife based on ward 32 (which is the post-natal ward). I worked alongside some NNU nurses if they came onto the ward to discuss or review a patient, or if I went onto the NNU to get an update on a baby's condition for the mum / dad I was looking after.
- 6. As I did not directly work on the NNU, I am unable to comment on the quality of the management, supervision and/or support of midwives who carried out work on/in connection with the NNU between June 2015 and June 2016.
- 7. The relationships between clinicians / midwives and managers at the hospital between June 2015 and June 2016 was poor on the whole. This being separate to the NNU. Staff on labour ward and ward 32 felt unsupported and not listened to for a long time. I cannot comment on these relationships on the NNU as I did not work there.
- 8. As I did not directly work on the NNU, I am unable to comment on the culture on the NNU between June 2015 and June 2016.

Concerns or suspicions

- 9. I was given training on how to report concerns about fellow members of staff during my midwifery training in university and at the start of my career within the mandatory study days that I attend. Any concerns were to be reported with the member of staff (if appropriate), shift leader or manager.
- 10. I did not have any concerns or suspicions about the conduct of Lucy Letby ("Letby") while I worked as a midwife in connection with the NNU.
- 11. I was not aware of any suspicions or concerns of others about the conduct of Letby.

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- 12. I vaguely remember becoming aware that there was an investigation into the increase in the number of deaths on the NNU, but I cannot remember when this was. I remember thinking it was good that it was being investigated, but that it might have been just a general rise in numbers. It never entered my head that it might have been suspicious circumstances regarding a staff member.
- 13. Following the death of a baby at the hospital, normally an informal discussion will take place between staff. This is usually between the shift leader on labour ward and the midwife when providing an update on a particular baby they had looked after on a previous shift.
- 14. I am not aware how deaths on the NNU were investigated. I am not aware that any midwives were involved in any investigation until the police investigations.
- 15. I first heard it being said that Letby was present at the time of unexpected collapses and deaths of babies on the NNU from a national news report on TV. I cannot recall the date, but it was approximately around the time it became public knowledge.

Reflections

- 16. I feel if the babies had been monitored by CCTV the crimes of Letby could have been prevented.
- 17. I believe the Inquiry should make recommendations surrounding CCTV monitoring, to keep babies in NNUs safe from any criminal actions of staff.

Any other matters

- 18. There is no other evidence which I am able to give from my knowledge and experience which is of relevance to the work of the Inquiry.
- 19. I have reviewed my previous statement provided for the police investigation. I consider that this is accurate and I have nothing to amend.

Signed:	Personal Data	
Full Name:	Rachael Wright	
Dated:	04/07/2024	