

Wednesday, 6 November 2024

(10.00 am)

MS LANGDALE: My Lady, may I call Mrs Griffiths and may she be sworn.

LADY JUSTICE THIRLWALL: Take the oath please, Mr Griffiths.

MRS HAYLEY GRIFFITHS (sworn)

Questions by MS LANGDALE

MS LANGDALE: Mrs Griffiths, you have provided a statement to the Inquiry dated 14 June 2024. Do you have that with you?

A. I do, yes.

Q. Can you confirm for us that the contents are true and accurate as far as you are concerned?

A. I can confirm, yes.

Q. I am going to take you through that statement if I may and we are also going to get some documents on screen. If you can't hear me at any point or there is a problem, just let me know although I will likely pick that up.

If we look first of all at your professional background, we see that you qualified as a registered adult nurse in 1997?

A. That's correct.

Q. You worked at a couple of hospitals before

1

research and I think it was over the course of a few weeks I started to read a bit more and I thought it might be something I was interested in, advocating for staff on their behalf and so I applied and did the training possibly six months or so after I first applied.

Q. Was that for the steward role?

A. Yes, that was for the steward role.

Q. That is the one that supports the member of staff, is it?

A. Yes, yes.

Q. And is involved in their rights and their --

A. Yes.

Q. -- concerns and looking at it from that perspective?

A. Yes, that's correct.

Q. In that training, as a matter of interest, did you get any training around where safeguarding of children might fit into that? I am not going to broaden it to patient safety; I am just going to ask you about child protection?

A. I don't think so, no. I don't -- I don't recall -- I mean, obviously it was 12 years or so ago but it doesn't stand out for me, no.

Q. Because on one view we have heard from

3

moving to the Countess of Chester in 1999?

A. Yes.

Q. You worked on the High Dependency Unit until 2014?

A. Yes.

Q. You became an RCN rep in 2012?

A. Yes.

Q. Voted Staff-Side Chair in 2013?

A. Yes, that's correct.

Q. Can you just, before I move to your next job in the Risk and Patient Safety department, tell us about what attracted you to the RCN rep role and a bit more about the Staff-Side Chair, what that role was?

A. Yes. So I think there was event going on in the hospital where all the different trade unions were there and I think somebody had come round to the areas to say, you know, you can go and visit the stalls, the stands in your breaks and that -- and that's what I did and I happened to speak to the RCN on their stand and I think they were just talking to me about possibly becoming a representative. And there is three different types of representative: you can become a steward, a learning representative and a health and safety representative.

So I took the leaflets away and then I did some

2

an expert, Professor Dixon-Woods, who talks about HR processes can become very employee/individual employer issues rather than a broader context perhaps?

A. Yes.

Q. Of where the patients, or in the case we are examining, babies fall within that. Do you think that's fair that there is not much consideration at the outset in that role from your perspective about where children feature and what the competing interests might be and how you have to take that into account?

A. Yes, I think that would be correct, yes.

Q. Is that something you may have reflected on or may not since dealing with this that you can get very partisan in that role and perhaps not think of the broader picture?

A. Yes -- I have reflected a lot obviously, you know, since being given my Rule 9 Request and the evidence and, you know, I think that is safe to say you can, you know, become -- narrow-minded -- not be the right word, but you can become focused.

Q. On your member?

A. Yes, on your member.

Q. Their rights, their position?

A. On your member, yes.

Q. You moved 2014, paragraph 4, into the Risk and

4

1 Safety Team at the hospital. We have heard evidence
 2 from Ruth Millward and others about that?
 3 **A.** Yes.
 4 **Q.** But what's your overview about what a Risk and
 5 Patient Safety Team does; what's it supposed to be
 6 doing, this team?
 7 **A.** So at the time when I applied for the -- for
 8 the role, I didn't know an awful lot about it. I had
 9 seen the role advertised, I had looked at the job
 10 description, it did interest me and at the time the role
 11 was advertised as for three days a week and that had
 12 also interested me because working in intensive care we
 13 were doing a lot of shift work and I didn't always have
 14 a lot of time to do RCN steward work, so by applying for
 15 this job I thought if I was successful, the Trust might
 16 allow me to then do two days' trade union work, which
 17 they did later on.
 18 So when I applied for the job I did speak to
 19 a couple of members the team and, you know, my
 20 understanding from what the roles I was covering is, you
 21 know, it would be looking at incidences and risks and
 22 the Risk Register, managing the day-to-day risk work
 23 that, you know, there could be some investigation work,
 24 but you are there as support to the investigating
 25 officers.

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1 you, the two days --
 2 **A.** Yes, over time, yes, I started to pick up
 3 because I was the only representative in the Trust I was
 4 as far as I could remember. So I started to pick up
 5 more and more work.
 6 **Q.** When you say "pick up work", did members of
 7 staff find you or the RCN allocate you to people; how
 8 did it work?
 9 **A.** Both, to be honest. So you know certainly in
 10 the latter years more members would come to me directly,
 11 you know, I have been in the Trust a long time so a lot
 12 of people --
 13 **Q.** Knew who you were?
 14 **A.** -- knew me now. Obviously at the start most
 15 -- most people would ring what RCN direct and there was
 16 a freephone telephone number that they could ring
 17 between core hours and I think now they can also ask for
 18 advice online. I'm not sure if they could at the time.
 19 So often, you know, a member of staff would ring
 20 the RCN, they will explain the situation, what they
 21 might or might not want support with. Sometimes the RCN
 22 team who have took that call might be able to assist in
 23 the beginning and if -- if it warrants, they refer --
 24 they put the referral through to the region, so in our
 25 my case it would have been the North-West region, and

7

1 And as I say in my statement I think to begin with
 2 I covered pathology and pharmacy and then later on
 3 radiology.
 4 **Q.** In terms of in your area, how are you in that
 5 assessment or risk management taking the load off the
 6 people -- I mean, we have all got day jobs but in their
 7 day job of dealing with clinical care or patients?
 8 Nurses and doctors who are with patients, if they raise
 9 anything with you, where does the responsibility lie for
 10 following through on concerns or you say investigations?
 11 **A.** Well, I would say the responsibility lies with
 12 all of us. I wouldn't have just heard or taken
 13 something and then not acted on it and if any concern
 14 was ever raised to me I would talk to the individuals
 15 involved about, you know, what it is, you know, they
 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
 22 to do with clinical areas because they were more what
 23 they call back office functions, pathology and radiology
 24 and that's whilst they dealt with patients.
 25 **Q.** You moved more into your union work, didn't

6

1 then as far as I am aware, one of the officers who would
 2 have covered Cheshire and Merseyside, that was the patch
 3 we were under.
 4 **Q.** Did you ever end up doing more than two days
 5 a week in that kind of work or ...
 6 **A.** Pardon?
 7 **Q.** Did you -- I know you moved to two days a week
 8 doing your Union work, did you go to increase that over
 9 time as well?
 10 **A.** Yes, I did.
 11 **Q.** What did it go up to eventually?
 12 **A.** It eventually went up to full-time work.
 13 **Q.** Right, full-time. Okay.
 14 **A.** Yes.
 15 **Q.** You chaired the informal Staff-Side quarterly
 16 meetings; what were they?
 17 **A.** Yes. So I was elected the Staff-Side Chair so
 18 the Staff-Side Chair position you can only hold if you
 19 are already an elected trade union representative but it
 20 doesn't have to be a specific trade union. So I was
 21 elected so you are kind of like the spokesperson on
 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

8

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.

13 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.

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

9

1 this is 2017, you are sending it to a Clare Jones, the
 2 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?

5 **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 --

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

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.

11

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?

8 **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)

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."

20 Was that discussed?

21 **A.** No.

22 **Q.** You were somebody who also had a role as
 23 a Speak Out Safely person, didn't you?

24 **A.** That's correct.

25 **Q.** If we go to INQ0098554, page 1, we see there

10

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?

9 **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.
 25 This is one in 2017. We see it's a member of the

12

1 governing body, isn't it, who chairs these.
 2 Non-Executive director Mr Andrew Higgins, you have
 3 Mrs Kelly, Mrs Hodgkinson, yourself and Stephen Cross.
 4 So a high-powered group in terms of the Trust,
 5 isn't it, sitting at those meetings?
 6 **A.** Yes.
 7 **Q.** Representative, you are Staff-Side Chair,
 8 Governor, Director of Corporate and Legal. You know you
 9 are all sitting there discussing these issues. There
 10 appears to be on page 3 at this meeting box 6?
 11 **A.** (Nods)
 12 **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.
 20 **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

13

1 she be expected to know, do you think?
 2 **A.** Well, I would have expected so because I would
 3 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.
 6 So more often than not it appeared Sue Hodgkinson
 7 and Alison Kelly did know about most of the concerns
 8 raised.
 9 **Q.** Who set the agenda for those meetings?
 10 **A.** I think it was -- it alternated between
 11 Sue Hodgkinson and Alison Kelly's personal assistant,
 12 from what I recall either.
 13 **Q.** So you weren't setting those agendas?
 14 **A.** No.
 15 **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.
 21 **Q.** So that can go down, thank you.
 22 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.
 25 You get invited, if we go to INQ0004884, page 1,

15

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
 4 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.
 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.
 15 **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 Hodgkinson.
 22 **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 Hodgkinson was Director of People wasn't she, would

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1 this is a mortality review?
 2 **A.** Yes.
 3 **Q.** If we go to page 3, you know the one, you have
 4 seen it.
 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

16

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

4 **A.** I thought the purpose of the review was what
5 happened. After any death they have a review. That's
6 what I was led to believe that review was, was they
7 would look at the care and other things to do with it.

8 As I say, I don't recall anything, anybody saying
9 anything about suspicions to do with an individual.

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

15 **A.** No, I don't recall that.

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

21 **A.** 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 **Q.** Did you, if you don't recall it, look back at
25 that meeting when you were subsequently dealing with

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

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

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

12 **A.** That's possible.

13 **Q.** What notes did you take?

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

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

21 **A.** Yes.

22 **Q.** Did you know the purpose of you taking the
23 notes?

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

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1 Letby and remember that meeting? You say you don't
2 remember these concerns. But assume for a moment they
3 were being discussed and for whatever reason you are not
4 taking them on board at the time, did you look back and
5 think about that meeting and what it represented?

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

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

11 **A.** I don't know, to be honest.

12 **Q.** No memory? I mean, two babies we have heard
13 evidence from many people, in writing and orally, how
14 shocked to the core they were with those two healthy --
15 two of three Triplets dying in rapid succession
16 unexpectedly. Can you not now remember anything about
17 what you thought that was about? That meeting?

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

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

6 **Q.** 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
9 July how you were asked to attend a meeting with
10 Alison Kelly in your role as the representative and
11 asked, were you, by her to support her; was that the
12 position?

13 **A.** What date was that again, sorry?

14 **Q.** If you go to your statement paragraph 19, so
15 Friday, 15 July, asked to attend a meeting by
16 Alison Kelly in your role as representative?

17 **A.** (Nods) Yes, that's correct.

18 **Q.** You were informed that there were concerns
19 raised about an individual nurse who was working on the
20 neonatal unit?

21 **A.** That's correct.

22 **Q.** So that's 15 July, just a week after the
23 meeting we have just looked at?

24 **A.** Yes.

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

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1 or not, the one that you had been at the week before?
 2 **A.** It could well have done.
 3 **Q.** So you must have realised if they are right,
 4 Letby being mentioned at that point, this was the nurse
 5 that there were concerns about who needed support and
 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 **A.** Yes.
 10 **Q.** Serious, isn't it?
 11 **A.** Yes.
 12 **Q.** You have been asked to support somebody where
 13 there is concerns that babies have died or deteriorated
 14 unexpectedly and she is linked to it for deliberate harm
 15 or otherwise; yes?
 16 **A.** Yes.
 17 **Q.** So I don't suppose before or since you have
 18 ever had a case like that?
 19 **A.** No.
 20 **Q.** You were to subsequently accompany Lucy Letby
 21 in her interview with the Royal College, weren't you?
 22 **A.** 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.
 5 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 **Q.** Shall we go to the notes of it, INQ0014602,
 12 page 1., more for others' reference than yours,
 13 Mrs Griffiths. You were there but this is where we get
 14 page 1. Give people time to scan that and then page 2
 15 and 3. We know, Mrs Griffiths, this interview was
 16 undertaken with Alex Mancini and a Claire MacLaughlan
 17 from the RCPCH. What was the nature and the tone of the
 18 interview? You have just given us a sense of it.
 19 **A.** It seemed inquisitive but not out of the
 20 ordinary. They really just seemed to be asking generic
 21 questions of an individual.
 22 **Q.** Were you at all times with Letby when she was
 23 with the reviewers MacLaughlan and Mancini? You know,
 24 was she ever with them on her own away from you?
 25 **A.** I don't recall that she was, no.

23

1 **A.** So one of the first times I met Lucy Letby was
 2 when Karen Rees came down to our office and she said she
 3 needed to meet with Lucy and would I be able to, you
 4 know, sit in on the meeting? So I did do and it was at
 5 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
 8 different factors and they were going to be interviewing
 9 lots of staff, that it was an external review. I didn't
 10 know any more than that.
 11 **Q.** You say in your statement at paragraph 41 as
 12 you have said now:
 13 "... the purpose was to undertake a review into the
 14 increased mortality rate within the neonatal unit
 15 centred around culture, procedure and staffing levels."
 16 You knew at that time yourself, as you said
 17 earlier, that there were suspicions that Lucy Letby was
 18 involved which isn't to do with staffing levels, it is
 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 **A.** It was uncomfortable and it didn't feel right.
 23 **Q.** Why not?
 24 **A.** Because we had been made aware that an
 25 individual may be, you know, potentially harming babies

22

1 **Q.** So you had gone to accompany her, you stayed
 2 with her?
 3 **A.** Yes.
 4 **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
 9 of time. H -- that is presumably you -- thinks we need
 10 to look at taking out a grievance.
 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
 16 over due to being a common factor".
 17 It is not clear if she is saying, they, the two
 18 members, but it appears to be, had said there may be an
 19 investigation. But she wouldn't have had any time to
 20 speak with them when you were there?
 21 **A.** I don't recall that being said.
 22 **Q.** No, so there was nothing in that?
 23 **A.** I don't, yes.
 24 **Q.** Did you mean -- would you have said that on
 25 leaving that meeting?

24

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?
 7 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.
 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?
 17 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
 25

1 unacceptable high mortality rate and our member's
 2 involvement."
 3 I will let you finish reading that.
 4 So the grievance is launched with this in mind?
 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
 9 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?
 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.

27

1 member.
 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?
 6 A. Sorry, can you repeat that?
 7 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.
 12 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.
 15 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
 26

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?
 10 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 Hodgkinson that they had a duty to investigate Letby.
 15 Did you email that or was that a conversation?
 16 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 Hodgkinson that, you know, they had a duty to
 24 investigate this and, you know, from the RCN point of
 25 view it was, you know, you either need to investigate
 28

1 our member or you need to allow her back on the unit
2 because nothing was happening.
3 You know, this was made into an employment issue
4 and it was never an employment issue and it shouldn't
5 have been.

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

10 **A.** Yes.

11 **Q.** Tell us about that.

12 **A.** So I think we were due to have a weekly
13 meeting that had been set up with Sue Hodgkinson,
14 Alison Kelly, Karen Rees and myself and that for support
15 and I think it was the meeting that was cancelled at
16 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.

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

25 **Q.** What did she have access to when she was in
29

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

2 **Q.** Sure. But that was something you had raised
3 as a concern, didn't you, you were concerned that --
4 perhaps you are saying that with a retrospective lens --
5 that she had access to material that really given the
6 position wasn't potentially appropriate, was it?

7 **A.** Well, it was never appropriate to have put her
8 in our office in the first place.

9 **Q.** Why's that?

10 **A.** I just didn't think it was appropriate, given
11 we were, you know, risk and governance. Everybody was
12 aware that there was an internal review or had been
13 an internal review. There was starting to be the rumour
14 mill everywhere of, you know, what's going on there,
15 is -- is somebody involved, is somebody not.

16 **Q.** Of course when someone is moved, aren't they,
17 from a clinical-facing role, the whole hospital must
18 have been talking about it, mustn't they? It is hard to
19 keep that secret, however hard you try, isn't it?

20 **A.** Yes.

21 **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
31

1 your office in the Risk and Patient Safety team?

2 **A.** So I think in the first instance she moved
3 there was a wider part of the team, we were in the same
4 building but different offices. I think she was in
5 there with the admin support, health and safety, maybe
6 I think somebody from safeguarding was based in that
7 office and I think she did low level concerns and
8 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?

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

23 But I know one of the text messages references her
24 sort of moving desks and she hadn't got access to the
25 S drive and H drive and that. So I would imagine in
30

1 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.

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

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

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

1 therefore I could never be officially representing her
 2 because I didn't have access to her documents or
 3 anything which I would do normally for members.
 4 So anything I -- I sent or needed to be reviewed
 5 I would send up to the RCN to review but obviously we
 6 did have a lot of verbal conversations, but I don't know
 7 that I particularly raised it because I just seen that
 8 I was giving her support.
 9 **Q.** If we look at the question of support, look at
 10 the document on the screen, the bottom paragraph. This
 11 is from Letby in her grievance:
 12 "Eight weeks ago I was made aware that I was going
 13 to review. I agreed to be redeployed. I now feel
 14 completely victimised, feel I am being made a scapegoat
 15 of. I feel completely isolated from my friends and
 16 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
 23 friends are work colleagues. I advise you the purpose
 24 of the redeployment was not to stop the usual social
 25 contact ... be mindful of discussing matters which may

33

1 having contact and wasn't trying to see that she was
 2 isolated, was she; quite the reverse?
 3 **A.** But that wasn't my grievance, I didn't write
 4 the grievance, so that is Lucy's words in the grievance,
 5 not mine.
 6 **Q.** I understand.
 7 Did you understand at the time the level of support
 8 she was getting from a number of people or did you think
 9 there was just a few of you?
 10 **A.** If I am honest I thought there was just a few
 11 of us. I just thought the ones were certainly -- within
 12 the Trust myself, Karen and Kathryn, I thought were --
 13 **Q.** Just the three of you, no other?
 14 **A.** I thought it was just the three of us. I knew
 15 she had contact with her friends on the neonatal unit
 16 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.
 21 **Q.** Right. INQ00027480001, please.
 22 When you send the grievance you copy in
 23 Sir Duncan Nichol?
 24 **A.** (Nods) Yes.
 25 **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
 4 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?
 10 **A.** Yes, I wasn't aware, I wasn't in that meeting,
 11 so I wasn't aware that she had been told she couldn't
 12 have contact.
 13 **Q.** Right.
 14 **A.** And I -- had that been raised with me, had she
 15 said to me when I first met her "I have been told
 16 I can't have contact" I know I would have asked -- said
 17 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.
 20 **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

34

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."
 4 Have you ever before or since copied in the chair
 5 of the governing body to a grievance?
 6 **A.** I have done once. However, that was
 7 a collective Staff-Side trade union grievance so
 8 sometimes that would be the route to go when submitting
 9 a grievance on behalf of all the trade unions. However,
 10 it is -- I accept it is unusual.
 11 **Q.** What did you want him to do, if anything,
 12 about that? Were you just letting him know she was
 13 upset or she had got no other alternative or what?
 14 **A.** I wanted to them to know what an individual
 15 member of staff was going through and how they were
 16 feeling and I wanted them to know that she was still
 17 there.
 18 **Q.** Did you ever --
 19 **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?

36

1 A. I don't think I ever did put it in an email,
 2 no.
 3 Q. Was that because you were acting on behalf of
 4 her by that time? You know, you are doing the best for
 5 her and you thought it was better not to have an
 6 investigation?
 7 A. No. I was supporting her but, as I say, you
 8 know, she had RCN officers representing her. So she
 9 would have needed to have a conversation with them about
 10 that. I -- it wasn't because I didn't think there
 11 needed to be an investigation because clearly there did
 12 need to be an investigation.
 13 Q. You discussed with Lucy Letby about going to
 14 the police and suggesting that she would be prepared to
 15 go to the police but she didn't want that, did she, she
 16 didn't want you to say that?
 17 A. I asked her if she wanted to go to the police
 18 station herself. I said to her she was quite within her
 19 rights to go to the police station herself and make --
 20 make -- you know, inform the police that these
 21 allegations were happening and she didn't want that.
 22 Q. No. Did you make anything of that at the
 23 time?
 24 A. No.
 25 Q. By connecting that she might go to the police

37

1 A. Yes.
 2 Q. Again, was there a reason you felt the need to
 3 email to ask to speak with him?
 4 A. I don't recall it, to be honest, so I can only
 5 surmise that whatever I put in the email I have actually
 6 spoken about as part of my grievance interview.
 7 Q. Yes. So you email him and you get a meeting
 8 with him.
 9 If we go to page 18, you say at the top of there:
 10 "External review people came in told Lucy she would
 11 be interviewed and I attended with her. [that is the
 12 RCPCH] I think that the penny started to drop and that
 13 there was more to it than what she had been told. Both
 14 reviewers expressed their concern following this
 15 regarding her health and well-being. At this point she
 16 was very distressed."
 17 So is that -- who are you referring to there,
 18 expressing concern for her health and well-being?
 19 A. I think the people who had interviewed her.
 20 Q. Pardon?
 21 A. I think the people who had interviewed her.
 22 Q. In the interview when you were both there?
 23 A. Yes.
 24 Q. So they were taking a welfare view for her, as
 25 it were?

39

1 or the police should be involved, you were very sighted
 2 on the fact this needed proper investigation, sudden
 3 unexpected baby deaths and somebody is always there and
 4 suspicion about her and you didn't even know the
 5 material that the police then gathered or indeed some
 6 that the Inquiry has heard about concerns or complaints
 7 about her? But you even then thought the police are
 8 likely to be involved, is that what you thought?
 9 A. I did feel there needed to be an investigation
 10 and, as I say, I raised that with the Trust. But every
 11 week we were meeting with members of the Executive Team
 12 and every week we were being told: we support you, Lucy,
 13 we are behind you, Lucy, the board are behind you, we
 14 are going to get you back on the neonatal unit. So
 15 I wasn't aware of any evidence.
 16 Q. Let's go to INQ00028790017, please, and this
 17 is your interview with Dr Green. While we are calling
 18 that up, you emailed Dr Green and said: look, I have
 19 been involved for a while, I think I need to meet you,
 20 is that right, you asked to be interviewed by him?
 21 A. So I don't recollect that. However, having
 22 seen the evidence obviously --
 23 Q. You have seen the email?
 24 A. -- I accept I have -- I have sent the email.
 25 Q. You emailed him?

38

1 A. Yes.
 2 Q. So that is Mr Mancini and Ms MacLaughlan when
 3 they were interviewing her. Can you remember what they
 4 said expressing that concern?
 5 A. I vaguely recall and I think I have mentioned
 6 it in my statement, I think I had to go back into the
 7 room for something. I don't know whether I had
 8 forgotten my coat, bag, something and they just asked
 9 me. It was, you know, obviously it's not word for word
 10 but, you know, it was along the lines of: is she okay?
 11 Does, does -- does she know what's happening? And I was
 12 like: no, I don't -- because we didn't need to speak
 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 Q. A couple of paragraphs down. LL didn't want
 17 some things in the grievance in regards to the police.
 18 She didn't want to say she was happy to go to the police
 19 or the police should be called, is that the position?
 20 A. Yes.
 21 Q. 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
 24 herself if needs be. That is something you appear to
 25 have discussed with her?

40

1 A. I asked -- yes, I discussed with her if she
 2 wanted to go to the police herself.
 3 Q. 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?
 6 A. Possibly.
 7 Q. Or possibly not. You didn't know?
 8 A. No.
 9 Q. So when you suggested that to her you didn't
 10 give her any reassurance what would happen, you didn't
 11 know, you just said they need to investigate it, why
 12 don't you go?
 13 A. I wouldn't know what was going to happen.
 14 I was just giving her the option of another avenue
 15 because nobody seemed to be doing anything in the
 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
 21 intimated not to see her on Friday pms in case cause
 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?

41

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.
 7 If we go to page 2 and it continues in the tone we
 8 know "hurt and disappointed", et cetera, et cetera.
 9 Who drafted this?
 10 A. Lucy herself.
 11 Q. With input from you, a bit of help from you
 12 and Karen we see various messages about you supporting
 13 or helping or looking at emails, what about this?
 14 A. No, absolutely not.
 15 Q. The next document if we can go to INQ0057494,
 16 page 1. This is in red, the comments that have been
 17 pulled together. As her member were you taking and
 18 getting the statement from the parents?
 19 A. So until I had seen the evidence outline the
 20 other day I hadn't realised I had even seen her parents'
 21 statement because that's not something I would be
 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
 25 no way did I contribute to it or make any comment on it

43

1 A. Yes, I think both Alison Kelly and
 2 Sue Hodgkinson were worried about her welfare once they
 3 started meeting with her.
 4 Q. Karen Rees -- I mean you and Karen Rees and
 5 others do send messages reminding them of the distress
 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
 8 the welfare already?
 9 A. Yes.
 10 Q. Do you think looking back you may have added
 11 to the pressures by referring to her distress as often
 12 as you did in various emails?
 13 A. No, I don't think I did add to the pressure.
 14 Q. Okay. Well, do you think they did feel
 15 pressured about her welfare?
 16 A. Yes, I think they did.
 17 Q. So the more people referred to it do you think
 18 that does add to that pressure?
 19 A. I'm not sure, I don't understand.
 20 Q. 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.
 23 A. Yes.
 24 Q. Attached we have it at INQ00574930001.
 25 When people have had a chance to read that one,

42

1 because that's a personal statement from her parents and
 2 I wasn't ... the RCN weren't supporting or representing
 3 her parents.
 4 Q. 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
 10 Lucy Letby -- she asked, not anyone else at this point,
 11 her -- whether there had been a relationship or any
 12 issues with Dr Jayaram and Dr Brearey and Lucy Letby
 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
 15 no reason whatever to doubt their personal approach to
 16 her. It didn't really feature. Was that your
 17 understanding: that there wasn't anything in fact that
 18 pointed to a personal grudge or pre-existing issues
 19 between either of those doctors and Letby?
 20 A. Yes, there was nothing that I was aware of.
 21 Q. 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?
 25 A. (Nods)

44

1 Q. Yes, there was no sense that any of the nurses
2 aside from this issue had a problem with either of those
3 doctors; is that your understanding?

4 A. That's my understanding, yes.

5 Q. Indeed relationships with Eirian Powell may
6 have been very good until this issue when it really was
7 a very difference of opinion, wasn't it, and she was
8 very supportive of Letby?

9 A. Yes. I mean, I hadn't had anything to do with
10 the neonatal unit or really the staff on there before
11 all of this had happened. So I wouldn't know about the
12 Consultants.

13 Q. You attach INQ0102244, page 3. This is after
14 the grievance conclusions. You send to Alison and Sue
15 a statement that Lucy wishes to be read out and sent out
16 to the nursing team.

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

19 A. No.

20 Q. Did you think it could safely be suggested
21 that the allegations were unfounded and untrue at this
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
25 there was no evidence, that nobody had produced any

45

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

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

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

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

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

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

19 A. I think in hindsight yes. But at the time,
20 you know, in 2017, we had been planning for her return
21 to the neonatal unit and thinking April. So they had
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.

25 Q. Remember where we started in this this morning

47

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

3 Q. If we go over to INQ0058646, page 1. This is
4 Mrs Hodkinson asking you and Lucy would you be able to
5 share with me the final copy of wording if sent out
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 A. So I'm not sure, this is about the email that
11 she was sending out to the staff, the one we have just
12 looked at before. I don't know where that was agreed
13 that Lucy Letby was allowed -- you know, it was agreed
14 that she could write an email out to staff, that wasn't
15 a meeting I was in, whether that was in the grievance
16 meeting or another meeting.

17 And by this point there was another a senior RCN
18 officer who was supporting or representing Lucy. So as
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 Q. Sue was communicating a lot with you in her
23 messages, wasn't she?

24 A. Yes.

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

46

1 about where to babies fit in and responsibilities to
2 patients? When you say that wasn't your business, them
3 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
9 baby you would want your family or friends to have
10 looked after in a hospital, would you at that stage have
11 wanted her to be there pending an investigation?

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

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

20 Q. 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
25 the neonatal life-support course for September, need to

48

1 apply ASAP.

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

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

7 **A.** Yes.

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

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

16 **Q.** Looking back, what do you think about it?

17 **A.** Looking back and on reflection, you know, they
18 should have done -- you know, the Trust Executives
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.

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

49

1 of exchange?

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

12 But there is nothing else I can say.

13 **Q.** And she says at message 174 -- sorry, no, you
14 say sending out, 174 you are saying:

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

17 She says:

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

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?

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

51

1 You also say you were never aware of any evidence
2 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
5 being done by Eirian Powell. Did you become aware of
6 those things?

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

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

16 **Q.** 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

50

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

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

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

13 **A.** (Nods)

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

17 **A.** Yes, I think that is the reality.

18 **Q.** Somebody else who she's met briefly is sending
19 a message of support via Karen on this WhatsApp group;
20 yes, is that fair?

21 **A.** Yes.

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
25 don't really know anything about the details that since

52

1 you have had this evidence pack and if you were
 2 following some of the details of the Inquiry they did
 3 not know about?
 4 **A.** Mm-hm.
 5 **LADY JUSTICE THIRLWALL:** Ms Langdale we still have
 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
 11 a look at those. So that is incoming to you.
 12 **A.** Mmm.
 13 **Q.** "She's been told 100% getting back on to the
 14 unit."
 15 As you said earlier, did you ever doubt that?
 16 **A.** 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 Hodgkinson
 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:

53

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.
 10 So it looks like you were sighted at the time on
 11 what that was about but you can't remember now what she
 12 needed to apologise for?
 13 **A.** No.
 14 **Q.** 695 at the bottom:
 15 "See you next Wednesday when back ... OMG I think
 16 I might cry about the fact that you will be leaving me."
 17 So that means leaving the Risk Department yes?
 18 **A.** Yes. So that was round the time when we were
 19 planning, I think she was due to go back something like
 20 3 April and it was only stopped, or put on hold, shall
 21 I say, I don't think it was stopped, a day, maybe a day
 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

55

1 "I think the email yesterday did the trick. It
 2 will have made them feel guilty and your dad would have
 3 given them what for. So proud of you right now. I will
 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 **A.** 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
 11 investigation. However, she still wasn't back on the
 12 neonatal unit. Nothing, you know, had been happening.
 13 I think this is possibly March, isn't it, you know, this
 14 is probably round the time when, you know, the police
 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 **A.** I don't know, to be honest. You know,
 25 I wasn't, I wasn't in the grievance outcome hearing so

54

1 restrictions on your practice and you preferably want
 2 that in writing before you return properly, if that
 3 makes sense."
 4 No restrictions on your practice. Again, wearing
 5 multiple hats, did that seem a sensible request?
 6 **A.** I think it did seem a sensible request.
 7 **Q.** At this time?
 8 **A.** At the time because I go back to we weren't
 9 being told anything different other than we are going to
 10 get you back on the unit and everything, you know, is
 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
 15 potentially every time somebody raises an allegation
 16 because, as I say, we weren't being told there was any
 17 evidence.
 18 **Q.** 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
 21 back in the same position; she should be able to carry
 22 on?
 23 **A.** No, I didn't mean it like that. What I meant
 24 was, you know, we had been informed concerns had been
 25 raised but that there was no evidence, you know. The

56

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.

8 **Q.** Page 13, message 795 and 796.

9 "Was the meeting okay? [This is from you] Did they
10 say if they are going to discipline SB?

11 "They are having further discussions and will tell
12 me on Tuesday."

13 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.

2 **Q.** -- and knew they could phone you, presumably,
3 if they did?

4 **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?

16 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

59

1 Safely, if that was logged under Speak Out Safely then
2 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 --

11 **LADY JUSTICE THIRLWALL:** Colm Byrne, is it?

12 **A.** Yes.

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 ..."

17 **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

60

1 concerns and compliments.

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

4 So I had a conversation with Julie Fogarty who was
5 the Associate Director of Risk and Safety at the time
6 and I will have put it in an email. That in itself
7 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
11 they are being challenged -- challenged enough or it's
12 a little bit too quiet for them.

13 So I asked I think if she could do some risk --
14 risk work and then obviously you can see from the text
15 messages she did indeed do some risk work. The only
16 risk work I know she did is what she's put in the text
17 messages to me because I kept that very -- tried to keep
18 it very separate because whilst I was in the office or
19 my base was in the office I often was in and out at
20 meetings which was the nature of my other role is
21 I could be gone from 9 through to 5 at meetings.

22 **Q.** Page 29, please. Message 2597. She's
23 quizzing you about what people know about your
24 situation. This is in August 2017.

25 "Ruth told everyone I was removed and that I am not
61

1 for?

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

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

4 **A.** Yes, I know Karen Rees I think retired around
5 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?

9 **A.** -- could have been something like that.

10 **Q.** Yes, was it linked in to having a meal
11 somewhere with her retirement or not?

12 **A.** It might have been.

13 **Q.** Finally 5259, which is on page 39. It looks
14 as though at 5259 she is referring to the safeguarding
15 referral, she understands now there is going to be
16 a safeguarding referral, asking you about whether it
17 will stay on her record at 5261.

18 If you go please to 5269, 5273. That is you saying
19 you will check the website.

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

1 to have anything to do with Women's and Children's which
2 I've never heard?"

3 Your response, message 2958:

4 "I don't think that is quite true, people have been
5 redeployed at the same time we were conducting an
6 internal review."

7 You said before people were discussing it. It was
8 more than internal review; there were discussions across
9 the hospital about suspicion, wasn't there, we heard
10 Dr Lambie talk about it as early as 2005, nurses
11 thinking who was present; people were suspicious and she
12 had been linked to the suspicions widely, hadn't she?

13 **A.** I think there was suspicions and people talked
14 about it once she came into our office in 2016. Before
15 then I had never heard anything, I had never had
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
18 discussed in the office? Quite possibly.

19 **Q.** 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
62

1 So she is worried about safeguarding and asking you
2 to provide support, help, knowledge of the system, what
3 it means?

4 **A.** (Nods) So it had been mentioned in the weekly
5 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
10 I said I would find out and I think Lucy was just asking
11 did I know -- are you able to see the referrals and
12 that's not something I would have known.

13 **Q.** The referral was made in fact on 27 March 2018
14 but you didn't see it, did you, or not?

15 **A.** No, no.

16 **Q.** And finally the last message, please, page 43.
17 Message 6250. You had been to the mortality review of
18 those two boys, O and P, what did you make of that text?

19 **A.** I don't think I did make anything of it. I --
20 I probably -- I don't know, I would just be surmising
21 that maybe she was just thinking about the Families and
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.
64

1 **LADY JUSTICE THIRLWALL:** Thank you, Ms Langdale.

2 Mr Sharghy.

3 Questions by MR SHARGHY

4 **MR SHARGHY:** Mrs Griffiths, I ask questions

5 predominantly on behalf of the Family of Child I but

6 I also ask questions on behalf of additional Families of

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

8 You were asked by Counsel to the Inquiry a number

9 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 Hodgkinson about

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

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

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

15 concerns of deliberate harm and indeed one of the

16 participants at that meeting mentioning Lucy Letby's

17 name; is that correct?

18 **A.** That's correct.

19 **Q.** But by 15 July, this is the meeting with

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

21 there had been concerns that had been formally raised,

22 they must have surely told you at least the broad

23 outlines of the nature of those concerns?

24 **A.** From what I recall in the meeting, they were

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

65

1 deal with this at paragraph 43 of your witness

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

3 paragraph?

4 **A.** Yes, I have got it, yes.

5 **Q.** 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

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

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

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

11 least by this meeting you were aware of the serious

12 concerns of deliberate harm and the connection to

13 Lucy Letby?

14 **A.** Yes.

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

16 you become familiar with those allegations?

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

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

19 Karen Rees. I probably would have had a conversation

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

21 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 **Q.** Were you having separate conversations with

25 members of staff regarding these concerns and then

67

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

2 who may come to you for support.

3 I don't think there was anything more than that

4 from what I can recall.

5 **Q.** 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

8 of the discussion?

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

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

11 investigation into somebody for harming babies but

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

13 **Q.** Your next substantive involvement was when you

14 accompanied Lucy Letby to her RCPCH interview on

15 1 September?

16 **A.** 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

21 regarding serious harm, or indeed any connection with

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

23 interviewers asked; is that correct?

24 **A.** That's correct.

25 **Q.** So how did the conversation come about and you

68

1 separate conversations with Lucy Letby regarding these

2 conversations?

3 **A.** 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.

7 **Q.** Lucy Letby's reaction at this meeting, when no

8 issues around concerns of serious harm or indeed any

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

10 and to leave the room and you followed shortly

11 thereafter?

12 **A.** Yes.

13 **Q.** When you then decide that you need to have

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

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

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

17 discussion that I suspect went something along the lines

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

19 **A.** (Nods)

20 **Q.** Multiple occasions of harm being caused

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

22 terms of how frankly you spoke with her?

23 **A.** I do believe I was quite frank to her.

24 **Q.** Her reaction was to calmly stand up, say she

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

68

1 her phone?

2 **A.** (Nods)

3 **Q.** Do I take and understand by that that she
4 didn't seem surprised that those serious allegations are
5 being made, she didn't burst out crying, did she?

6 **A.** No.

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

11 **A.** She never said anything to me.

12 **Q.** How strange was that to you as a reaction
13 given that the week before, when no such discussions are
14 had, she became so upset?

15 **A.** I -- I thought it was a little strange and
16 I put that in my statement but everybody deals with
17 things differently and maybe I might have viewed as to
18 how I would be if somebody said that to me. I don't
19 know. I did think it was strange at the time but ...

20 **Q.** Again I am not going to go through the
21 messages that you have been taken to already. But it
22 seems from the totality of those messages, that you
23 became extremely close to Lucy Letby; is that fair?

24 **A.** That's correct.

25 **Q.** You became so close that it actually clouded

69

1 friends.

2 **Q.** Okay. Given the severity of the allegations
3 that were made, and would you agree that they are
4 possibly the most serious allegations that anybody could
5 make against a healthcare professional?

6 **A.** Yes, absolutely.

7 **Q.** Were you making light of those allegations
8 when you were referring to "potentially committing
9 a crime"?

10 **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?

14 **A.** I know. And as I have said before, I'm --
15 I am so remorseful. I've seen -- as soon as I seen them
16 myself, I was, I was upset and I can't begin to imagine
17 and I can only apologise and say I've learnt. I can't
18 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.

21 Mrs Griffiths, this is an email that you sent to
22 Alison Kelly and others on the Executive Board on
23 23 November of 2016 and it's essentially raising
24 a concern, and probably even a complaint, that
25 Dr Brearey had already seen a copy of the RCPCH report.

71

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

4 **A.** No, I don't believe that that's correct,
5 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
7 representative. I can see how it looks but I never had
8 access to her case and she had two other officers that
9 were representing her at more formal meetings like the
10 grievance meeting and that it was probably because more
11 I was a local rep however I accept I became close to
12 her. The girl was put in my office, she had more access
13 to me than any other member would and quite a lot of us
14 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

70

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

3 "On behalf of my member we would like to know why
4 this is happening as we were given assurances not
5 two weeks ago that a confidential meeting would take
6 place with the Medical Director and key people regarding
7 the draft report and that it would be kept confidential
8 until the report [I think it should say 'was'] finalised
9 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 --

13 **Q.** Just to help you if it does, the people who
14 you 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
17 Sue Hodgkinson, who was head of HR on the Executive
18 Committee.

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

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

25 I can't recall any other meeting taking place where

72

1 others might have been present then. She hadn't had
2 a grievance meeting or anything, so that's what I would
3 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?

6 **A.** Of the weekly meetings?

7 **Q.** Yes.

8 **A.** Yes. Sue Hodgkinson 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?

73

1 May I just ask you one question. You were asked
2 some questions by Counsel to the Inquiry about your
3 interview with Dr Green.

4 **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:

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.

75

1 **A.** I think from what I recall, it probably was
2 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.

23 Questions by LADY JUSTICE THIRLWALL

24 **LADY JUSTICE THIRLWALL:** Okay, thank you very much,
25 Mr Sharghy.

74

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.

19 **LADY JUSTICE THIRLWALL:** Thank you for coming.
20 We will start again at 5 past 12.

21 (11.49 am)

(A short break)

23 (12.05 pm)

24 **LADY JUSTICE THIRLWALL:** Mr Bershadski.

25 **MR BERSHADSKI:** Yes, thank you, my Lady. I think

76

1 Ms Sementa is our next witness.

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

4 MS LUCY SEMENTA (sworn)

5 Questions by MR BERSHADSKI

6 **LADY JUSTICE THIRLWALL:** Do sit down.

7 **MR BERSHADSKI:** Could you confirm your name for the
8 Inquiry, please?

9 **A.** Yes, it is Lucy Jane Sementa.

10 **Q.** Thank you Ms Sementa, I think you have made
11 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?

14 **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.

21 **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

77

1 the grievance policy, disciplinary and Speak Out Safely
2 policy?

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

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

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

18 **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?

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

79

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.

8 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.

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?

24 **A.** (Nods)

25 **Q.** How familiar were you with policies such as

78

1 from that perspective some of it was not that unusual.
2 Obviously the nature of those concerns was very unusual,
3 not something I have thankfully come across before or
4 since.

5 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?

14 **A.** Yes.

15 **Q.** So what did you know about the problem of
16 a 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.

21 So it wasn't until we sat down with the people that
22 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

80

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

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

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

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

22 **Q.** Were you involved in the task of reviewing
23 personal files for that Silver Control exercise?

24 **A.** No.

25 **Q.** Did you see Dee Appleton-Cairns undertaking
81

1 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
6 -- when I sent that feedback back.

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

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

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

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
83

1 that task --

2 **A.** No.

3 **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?

8 **A.** Yes.

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

13 **A.** It's difficult to be precise now. I can tell
14 you my usual practice and I see no reason to recall that
15 my usual practice wasn't applied in this case and my
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
21 that varied case to case. And then as each interview
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.
82

1 order.

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

4 **A.** 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
9 forward my thoughts about why I feel they should be
10 included.

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

14 **A.** That's correct.

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

20 **A.** That's correct, yes.

21 **Q.** 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?

24 **A.** (Nods)

25 **Q.** Can you just give us a little bit more detail
84

1 about that, how many times do you think they spoke to
2 him and what was the purpose of those conversations?

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

14 I may be wrong but that's my recollection.

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

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

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

85

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

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

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

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

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

24 **A.** I don't know that I see it as any different to
25 sitting in a room with a person that's distressed, which

87

1 **A.** I didn't have any concerns about what
2 Chris Green may have said because I have always found
3 him ethically unquestionable. I didn't have any
4 concerns that he would have disclosed any information
5 that was inappropriate or related to that case. I took
6 from that from what he said to me that he had listened
7 to their concerns and their distress at what was
8 happening.

9 But I don't recall feeling that he had given any
10 information to them. So it probably wasn't appropriate
11 that they called him, but I think I struggle to see
12 necessarily what else he might have done in that
13 situation. You know, when somebody calls you to speak
14 to you, it used to happen to me in my role all the time.
15 Somebody would call and they would want to share with
16 you how they were feeling, particularly if they were
17 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

86

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

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

13 **A.** That's correct.

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

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

88

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?
 4 A. Can you repeat the question, please?
 5 Q. What was it that motivated you to make sure
 6 that you didn't ask any questions about the underlying
 7 allegations?
 8 A. Probably professional etiquette, I think, in
 9 terms of making sure that we are following the policy
 10 that's related to the matter in hand and that was the
 11 grievance process we were looking into, why she had been
 12 redeployed from her role and not into what might have
 13 happened from a clinical perspective.
 14 I think if -- if there had been clinical questions
 15 to ask, Chris Green would not have been the right person
 16 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.
 24 Q. -- is that right?
 25 A. That's correct.

89

1 Consultants, if there had been more information imparted
 2 than there was, if I had felt that there was anything
 3 there that hadn't already been looked at that should be
 4 looked at under a different process then I would have
 5 done.
 6 Q. Okay. Well, I am going to ask you some
 7 questions about the Consultants and in particular their
 8 interviews. But before I do that, can I just ask you to
 9 look at some of the correspondence that went with the
 10 Consultants before they actually came on to have their
 11 grievance interviews. If we could please have up
 12 INQ0068308. Thank you.
 13 Now, this is an email -- if we look at the bottom,
 14 it is an email from Ravi Jayaram who is obviously one of
 15 the two Consultants that you spoke to as part of the
 16 grievance process?
 17 A. (Nods)
 18 Q. He asks you if you would be able to give an
 19 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 ..."
 23 And that is a reference to Chris Green, I assume
 24 who's copied in?
 25 A. (Nods)

91

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?
 12 A. To a point. It is difficult though because,
 13 as you pointed out earlier, the reason for the
 14 redeployment is related to those allegations. So there
 15 was always going to be a bit of a crossover, I suppose
 16 for me it was about limiting that crossover as far as it
 17 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?
 23 A. I didn't but I think I might have done if when
 24 we had met with the Consultants particularly or any of
 25 the witnesses that we met but specifically the

90

1 Q. "... 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."
 10 Then you have got a sentence below that saying:
 11 "I must emphasise that at this stage you have been
 12 invited as a witness who may have some pertinent
 13 information and you are not being investigated
 14 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?
 19 A. I think if I was going to include that
 20 sentence I would probably always include the phrase at
 21 this stage because I suppose with any case you never
 22 know what's going to happen because he haven't met with
 23 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

92

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

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

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

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

93

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

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

9 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.** Yes.

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

18 **A.** In terms of figures?

19 **Q.** Yes.

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

21 **Q.** Well, did you consider questioning
22 Ravi Jayaram about how much of a rise in mortality there
23 had been?

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

95

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

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
9 unreasonable if I had concluded at that point it was
10 possible that that might happen at the end of that
11 process but you never know what's going to happen until
12 you have met with everybody that's relevant to a case.

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

17 **A.** (Nods)

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

94

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

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

4 **Q.** 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?

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

12 **Q.** 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
15 babies that one would have predicted to die?

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

22 **Q.** 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?

25 **A.** Yes.

96

1 Q. And did you speak to Stephen Brearey after you
2 spoke to Ravi Jayaram? I know they were both
3 interviewed on 11 November.

4 A. They were the same date, I think so.

5 Q. Yes, okay. Well, let's go if we can go
6 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.

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

97

1 we had interviewed, they had given a different
2 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
7 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?

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,

99

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?

13 A. Yes.

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.

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
25 and when we had met with some of the other people that

98

1 I think they talked generally about those concerns.
2 They weren't forthcoming about saying that they
3 individually held those concerns.

4 Q. Well, Stephen Brearey was asked about whether
5 he thought there was deliberate harm by Letby and he was
6 saying that it's not for him to say; is that right?

7 A. Correct.

8 Q. He told you in the interview that he wasn't
9 a forensic scientist or investigator; is that right?

10 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.

19 Q. Yes.

20 A. That is how I took that information at the
21 time.

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

25 A. Yes.

100

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

5 **A.** Yes. I think what's difficult about
6 interpreting those policies and I think the concern is
7 not quantified.

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

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

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

101

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

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

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

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

21 But I think you need to have something to go on and
22 I don't -- I don't feel that at that point in time that
23 was necessarily there because -- and I absolutely take
24 your point about what you are saying about there was,
25 you know, a spike and then it changed when she came off

103

1 Letby was taken off night shifts.

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

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

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

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

102

1 nights but we had been told that other things were also
2 in place, that the rest of the nursing staff were
3 reviewing their competencies, you know, there were other
4 things happening at the same time that might have
5 accounted for that.

6 **Q.** You say in your statement that you thought the
7 Consultants should have called the police.
8 Paragraph 40.

9 **A.** (Nods)

10 **Q.** Did you ask them why they didn't call the
11 police?

12 **A.** 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
15 than they gave. I think potentially that would have
16 been a question that we were planning to ask and that is
17 not where it went because neither of them said that they
18 had those specific concerns about that specific person.

19 **Q.** If you thought that the Consultants should
20 have called the police, then why didn't you recommend
21 that the police be called yourself?

22 **A.** Sorry, can you repeat the question?

23 **Q.** If you thought that the Consultants should
24 have called the police, why didn't you recommend that
25 somebody call the police or call them yourself?

104

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

7 **Q.** You say in your statement that you thought
8 that Ravi Jayaram and Stephen Brearey held a genuine
9 belief that Letby had harmed babies but that no party
10 was able to provide evidence. Did you think that you
11 needed hard evidence in order to call the police or make
12 a safeguarding referral?

13 **A.** No, but again I think that's my reflection of
14 looking at it now. I think that's what I was asked
15 about, whether now do I think they held that belief
16 generally, yes, I do.

17 **Q.** Well, are you saying that at the time you
18 didn't think that they had a genuine belief?

19 **A.** I don't know now. It's -- it's difficult to
20 say. Before we met with them I think I was expecting
21 that that is what they would present and it's not what
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.

105

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.

7 **Q.** Was there anything in their interviews that
8 suggested that they had some ulterior motive for not
9 wanting to work with Letby?

10 **A.** Only that they didn't -- in my view, they
11 weren't open about -- about the reasons that I now
12 believe they genuinely held. That did not come across
13 to me at that point in time at all from either of them.

14 **Q.** Right. There was a part of Stephen Brearey's
15 interview where you say that there was in effect a tense
16 conversation between him and Dr Green about
17 a prescribing error that had occurred with one of the
18 babies; is that right?

19 **A.** That's correct.

20 **Q.** Was that the first time that you were aware
21 that Chris Green had had some involvement with the
22 events surrounding one of the babies?

23 **A.** Yes.

24 **Q.** What did you think about the appropriateness
25 of Chris Green hearing a grievance when there had been

107

1 **Q.** Was there anything in your interviews with
2 them that caused you to think that they didn't have
3 a genuine belief that Letby had harmed babies?

4 **A.** Yes, because they didn't -- they didn't say
5 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
8 have done -- we have made the following steps,
9 I absolutely would have seen that. But they didn't.

10 **Q.** Well, you knew that they had raised their
11 concerns with Executives at the Trust; is that right?

12 **A.** That's correct.

13 **Q.** You knew as part of the grievance that they
14 had insisted that Letby be removed from the unit; is
15 that right?

16 **A.** That's correct.

17 **Q.** Part of the issues that you were considering
18 within the grievance was whether in fact they threatened
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

106

1 that interaction between him and Stephen Brearey, in
2 relation to one of the cases?

3 **A.** 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
9 present it and offer some conclusions but it's always
10 for the hearing chair to decide whether or not to accept
11 those conclusions, to decide something else.

12 **Q.** 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
18 different people as -- as part of the course of their
19 role, so I don't think it's that unusual from that
20 perspective. I don't think it had any bearing on the
21 questions that he asked, the information that he
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

108

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

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

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

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

17 **A.** So once the report was drafted, I believe it
18 came to me, which would be usual for me to look it over,
19 provide a second pair of eyes, to pass comment on
20 anything that might not be clear, necessarily, anything
21 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.

25 I would usually comment on that in track changes

109

1 about that section underneath the bullet points, which
2 reads:

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

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

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

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

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

111

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

8 Would you have been sent that by Chris Green?

9 **A.** Yes.

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

13 **A.** I wouldn't have thought so. So I would --
14 I might make recommendations about changes, I might have
15 changed it in track changes and sent it back. But then
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.

22 **Q.** 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.

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

110

1 role is to speak to the investigating manager and to
2 help them articulate in their report their feelings,
3 findings and conclusions, and I think that that sentence
4 reflected Chris' findings and conclusions.

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

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

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

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

22 **A.** (Nods)

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

25 **A.** I think because of what I have already said;

112

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

4 So the review of competencies I think by the
5 nursing team, we had been told by other members of the
6 nursing team that the document that had been produced,
7 the table if you like, in which different staff were
8 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.

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

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

20 **A.** No.

21 **Q.** 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?

25 **A.** I think they were asked reasonable questions
113

1 honest and objective either?

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

5 Does that answer your question?

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

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

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

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

16 **A.** I suppose the two points align to some degree.

17 When we spoke with the Executive Team they didn't,
18 I suppose, relay to us that there had been specific
19 evidence or support for what had been said; only that --
20 the commonality at the time. That didn't, to me
21 personally, feel objective and there had been other
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
25 somebody had mentioned that I think Stephen Brearey had
115

1 in the grievance interviews and they gave the
2 information that they gave. They didn't give other
3 information that I think they could have given.
4 You know, there was a lot of reference to private
5 conversations, never officially discussed, you know,
6 there was very much an undertone there that those
7 conversations had taken place and they weren't prepared
8 to share them in that setting, and the report is
9 a pulling together of all of the information that's
10 available.

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

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

15 **MR BERSHADSKI:** Certainly.

16 **LADY JUSTICE THIRLWALL:** -- before we break.

17 The highlighted part of the document on page 14:

18 "I do not find that the Consultants' concerns when
19 reiterated to the Executive Team were clear, honest and
20 objective."

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

23 **A.** Yes.

24 **LADY JUSTICE THIRLWALL:** But you also say, I think,
25 that when they were talking to you, they weren't clear,
114

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?

5 **A.** Pardon?

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

8 **A.** I don't think we asked Stephen Brearey about
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)

(The luncheon adjournment)

17 (1.45 pm)

18 **MR BERSHADSKI:** Ms Sementa, before we go back to
19 the report, I just wanted to pick up one of the topics
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
25 independence within the process. Is that a fair summary
116

1 of your views?

2 **A.** Yes.

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

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

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

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

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

117

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

4 **A.** Sorry, can you repeat the question?

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

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

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

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

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

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

119

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

3 **A.** Not unless she asked for it, no.

4 **Q.** No. So if it was Chris Green rather than
5 Annette Weatherley who was going to be making direct
6 comment on Stephen Brearey's credibility, wasn't it
7 particularly essential that it was Chris Green who was
8 independent and wasn't clouded by any professional
9 disagreement that he may have had with Stephen Brearey?

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

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

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

118

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

3 **Q.** Okay. So it reads that: During the course of
4 this investigation I have not been made aware, nor has
5 there been any allusion to, any evidence relating to any
6 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
9 process not to have strayed into making any findings
10 about the underlying allegations against Lucy Letby
11 because that wasn't what you were investigating; is that
12 correct?

13 **A.** That's correct.

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

17 **A.** That's correct.

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

23 **A.** No. I think she asked a question and Chris
24 has provided a response but I think he's clear there
25 that he's talking about during the course of the

120

1 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.

5 **Q.** Well, there was a danger, wasn't there, of
6 including a finding that there's been no allusion to any
7 evidence relating to any alleged wrongdoing by
8 Lucy Letby, that that would then give the impression
9 that that was the view of the investigating officer,
10 that there's not been any evidence relating to any
11 alleged wrongdoing by Lucy Letby?

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

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

23 **A.** (Nods)

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

121

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

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

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

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

123

1 Lucy Letby?

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

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

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

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

12 **A.** No.

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

15 **A.** No.

16 **Q.** Do you think on reflection looking back on it,
17 that it was an omission on your part and his part not to
18 include the matters that you were deeply concerned about
19 from Ravi Jayaram and Stephen Brearey when coming to
20 these findings in your report?

21 **A.** 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
24 from -- from that as well. But that information was
25 there, all of those appendices were included. There was

122

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

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

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

17 **A.** No. But I think that when we met with
18 Ravi Jayaram and Stephen Brearey, and we've looked at
19 those documents again today, I don't think at the time
20 it was as clear as it appears today; that when they were
21 talking about the fact that there was this -- the
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 **Q.** Well, you say in your statement that you were

124

1 deeply concerned about the points raised by
2 Ravi Jayaram. Presumably you mean that you were deeply
3 concerned at the time?

4 **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.

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?

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.

125

1 the room and listen to the information and it's
2 presented on the day.

3 And I think again this was not an investigation
4 into anything that might have happened clinically. It
5 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.

10 If she didn't feel prepared to do that because she
11 hadn'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?

6 **A.** Yes.

7 **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.

12 **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?

18 **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?

23 **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

126

1 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 --

5 **A.** No.

6 **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

128

1 more concrete, so a witness or some documentation, that
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.

5 **Q.** How were you in a position to evaluate what
6 you would expect to see by way of evidence of a nurse
7 murdering babies?

8 **A.** I wasn't in a position. But I think that's
9 what I was talking about before when we were talking
10 about the Consultants, that is not the information that
11 they presented to us.

12 **Q.** Did you at any point during this hearing,
13 bring up all of the matters that Ravi Jayaram and
14 Stephen Brearey had said to you that you say you were
15 deeply concerned about?

16 **A.** No.

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.

25 **Q.** So it's not as if you felt that you weren't
129

1 buried away in an annex to the report?

2 **A.** I don't --

3 **Q.** Why not communicate them?

4 **A.** 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
10 a commonality, which are the -- is the information that
11 was given to us by all of the witnesses.

12 **Q.** Do you think, on reflection, that you should
13 have raised the matters that had deeply concerned you at
14 the grievance hearing?

15 **A.** I think the report would have benefited from
16 having reflected that more thoroughly. I don't know
17 that it was my place to raise that at the hearing.

18 **Q.** I have got just one final topic, please --
19 that can come down off the screen now, thank you -- for
20 you.

21 I just want to pick up on something that you say in
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
25 reputations of the Trust and Lucy Letby and with the
131

1 able to say what you thought in the hearing; is that
2 right?

3 **A.** If I was asked, I would have said so.

4 **Q.** Well, there was clearly a discussion at this
5 hearing of the evidence of wrongdoing by Lucy Letby?

6 **A.** (Nods)

7 **Q.** So there was an opportunity for you to say:
8 Well, these are all the very concerning matters that
9 were relayed to us ...

10 So why didn't you do that?

11 **A.** Because I didn't disagree with the report.

12 That isn't what I'm saying. You were asking me whether
13 or not I was concerned about the fact there was a rise
14 in deaths on that unit and the answer to that is
15 absolutely, yes.

16 Then, was I concerned about the fact that some
17 people thought there was a correlation between those
18 deaths and a member of staff? Yes, I am concerned about
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 **Q.** 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
25 weren't set out in the report itself, that they were
130

1 feelings of the families of the babies who had sadly
2 died against taking any action that might not have been
3 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?

9 **A.** No. I think what I'm trying to explain there
10 is that that's how I think the Executive Board presented
11 to us that that's what they were doing.

12 **Q.** Well, do you think that that was a correct
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?

16 **A.** I think all those things needed consideration.

17 **Q.** Well, I am going to suggest to you that it is
18 completely wrong and contrary to all the safeguarding
19 aspects or policies to balance the reputations of the
20 Trust and a possible killer, against the need to call
21 the police; that would go completely contrary to all the
22 guidance within your own HR policies. If there is
23 a risk, the police should be called, notwithstanding the
24 effect it may have on the reputation of the Trust or the
25 potential murderer; would you agree with that?
132

1 **A.** I would agree with that. Perhaps I have not
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
5 were talking to us they did not feel with all the
6 information that they had available that there was
7 grounds to believe that Lucy Letby had done those
8 things.

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

8 **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?

13 **A.** That's correct.

14 **Q.** Along with another number of memberships of
15 various professional associations?

16 **A.** Yes.

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.

21 **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
135

1 questions, my Lady. I don't think there are any further
2 questions from Core Participants.

3 **LADY JUSTICE THIRLWALL:** No. Thank you very much
4 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.

5 **Q.** How long was the course?

6 **A.** From my recollection about 18 months, maybe,
7 two years.

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.

16 **Q.** Did patient safety more generally feature in
17 it?

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
136

1 managing the introduction of electronic prescribing at
 2 the hospital and you were awarded the hospital's
 3 Outstanding Team Achievement of the Year for that.
 4 When was that?
 5 **A.** I think that was 2011, 11/12, maybe.
 6 **Q.** We asked you about following -- about various
 7 policies and the like within the hospital. You are also
 8 our first and I think our only pharmacist to give
 9 evidence. So can I ask you to have a look first of all,
 10 the Standards for Pharmacy Professionals, so that we
 11 understand them, INQ0108367, page 1.
 12 Just while we are getting that, does the General
 13 Pharmaceutical Council provide advice or assistance or
 14 helplines, what is the role of that organisation, as far
 15 as you are concerned, as somebody who is a pharmacist,
 16 Director of Pharmacy?
 17 **A.** The General Pharmaceutical Council looks after
 18 my registration. As a professional I am required to
 19 provide them with evidence of ongoing continuing
 20 professional development each year.
 21 **Q.** Right.
 22 **A.** And they are also responsible for the
 23 registration of the pharmacy premises I am responsible
 24 for and the standards that that service delivers.
 25 **Q.** Okay, I don't think we can get that on the
 137

1 This document breaks down those various standards
 2 and explains them a bit further, doesn't it? And under
 3 the "Pharmacy professionals must work in partnership
 4 with others", there is a reference to "take action to
 5 safeguard people, particularly children and vulnerable
 6 adults".
 7 I wanted to ask, the guidance Working Together 2015
 8 and the like, were you aware of that when you were at
 9 Countess of Chester, that it's everyone's responsibility
 10 to protect children and to safeguard children?
 11 **A.** At -- at some point safeguarding mandatory
 12 training was introduced and I would have done that every
 13 year or two years, so -- and I am fairly sure I attended
 14 a face-to-face education session about that.
 15 But I couldn't be specific about when that was.
 16 **Q.** Because it is not the case, is it, it would be
 17 wrong to think it is just paediatricians and nurses and
 18 the doctors involved in day-to-day clinical care that
 19 have that responsibility; we all have that
 20 responsibility?
 21 **A.** Yes.
 22 **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?
 3 **A.** Yes.
 4 **Q.** Thank you. So I will -- I don't know if it's
 5 possible to get it on the screen in the next few minutes
 6 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.
 10 But the Standards for Pharmacy Professionals,
 11 there's basically as I see it nine, isn't there, there
 12 is nine requirements for pharmacy professionals?
 13 **A.** That's correct, yes.
 14 **Q.** 1, provide person-centred care.
 15 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.
 23 8, speak up when they have concerns or when things
 24 go wrong.
 25 And 9, demonstrate leadership.
 138

1 this:
 2 "Communication can take many forms and happens in
 3 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."
 13 It speaks about listening actively and responding
 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,
 18 what they are saying, why, the underlying thinking; is
 19 that fair.
 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,
 25 psychological safety, that there's no immediate risk or
 140

1 threat if -- if they do so.

2 A. (Nods)

3 Q. Is that a concept you are familiar with,
4 psychological --

5 A. It is, yes.

6 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?

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.

141

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
5 they are not their normal self, so yes, I think I have
6 got reasonably good soft skills, yes.

7 Q. Page 12 of this guidance: pharmacy
8 professionals must use their professional judgement.
9 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.

16 Does this cover the wider category, you just say
17 when it's outside your area, not really my thing?

18 A. 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)

25 Q. Page 13, standard for lots of professionals.

143

1 Q. Yes. So we are agreed that it's important not
2 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?

5 A. (Nods). Yes

6 Q. Yes. Did you have any training or discussion
7 within the Trust about that as an issue?

8 A. Psychological safety specifically?

9 Q. Yes and directed particularly to people
10 sharing worries about patients, the people you are there
11 for?

12 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?

23 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?

5 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

144

1 the Countess of Chester?
 2 **A.** Yes.
 3 **Q.** Speak Up Safely I think it's called, isn't it?
 4 **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
 3 disclosures made to the Trust under the whistleblowing
 4 policy.
 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.
 10 **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."
 6 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?
 14 **A.** At the time I will have read the policy.
 15 **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.
 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?
 2 **A.** I couldn't say, sorry.
 3 **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 --
 8 **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."
 16 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?
 20 **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.
 24 Then, please, if we go to page 7, themes identified
 25 during discussions of all cases and we see there
 148

1 Dr Brearey setting out themes.
 2 "Some of the babies suddenly and unexpectedly
 3 deteriorated and there was no clear cause for the
 4 deterioration or death identified at postmortem. Timing
 5 of arrest, six babies for nine deaths reviewed had
 6 arrests between midnight and 4 am.
 7 "Action: Dr Brearey and Eirian Powell to review
 8 all these cases focusing on nursing observations in the
 9 four hours before the arrests. Aim to identify phone
 10 while babies could have identified earlier. Identify
 11 any medical or nursing staff associated with these
 12 cases."
 13 What did you think when you received that?
 14 **A.** I honestly don't remember receiving the
 15 report.
 16 **Q.** So when you were cc'd back in March, you don't
 17 remember -- clearly you are not disputing you got it but
 18 you didn't open it, didn't read it; is that the
 19 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

1 the documents: six babies had arrests between midnight
 2 and 4 am. He has bothered to point that out, hasn't he,
 3 it is a pattern he's picked up?
 4 **A.** Yes.
 5 **Q.** When you look at that now, sense-checking,
 6 what do you think about that?
 7 **A.** That distributed over 24 hours, that is
 8 statistically unlikely to be chance.
 9 **Q.** Is the hospital quieter -- avoiding statistics
 10 for a moment, is it quieter at midnight 4 am generally
 11 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?
 21 **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?

151

1 **A.** No.
 2 **Q.** It says "NNU Mortality Thematic Review".
 3 I mean, "mortality"; what did you think that meant
 4 as a headline?
 5 **A.** Well, exactly what it says.
 6 **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

150

1 **A.** Honestly no because I was aware that there
 2 were two formal investigations going on into these
 3 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.
 22 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.

152

1 A. This had cropped up a number of times over the
2 course of the Inquiry and my personal view is that it's
3 been blown out of all proportion.

4 Q. Okay.

5 A. We have disagreements about things all the
6 time.

7 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.

4 A. Yes.

5 Q. If we look --

6 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?

16 A. 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
25 Covid, a very challenging time in the hospital, which

155

1 A. I did say that.

2 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.

25 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.

5 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?

8 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.

16 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.

25 Were family members discussed as much as press interest

156

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.
 5 Yet here you all are, everyone's got a chance to think:
 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 **A.** 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?
 11 **A.** I saw it as a response to a spike in deaths on
 12 the neonatal unit and a sort of assessment of whether
 13 there was anything in there that would cause concern
 14 that might require further action.
 15 **Q.** Since the March thematic review Dr Brearey had
 16 been at pains to say they were unexpected, unexpected
 17 with no medical cause. The doctors were at a loss.
 18 So it wasn't simply about deaths, was it, it was
 19 that these were unexpected deaths?
 20 **A.** Yes. I think so. I think that would be fair.
 21 **Q.** There is an important distinction there,
 22 though, isn't there?
 23 **A.** Yes, yes.
 24 **Q.** Sometimes it gets lost, doesn't it, in the
 25 emails --

157

1 that?
 2 **A.** 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 **Q.** 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.** Yes.
 11 **Q.** Indeed you tell the police that. We knew
 12 there was an issue.
 13 "I am fairly sure because otherwise I wouldn't have
 14 been sure about why we were collecting the bags, so
 15 I was aware there was something going on that perhaps
 16 shouldn't be."
 17 Is what you said to the police; yes?
 18 **A.** Yes.
 19 **Q.** The request came from Sian Williams, is that
 20 right, to you?
 21 **A.** Possibly.
 22 **Q.** To go and collect the bags?
 23 **A.** (Nods)
 24 **Q.** You also speak to Eirian Powell, if we go to
 25 INQ0014568, page 11. Thank you.

159

1 **A.** Yes.
 2 **Q.** -- and certainly some of the comments that you
 3 are given in the grievance process?
 4 **A.** Yes.
 5 **Q.** They were unexpected with experienced
 6 paediatricians having no explanation for them?
 7 **A.** Yes.
 8 **Q.** So it is --
 9 **A.** But in that summary there seemed to be things
 10 that could have contributed to that.
 11 **Q.** In the mortality --
 12 **A.** Yes, yes. So it wasn't that there was no
 13 possible explanation, but it was that there was -- they
 14 were unexpected despite those things.
 15 **Q.** You were aware, were you, at the time of this
 16 meeting, or subsequently, of the death of two baby boys,
 17 two of three Triplets?
 18 **A.** Yes.
 19 **Q.** 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

158

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?"
 5 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
 9 have to, but I can't remember any particular
 10 conversation."
 11 They continue down the page:
 12 "For what purpose did you retain the bags?"
 13 Go to the next page, please, Mrs Killingback at the
 14 top:
 15 "I was advised to keep hold of the bags by
 16 Sian Williams ... didn't really question it. Under the
 17 circumstances it seemed like a reasonable request."
 18 The circumstances were there was suspicion that
 19 someone had deliberately harmed those Babies O and P and
 20 that these samples might be relevant to that, to
 21 understanding what had happened?
 22 **A.** (Nods)
 23 **Q.** You nod?
 24 **A.** Yes.
 25 **Q.** But there was no doubt about that. From that

160

1 point that was very clear to you having been asked to go
 2 over 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.

161

1 on that committee QSPEC and we see an NNU briefing
 2 paper:
 3 "Action Plan: Mrs Millward reported that pages 12,
 4 13 of the paper details have reached while waiting an
 5 independent review plan for 1 and 2 September 2016.
 6 "Mrs Rees advised it could take up to six months
 7 for the report to come from the RCPCH.
 8 "Mrs Hodgkinson 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.
 4 **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 --
 9 **A.** No.
 10 **Q.** -- before or since? It must be really rare
 11 that you --
 12 **A.** Yes.
 13 **Q.** -- you get a request like that and that is
 14 what you are telling us?
 15 **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

162

1 about? Did you have professional relationships that
 2 were supportive in that sense before you were involved
 3 in the grievance?
 4 I mean, just reaching out to someone saying: this
 5 must be really worrying?
 6 **A.** No. No.
 7 **Q.** Why was that?
 8 **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?
 17 **A.** Yes, in retrospect, yes, but I didn't really
 18 have a particularly close relationship with any of the
 19 paediatricians.
 20 **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

164

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?
 8 **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".
 22 This exchange between the doctors shows very
 23 clearly that they are thinking about air embolus,
 24 doesn't it?
 25 **A.** Yes.

165

1 of thing.
 2 **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 **A.** About the external investigations?
 11 **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

167

1 **Q.** When you read that, and all that you knew
 2 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?
 15 **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.
 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?
 2 **A.** Yes. INQ0101359 --
 3 **Q.** Sorry, which paragraph of your statement?
 4 **A.** Sorry, it is number 37.
 5 **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."
 22 So that was from the report that Ian Harvey told me
 23 those things were potential findings.
 24 **Q.** Right, so he was telling you what the review
 25 said or something?

168

1 A. That is my understanding of what happened,
 2 yes.
 3 Q. Okay. Who appointed you to do the grievance?
 4 A. I am pretty sure I was approached by
 5 Sue Hodgkinson, 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?
 8 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?

171

1 That is what you said, you understood that was
 2 happening. Did you rely on Mr Harvey for information
 3 then in that conversation about what was happening with
 4 that?
 5 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 --
 9 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.
 22 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

170

1 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.
 5 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.
 24 Q. Say that again?
 25 A. I don't know for sure that the police weren't

172

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?

173

1 were both discussing?

2 **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 --

8 **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
25 and suggesting within the conversation you both had in

175

1 **A.** Yes, yes. So I had no recollection of that
2 meeting at the time. I have since looked through my
3 email calendar and it is in my diary, so --

4 **Q.** It must have happened?

5 **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

174

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?

12 **Q.** Yes, yes.

13 **A.** 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
25 on a few occasions, but again I come back to curiosity

176

1 isn't going to find anything out that leads to
2 Lucy Letby's arrest or an explanation of why those
3 babies died, that was -- that was the responsibility of
4 those two qualified investigations.

5 So, I mean, I'm not sure that speculation or gossip
6 or kind of "what if" is that helpful when those things
7 are going on at the same time.

8 **Q.** If we can go now to the grievance interviews
9 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:

14 "... and her representative TM goes bang in with
15 'the issue been raised under the grievance policy but we
16 also wish to raise under the Dignity at Work policy as
17 fell LL has been bullied and harassed by Consultant
18 Stephen Brearey'."

19 So his opening line to you is they want to raise
20 that as well which wasn't in the original grievance, was
21 it?

22 **A.** No, it wasn't.

23 **Q.** If you -- well, we have seen that document,
24 but if you want to see it again, INQ0002879 0069, that
25 is where we see Sue Hodgkinson summarising the grievance

177

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 **Q.** 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
10 on that page] been adhered to in my situation? I would
11 like to know what I am being accused of."

12 TM says:

13 "There is serious allegations. Why hasn't this
14 been reported to the police? Why is the organisation
15 sitting on something like this? Has the organisation
16 challenged this evidence?"

17 Did you think when you said that: why haven't they
18 been to the police? Let's just go to the police. That
19 is the people who should be looking at it. You have
20 been sent to save samples, other people are doing staff
21 rotas and looking at things. That is not what
22 a hospital is set up for, is it, that kind of --

23 **A.** No, no. Whether I thought about it in that
24 moment I'm not sure but I thought about it on a number
25 of occasions before and after the grievance process and

179

1 and the questions that Letby wanted answering. If you
2 look at that now to focus everyone's mind on that?

3 **A.** I am familiar with the document.

4 **Q.** You have got the document?

5 **A.** I am familiar with it, yes.

6 **Q.** 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
11 doing about it? What evidence does the Trust have? Is
12 there to be an investigation into a practice? What are
13 the grounds? Does she have to undertake supervised
14 practice? Who else has to undertake it? No one else,
15 why not? Why she's been singled out? When can she
16 return?"

17 So no mention of being bullied and harassed by the
18 one Consultant as it happens, however minor, you have
19 had an issue over email a short while ago.

20 Did you think at that point: this isn't for me,
21 this is something completely different?

22 **A.** No.

23 **Q.** Do you think you might have done?

24 **A.** I -- I did go away and think about it after
25 Sue Hodgkinson had asked me to do it but I had had some

178

1 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 **Q.** 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
10 Consultants, including a relationship or anything that
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
15 could have been the other way round, but one of them
16 that she got on with and always got on with relatively
17 well?

18 **A.** Mmm.

19 **Q.** 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.

25 **Q.** You are doing one with her?

180

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
 181

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
 183

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?
 7 A. Okay.
 8 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.
 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.
 23 Q. Let's move to the next box. TM says:
 24 "SB has a right to raise concerns but failed to
 25 provide any evidence so the conclusion is that he has
 182

1 material --
 2 A. Yes.
 3 Q. -- including Eirian Powell who did that first
 4 table with Letby's name in red?
 5 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?
 20 A. Possibly, but in the interview situation, that
 21 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
 184

1 page 44 in the penultimate box, she appears to say here:
 2 "It's not like Steve Brearey to cause trouble but
 3 we have looked at the information. The only thing seems
 4 to be she was on duty. SB had voiced concerns prior to
 5 the loss of two triplets. They said that if they didn't
 6 go to the Chief Exec, they would be going straight to
 7 the police. We were very uncomfortable. We told them
 8 to take their concerns to Lucy but they were adamant
 9 they wanted her fired immediately. I find it very
 10 difficult to act on something I didn't believe in. It
 11 was a witch hunt".

12 Did you test anything that Yvonne Griffiths told
 13 you there, by asking the doctors: did you want her fired
 14 immediately? Were you engaging in a witch hunt?

15 **A.** Repeat the question, please.

16 **Q.** Did you ask the doctors what you were being
 17 told by Yvonne Griffiths there?

18 **A.** No.

19 **Q.** To see if they -- why not?

20 **A.** We asked them about going to the police,
 21 I think. I'm not sure we used the word "witch hunt" but
 22 I think we did ask them about Lucy.

23 **Q.** If we go to page 45 in the middle of the page:

24 "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
 2 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?

5 **A.** So --

6 **Q.** It's easy to say generalisations, isn't it:
 7 older mothers, premature babies?

8 **A.** Yes.

9 **Q.** Looking at each baby as an individual child is
 10 key, isn't it?

11 **A.** It is, yes and that was the role of the two
 12 external reviews. So that was not our role as -- in my
 13 mind, and perhaps given some of the questions I have
 14 been given in the Rule 9 and we have heard today,
 15 perhaps I got that wrong, but in my mind I was there to
 16 focus on the -- the grievance issues raised by
 17 Lucy Letby, not to stray into trying to solve all the
 18 other issues were that were investigated.

19 **Q.** Yvonne Griffiths strays into this, doesn't
 20 she, by commenting on the death rates?

21 **A.** She does.

22 **Q.** You let her do that.

23 Let's go to the next page, 46.

24 You say:

25 "Is there a culture for SB to come on to the unit
 187

1 have more older mothers, increases in fertility
 2 treatment and less termination of care some outcomes are
 3 not fantastic."

4 When you are looking at sudden and unexpected
 5 deaths, every medical professional view is important,
 6 but this was a nurse giving you that view. Would you be
 7 more interested in what the doctors said a medical cause
 8 might be for a sudden unexpected death than a nurse.
 9 The specific deaths, I am not talking about
 10 generalities, specific deaths?

11 **A.** It depends because, you know, if you look at
 12 one of the things that sparks human factors training in
 13 healthcare it was the death of an airline pilot's wife
 14 and there were two Consultants in the theatre and two
 15 nurses, as I recall it. The patient passed away despite
 16 the nurses telling the Consultants what they were doing
 17 was wrong, so the idea that Consultants are infallible
 18 is not --

19 **Q.** Absolutely not my question.

20 **A.** No.

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?

24 **A.** Yes.

25 **Q.** But now we have older mothers, basically more
 186

1 and say things? He is a nice guy. We haven't been able
 2 to see what he feels, gut feeling. He is responsible
 3 for all neonates. What are we doing wrong?"

4 Nice guy, you are not getting anything, are you,
 5 about him targeting Lucy Letby?

6 **A.** Not from that paragraph, no.

7 **Q.** No. Let's keep going to the next interview.

8 If we go to INQ0053104, page 1, taking you,
 9 Dr Green, to an email sent to you by Hayley Cooper
 10 asking she couldn't remember sending it, but accepted it
 11 this morning that she recognised it was sent from her
 12 and she met you. But she's looking to ask to meet you
 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
 16 I need to make you aware of some issues."

17 I think you told the police you had done a couple,
 18 two or three grievances before this one. Two, this was
 19 your third, is that that is my reading of what you said?
 20 You had done two or three and that sounded like you were
 21 including this one but tell us what it was?

22 **A.** It's something in that ballpark I can't
 23 honestly remember how many I have done.

24 **Q.** Hardly any, really?

25 **A.** Not that many.
 188

1 Q. Two or three is not very much, is it, if this
 2 was your third and one of this type?
 3 A. Yes.
 4 Q. So my question: did you think that was typical
 5 that you would have somebody saying "interview me
 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.
 11 Q. She worked as a Freedom to Speak Up designated
 12 officer, Risk and Safety Patient and also RCN rep.
 13 A. Sorry, did you say she asked to be interviewed
 14 first?
 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
 18 the grievance process separately, which -- as opposed to
 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
 24 assists you as we go through, because you will know what
 25 you knew before and afterwards.

189

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."
 5 Pausing there. As I have said Karen Rees in fact
 6 asked Letby that directly but at this point, are you
 7 getting -- well, what impression are you getting about
 8 the emotions of Letby and her family?
 9 A. I didn't get a lot of emotion from Lucy Letby.
 10 Even to the point where we had a follow-up meeting that
 11 wasn't documented anywhere, there was no -- there were
 12 no minutes of it to explain the outcome of the grievance
 13 and when I explained to her that other people had said
 14 that she had potentially been murdering babies, which
 15 was a difficult thing to say to somebody if you didn't
 16 know that it was actually true. If someone had said
 17 that to me I would have reacted very strongly and been
 18 angry about it and, you know, indignant about it.
 19 But she didn't really react at all from my
 20 recollection and that's the one thing that I took away
 21 from that meeting; that that reaction wasn't quite
 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.

191

1 A. Okay.
 2 Q. So this is Hayley Cooper and if we go to
 3 page 18. At the bottom of the page, she says:
 4 "I don't feel that the Trust has supported Lucy at
 5 all. Met with her and her parents after her interview
 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 A. Yes. I think I met them in person on the day
 12 of the hearing. I think they were on site.
 13 Q. What did they say to you?
 14 A. I can't remember. I think they thanked me for
 15 investigating the grievance on -- on behalf of their
 16 daughter.
 17 Q. They thanked you?
 18 A. Yes, I think so.
 19 Q. Right. So we see there it says:
 20 "Having to explain to parents what is being alleged
 21 about their daughter I feel was unacceptable. It is
 22 a conversation I will never forget."
 23 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

190

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
 4 coolly she took it. So I didn't get a lot of emotion
 5 from Lucy Letby at all.
 6 Q. 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.
 10 Q. But that's not your experience when you were
 11 speaking yourself with Letby?
 12 A. No.
 13 Q. Okay.
 14 So the next interview then, please -- that can go
 15 down -- is INQ0002879, page 21. Dr Green, this is your
 16 interview with Ms Kelly.
 17 We see here in the top box:
 18 "Eirian Powell was confident there were no issues
 19 with the individual nurse. She was a competent nurse
 20 and had a good network of friends on the unit and there
 21 were no concerns about her behaviours. In the meantime
 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
 25 there had been no concerns about her behaviours?

192

1 **A.** I did in the context that it was triangulated
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
5 this at the time, but I have seen it in the Inquiry
6 documentation; that Lucy was visiting other nurses'
7 babies which apparently was not the done thing.
8 **Q.** That's right.
9 **A.** But I'm not sure I knew that at the time or
10 appreciated that it was an issue.
11 **Q.** Over the next page, page 22, you ask Ms Kelly
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,
21 it was talked about at the board if we needed to go to
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,
193

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
4 they should be disciplined, if that makes sense.
5 **Q.** Well, we will get to that.
6 **A.** Okay.
7 **Q.** Sue Hodgkinson you interviewed, I won't take
8 you to hers.
9 Sian Williams INQ0002879, page 29. We see here you
10 interview Sian Williams and on page 30, in the top box,
11 she's repeating the type of material you have heard from
12 Yvonne Griffiths she is saying:
13 "No red flags. Sudden deteriorations in neonatal
14 babies is apparently common. Although I am not
15 neonatally trained, I didn't find anything more than
16 that. I asked how the sudden deterioration could happen
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
21 that when she had completed the staff analysis, she
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.** No.
25 **Q.** Did you think of saying to any of these
195

1 Ms Kelly says to you the Consultants were very anxious,
2 not bullying and discriminating, they were anxious; that
3 is how she describes them?
4 **A.** Yes.
5 **Q.** Did you listen -- did you hear that? I will
6 us Professor Dixon-Woods' expression here "hearer
7 courage", did you hear something that went against what
8 you were looking for here, which was whether there had
9 been bullying and discrimination when Ms Kelly says they
10 were very anxious, the very reverse of someone being
11 bullying?
12 **A.** Yes, I think this has turned into
13 a Consultants v nurses v managers v me perhaps kind of
14 situation and it's a shame because that's not going to
15 deliver effective healthcare. And at the time I did not
16 set out to investigate the Consultants. That was not
17 the intention about it. So --
18 **Q.** But that is what you ended up doing, that is
19 what the report ends up saying when we get there.
20 **A.** Well, I -- I would disagree, I think it
21 touches on that but -- but there were several questions
22 set out by the complainant that I was set out to
23 investigate so I answered them and there were some other
24 issues that I picked up that I thought were worthy of
25 further investigation. I didn't -- so, for example,
194

1 grievance witnesses: what did you make of the
2 allegation? Have you been sighted on any of the
3 material because that is what she would have told you:
4 I wanted to go to the police?
5 **A.** Possibly, but I will come back to it, again we
6 were very clear to stay on the Terms of Reference of the
7 grievance. So -- and again as I have said before, we
8 could have gone down that route of trying to investigate
9 the allegations a bit more. But again there were two
10 separate properly structured qualified reviews going on
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 **Q.** Karen Rees, one more before we take a break,
15 if I may, INQ0002879, page 33. If we go to page 35 of
16 that interview. You asked: you believe the intention is
17 to return LL to the unit?
18 **A.** Where's this, sorry?
19 **Q.** Page 35, can you see? There we are.
20 **A.** 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
25 brought the police in. Karen Rees said she hasn't
196

1 because of LL. Would we like our daughter to be treated
 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 arrested."
 6 That is what she said to you, didn't she?
 7 **A.** 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?
 11 **A.** But again did Karen Rees know for sure that
 12 no one had ever had a conversation with the police?
 13 I don't know.
 14 **Q.** Were you concerned if a reason for not phoning
 15 them was just a worry that she would be arrested?
 16 **A.** No. If the police were called and they had
 17 grounds to arrest Lucy Letby then she should have been
 18 arrested.
 19 **Q.** 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
 24 review to say 'somebody's causing these deaths on the
 25 unit'. Nurse T is now anxious to return to the unit
 197

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
 3 case, if we can go to INQ0002879, page 63?
 4 **A.** I would challenge the view that I accepted
 5 everything people told me.
 6 **Q.** Okay.
 7 **A.** I think that we tried to triangulate what
 8 people told us with other people's evidence. So, for
 9 example, where Ravi Jayaram was heard to say something
 10 in clinic, Ian Harvey told us that he had had
 11 a conversation about it with Ravi Jayaram. So, you
 12 know, I had no reason to disbelieve Ian Harvey and you
 13 know, I think there --
 14 **Q.** So you believed what he said. So that is what
 15 I have just suggested: you believed what he said, who
 16 did you not believe?
 17 **A.** Well, there were -- there were two other or
 18 three different people who said that over the course of
 19 the interviews and I wasn't out to get Ravi Jayaram for
 20 saying something on the unit, you know, that -- that --
 21 for me, again I made a recommendation that maybe
 22 consideration for disciplinary actions against the
 23 Consultants if they had said these things --
 24 **Q.** We will come to that.
 25 **A.** Yes.
 199

1 after RJ's statement."
 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
 8 I am not going to respond now with the evidence we have
 9 heard about those, but she's given you that information.
 10 Did you think to interrogate with any of those
 11 people whether those things were right, if this is what
 12 you were doing? I mean, in the scheme of things it
 13 seems a lot less important than the underlying
 14 allegations in terms of the babies, but in terms of what
 15 you were looking at, did you think about addressing this
 16 with any of these people that were named to see if they
 17 had said anything? In other words, this might not be
 18 right?
 19 **A.** 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.
 25 **Q.** The process wasn't going to find anything out
 198

1 **Q.** 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
 10 information I accepted and which I rejected?
 11 **Q.** This document has been sent to you. Do you
 12 remember seeing it?
 13 **A.** It has because it's got my handwriting on it
 14 but I don't -- I don't really remember seeing it.
 15 **Q.** Say that again? It has got your handwriting
 16 on it, you say?
 17 **A.** Yes.
 18 **Q.** So you will have seen it if it has got your
 19 handwriting on. So Eirian Powell has sent you this, so
 20 she's given you written evidence as well as her oral
 21 interview; is that right?
 22 **A.** 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
 25 be that the shorthand writer and others need a break at
 200

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.

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."

2 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 Ian 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.

8 **Q.** You said earlier in your evidence when you
9 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?

13 **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
25 enter your mind -- were saying something like -- or
203

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.

5 **Q.** So you thought that the RCPCH and the other
6 investigation would be able to exclude or include?

7 **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?

13 **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."

23 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?

3 **A.** Yes.

4 **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.

25 **Q.** We will go to that later, thank you.
204

1 INQ0002879, page 165, please and this is a letter
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.

5 You see what you state at paragraph 2:

6 "Any information you provide me will form part of
7 my investigation into this matter and ultimately may be
8 presented in a disciplinary hearing. You are entitled
9 to be accompanied by a staff organisation trade union
10 representative."

11 Over the page, 166, Dr Brearey gets the same letter
12 and unsurprisingly they both do come with a trade
13 union representative, don't they?

14 **A.** They did. Everybody else got that same letter
15 and nobody else brought a trade union representative.

16 **Q.** What did that tell you about their differences
17 in approach to what this grievance might have been
18 about, the fact that these are the only two, if they all
19 got the same letter, but thought they needed to come
20 with a representative? Using your soft skills, what
21 does that tell you?

22 **A.** 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.

25 **Q.** Rather than they have got a problem with why
205

1 grievance policy that I can share unless representation
2 can be provided at such short notice, then the meeting
3 should be deferred."

4 So they have gone to get assistance and to have
5 someone come with them, yes?

6 **A.** (Nods)

7 **Q.** 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
10 clearly a rise in mortality and they were not the babies
11 you would have predicted. None of the babies responded
12 to timely resuscitation manoeuvres.

13 What clinically did you understand from that?

14 **A.** Exactly what it said.

15 **Q.** That is suspicious, unexpected as well, that
16 they are not responding in a way that you expect babies
17 when they require resuscitation from natural causes do?

18 **A.** I -- I wouldn't be able to make a judgement on
19 that.

20 **Q.** "We were concerned they were deteriorating and
21 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
24 anything in terms of clinical practice, equipment or
25 environment. There did appear to be an association with
207

1 the grievance is happening and who's being investigated?

2 **A.** They weren't being investigated. The subject
3 that was being investigated was the list of grievance
4 issues that Lucy Letby had raised. We were not
5 investigating the Consultants.

6 **Q.** They didn't know that, did they? If we go to
7 INQ0068308. So it's 0068308, page 1. I will read it
8 out -- there we have it. See at the bottom, Dr Jayaram
9 asks Lucy Sementa:

10 "Would you be able to give me an agenda for the
11 meeting and information as to what the grievance relates
12 to?"

13 And he gets told:

14 "No formal agenda. Chris will ask you some
15 questions and if you can provide any details and
16 information, this will be noted. Any information that's
17 relevant to you will be discussed with you in more
18 detail in the meeting. You are invited as a witness,
19 you may have pertinent information. You are not being
20 investigated yourself."

21 **A.** (Nods)

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
25 advise me until you have provided me with a copy of the
206

1 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
12 stable who suddenly collapsed. This led to a review
13 sooner than the three months."

14 That is the ones that you knew the TPN bag had been
15 taken --

16 **A.** (Nods)

17 **Q.** -- and stored in your department.

18 He was clearly setting out there, wasn't he, why
19 foul play was suspected?

20 **A.** Perhaps. But he did not say at any point we
21 suspect foul play, does he?

22 **Q.** You have had the background, I have been
23 through all the documents that you have had?

24 **A.** Yes.

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.
 4 You said to Sian Williams: it is reasonable in the
 5 circumstances.
 6 Setting out clearly that they were suspicious of
 7 foul play.
 8 **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"?
 13 **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?
 3 **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.
 22 "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?
 2 **A.** No.
 3 **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.
 13 **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.
 212

1 A. So around a third of the way down I ask:
2 "Was deliberate intent by Lucy suggested that she
3 might have been doing something to the babies? Air
4 embolism was mentioned."

5 Q. Yes.

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.

11 A. That is not a straight answer, is it?

12 Q. "I am not here to speculate on things. I am
13 not here to discuss whether there's been an air embolus
14 or not."

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
20 are having discussions in private". You knew the
21 Consultants were having those discussions because you
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
213

1 being open with Dr Jayaram. You didn't show him the
2 email you had got?

3 A. No.

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?

8 A. I think I was frustrated during these
9 interviews that I wasn't getting open and honest answers
10 to some of the questions I was asking and --

11 Q. But you recognise today how difficult it is to
12 say, "You are murdering babies, I have got evidence
13 I have walked in", it's difficult?

14 A. But that's directly to the individual
15 concerned.

16 Q. What about them, it is difficult, isn't it?

17 A. Yes, yes, I guess. But --

18 Q. "I guess?" It is, isn't it? It's really hard
19 to say.

20 A. But the things that the Consultants disclosed
21 in the court proceedings against Lucy Letby.

22 Q. You didn't know about that then?

23 A. No.

24 Q. When you did this interview -- let's focus on
25 the timeline, okay?
215

1 private", "yes, I have seen an email between you and the
2 Consultants and Dr Gibbs. You were all worrying about
3 air embolism", if you wanted to go down that line? That
4 would have been open, wouldn't it?

5 A. It would have been yes, but --

6 Q. You have been sent every document that we
7 might go to; that is open, isn't it?

8 A. Yes.

9 Q. You have got material there that you don't
10 tell him about or show him that you have already got?

11 A. Yes.

12 Q. Why not?

13 A. Because it's not -- it doesn't come across
14 from the transcript necessarily that those two
15 interviews -- all the other interviews that I did I felt
16 that the people who attended were being open and honest
17 with their answers. These two interviews were
18 different, considerably different to that.

19 I felt that in both cases, the answers were
20 evasive, non-committal.

21 Q. 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
24 is wrong with that? You weren't investigating whether
25 they were being open with you, were you? You weren't
214

1 A. Yes.

2 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. No.

10 Q. I go through all of this, I see no reference
11 to "honest" and "open" about anything. If you talk
12 about what was being said, if you go to page 53 here,
13 you say:

14 "There was a view that Lucy was possibly
15 deliberately harming babies. Do you know why that was?
16 Was there anything suspicion about her behaviour?"

17 You knew in that Silver Command room that people
18 were looking at links and what may or may not be
19 suspicious; it wasn't just these two, was it?

20 A. And yet the answer to the question was: no.

21 Q. He says -- no, he says "not really for me to
22 say" and the rep says "the answer is no".

23 A. And then --

24 Q. What do you take from that?

25 A. Then he says "no, not my position to
216

1 speculate".

2 **Q.** So what do you take from that? If someone is
3 saying -- both of them have used the same phrase, they
4 are sat with their reps "not for me to speculate, not
5 for me to comment on the detail about her". What do you
6 take from that when they both have reps? I know you
7 have only done two or three grievances?

8 **A.** Yes.

9 **Q.** What do you think happening's there?

10 **A.** What I thought was happening there was that
11 the Consultants didn't really believe what they were
12 alleging about Lucy Letby.

13 **Q.** Right. So --

14 **A.** Or at least weren't sure.

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, certainly,
18 you need a police investigation for that and a lot of
19 experts and resources, don't you?

20 **A.** Which was --

21 **Q.** You just said -- so what did you mean?

22 **A.** If -- one, one of the possibilities of what
23 was going on in this meeting is that when it came to the
24 crunch, when they had the opportunity to say: we think
25 there is foul play going on here, they didn't take that
217

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
8 clear?

9 **A.** So -- but that -- that was the problem at the
10 time, wasn't it, that there was, there was no objective
11 evidence, there was no CCTV footage, there was no
12 abnormal results, there was no abnormal pathological
13 investigations.

14 So --

15 **Q.** Do you understand that suspicion and what
16 Dr Jayaram had set out at the beginning of his interview
17 was more than enough to justify the referral to the
18 police immediately? Do you understand that? Just what
19 he said in that one paragraph I have taken you to, they
20 should have gone to the police?

21 **A.** Yes, I have already said that I agree that the
22 police should have been called.

23 **Q.** Can we go now to the actual report that you
24 did and there is two versions of this. Just so people
25 have the opportunity to see the difference, I am going
219

1 opportunity.

2 Now, why didn't they take that opportunity was the
3 question that I was asking myself. Was it because they
4 didn't believe it? Was it because they were worried
5 about the consequences to themselves? Was it because
6 there was no evidence? I don't know the answer to that.
7 But -- but again come back to: there were two separate
8 reviews looking at that, we were investigating their
9 bullet point list of Lucy Letby's grievances.

10 **Q.** That can come down now, thank you. If we go
11 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
14 horrific? But then it wasn't my job to decide whether
15 she had or hadn't done anything. My job was to do the
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 **A.** Yes.

25 **Q.** There was no evidence at that point built up
218

1 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
9 evidence relating to any wrongdoing -- alleged
10 wrongdoing by LL. Repeated reference to a commonality
11 between the dates and times that LL was on duty and
12 collapse/deaths of a significant number of babies.
13 Nothing to support additional information or data beyond
14 this that has not been shared with LL."

15 You wrote that?

16 **A.** Yes.

17 **Q.** That was your view on what we have gone
18 through?

19 **A.** Yes.

20 **Q.** If we go over the page, 188:

21 "The drive to remove LL from the neonatal unit
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."

220

1 They hadn't denied it, they said they weren't going
2 to speculate, did they, they didn't deny that at all?
3 They didn't, did they, we had no denial about air
4 embolism at all?

5 **A.** So in my interview with Steve Brearey, I asked
6 him:

7 "It's been said there is a suggestion of air
8 embolism and twisting of tubes that led to babies'
9 deaths. Was that on the table as a cause of death?

10 "SB: I have never come across a case of air
11 embolism before.

12 "JB [which is the union rep]: no, in this
13 particular case he's asked you a specific question as
14 requested. In this particular case, was that suggested
15 by you?"

16 And Steve Brearey says "no".

17 Now --

18 **Q.** 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
21 others; you knew that?

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?

221

1 **Q.** Can we go to page 190, please. Third box up
2 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."

10 Do you set out anywhere the anxieties or
11 difficulties the Consultants have had and as you have
12 expressed now how difficult it is to clarify or
13 articulate that you think someone is murdering babies?

14 **A.** I -- so I am describing there what I found
15 during the course of my investigatory meetings and some
16 of the interviewees were very visibly upset by the
17 situation that they were answering questions about and
18 some of them weren't.

19 **Q.** What did you deduce from that? We spoke
20 before about being visibly upset and privately upset.
21 I mean, what do you take from that?

22 **A.** That some people handled it differently to
23 others.

24 **Q.** You might not always know what some people are
25 feeling?

223

1 **A.** Yes. I guess, looking back, I could have said
2 or should have said: the Consultants refuse to confirm
3 or deny whether this was the case.

4 **Q.** Could you have said: I have been sent an email
5 by Eirian Powell that set out the position. I had it in
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
11 gut feel and do not accept this provides a basis on
12 which to make the accusations that appear to have been
13 made."

14 We spoke earlier about Dr Reynolds and her
15 observation of patterns and you agreed sense-checking
16 and patterns are relevant?

17 **A.** 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 **A.** I think gut feel is a reasonable basis on
23 which to speak out safely to raise -- raise a concern.
24 But to accuse somebody of murder without supporting
25 evidence I think is a different thing in my view.

222

1 **A.** No.

2 **Q.** If we look at the conclusions at page 192.
3 Last paragraph:

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
12 treatment from Consultant staff and ultimately she may
13 have been arrested which one would imagine to be
14 infinitely more damaging than redeployment."

15 So was that your view, certainly a view that had
16 been expressed by Karen Rees to you, that avoiding
17 arrest was important for her?

18 **A.** This is eight years ago so it's difficult to
19 be clear about exactly what I was thinking when I wrote
20 this. But I think what I am trying to say here is
21 that -- so take the first sentence, you know, I think
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 **Q.** Say that again?

25 **A.** Sorry. You read out two sentences there.

224

1 Q. Yes.
 2 A. The question is specifically about sentence
 3 two, is that correct?
 4 Q. Yes, that is right.
 5 A. Okay, thank you. Yes. So I think what I am
 6 trying to say there is that if Lucy had gone back on the
 7 unit, the Consultants may have called the police because
 8 of that, not because of evidence to confirm or -- the
 9 trigger for calling the police would be the fact that
 10 she was on the unit, not the fact that there was
 11 evidence or new evidence or that sort of thing.
 12 Q. There can only be the trigger they were
 13 worried she was going to do something to kill or harm
 14 a baby?
 15 A. Yes.
 16 Q. That would be the right thing to do, wouldn't
 17 it, if someone was on unit and you thought they were
 18 going to kill or harm a baby?
 19 A. Yes, which is why she was removed.
 20 Q. So what are you saying, that that would be
 21 better for her to be removed than to be arrested?
 22 A. Well, at this point in time, there was no
 23 clear -- I mean, we have heard and we have read all the
 24 data behind the increase in deaths and the reviews but
 25 the fact is the police weren't called.

225

1 Q. You say:
 2 "In that context I believe her return should be
 3 managed in tandem with the final reports regarding the
 4 neonatal unit's mortality figures"?
 5 A. (Nods)
 6 Q. What do you mean by that second sentence?
 7 A. That -- as I have said several times, there
 8 were two ongoing investigations being independently
 9 carried out into the forensic detail of what happened on
 10 the unit and that Lucy shouldn't go back to the unit
 11 without them confirming or -- or clarifying that there
 12 was no sort of case to answer.
 13 Q. If you go to page 194, the last
 14 recommendation. As a result of your investigation you
 15 believe:
 16 "... the elements of the events leading to the
 17 suspension which were mediated by SB and RJ warrant
 18 further investigation, possibly under the Trust
 19 disciplinary policy and under the Trust bullying and
 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."
 25 Do you reflect on that now?

227

1 Q. I am not interested in increase in deaths,
 2 Dr Green, and that is not what they are talking about.
 3 We are talking about sudden, unexpected specific babies
 4 not expected to deteriorate or die and who didn't
 5 respond to resuscitation?
 6 A. Yes.
 7 Q. So let's remove generalities of an increase in
 8 deaths. That is a general picture. This is not
 9 a general picture. These are babies with parents who
 10 loved them and lost them, so let's focus on those
 11 babies.
 12 A. Yes.
 13 Q. So what are you saying: you didn't have any
 14 evidence around sudden and unexpected deaths and what
 15 Dr Jayaram had said to you in that grievance interview?
 16 A. Well, at the time if -- if there had been
 17 enough evidence to call the police, if it was really
 18 obvious for example that something -- if there had been
 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 Q. 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?
 25 A. Yes.

226

1 A. Yes.
 2 Q. What would you say now sitting today looking
 3 at that?
 4 A. 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
 9 also Speak Out Safely was -- I'm not sure how aware
 10 I was of -- of it at the time in terms of the basis on
 11 which concerns could be raised.
 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
 18 INQ0002879, page 208 is where it starts.
 19 I am going to just take you to bits that have been
 20 added. So your draft goes to, who?
 21 A. Nobody. Lucy. Lucy Sementa, maybe.
 22 Q. Yes, Lucy Sementa.
 23 A. Yes.
 24 Q. Well, this next version has other bits in it.
 25 So tell me if you are the author of the extra bits or

228

1 who, okay. So if we look at this next copy, INQ002879,
2 page 221.
3 We spoke earlier, didn't we, about Speak Out Safely
4 policy and you said that wasn't as refined and you don't
5 remember looking at that before.

6 Look what this section says at 221:

7 "No party refutes that concerns ..."

8 That middle section paragraph.

9 A. Yes.

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."

20 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?

5 A. Yes. Yes, I don't think I'd include something
6 in a document like that without looking at it at least.

7 Q. So you either got someone to look it up for
8 you or -- why did it come at this stage? Why not in
9 your first draft if that's the case?

10 A. I -- I honestly can't remember, I'm sorry.

11 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..."

15 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
25 had not."

231

1 I -- I can't remember specifically thinking about
2 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?

7 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.

10 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?

5 A. Yes. Again, I can't remember specifically
6 writing that sentence, but it's mine. I --

7 Q. I just want to break that down.

8 When you say "it's mine", you take responsibility
9 for it.

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?

19 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.

232

1 Q. So it was you. So if we go to page 225,
2 unless you want to comment on that section any more, do
3 you, the findings that you make there?

4 A. I think it's badly -- I think, I -- I knew
5 what I wanted to say, but I phrased it badly.

6 Q. Okay?

7 A. Yes.

8 Q. 225, so we have that. The one that's been
9 added is:

10 "Due to the nature of the unit and its patients it
11 is unfortunately probable that a further death will
12 occur on the unit and that LL may be associated with
13 that event. I consider that it would be prudent to
14 acknowledge this prior to Lucy's return to the unit and
15 to agree an outline plan as to how this might be
16 managed."

17 Again, do you remember writing that?

18 A. Yes.

19 Q. Right, and what was the thinking behind that?

20 A. 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
24 unfortunately, if there was another baby death on the
25 unit, then the Trust needs to think carefully about how
233

1 A. 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...

5 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 Q. Yes. We now go to the hearing -- that can go
10 down -- the hearing with Annette Weatherley and it's
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
16 fifth box:

17 "If the Consultants had called the police it would
18 have been declared a crime scene and LL would have been
19 arrested."

20 Annette Weatherley says:

21 "Who said this would happen?"

22 "Ian Harvey, that's what he said would have
23 happened."

24 Lucy Sementa says that. And Letby says:

25 "I was happy for the police to come. I had nothing
235

1 it would manage that situation in terms of the response,
2 in terms of supporting the Consultants' concerns and
3 Lucy Letby and the effective functioning of the unit
4 when there was clearly conflict around the safety of
5 patients on the unit.

6 Q. The next page, please, 226. This end bit has
7 been toned down considerably from the first draft. In
8 the first draft you said that you thought there should
9 be an investigation possibly under the Trust's
10 disciplinary policy and/or the Trust's bullying and
11 harassment policy and you made reference to "gut
12 feeling" as we discussed earlier.

13 This conclusion now says:

14 "The evidence gathered has raised significant
15 concerns around the behaviours reported to have been
16 exhibited by SB and RJ. Further exploration of details
17 surrounding their suggesting accusations regarding Lucy
18 and comments that are reported to have been said was not
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
22 required in line with the policy."

23 Did you change your tone deliberately about "gut
24 feeling" or did Lucy Sementa suggest you might want to
25 think about "gut feeling"?
234

1 to hide."

2 We know from Hayley Cooper's evidence that
3 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?

9 A. I don't -- I don't recall any discussions
10 about the police as part of the grievance process.

11 Q. If we go to page 0015. At the top, the third
12 box:

13 "I believe that the Exec Team wanted that but
14 I don't know about the Consultants. I would like to say
15 it would be managed."

16 Further down Dee Appleton-Cairns says:
17 "Mediation."

18 Annette Weatherley to Letby:

19 "Do you feel strong enough to discuss this with
20 them?"

21 "I want to go back to work, so yes."

22 Further down. Annette Weatherley:

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."
236

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:

4 "Am I right in thinking that you both think that
5 two Consultants have caused this?"

6 That's Annette Weatherley. Further down, three
7 lines up, you say:

8 "I was disgusted by their behaviour. It's likely
9 that they lied."

10 A. I'm not disputing that I said that because
11 it's recorded in the notes. I don't recall saying it,
12 but I am deeply embarrassed that I said that. I really
13 wish I hadn't. That said, I was very frustrated with
14 their behaviour during the investigative interviews.

15 Q. We have read the transcripts, Dr Green.

16 A. Yes.

17 Q. Assuming for a moment not everyone shares a
18 sense of frustration when you read that transcript given
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
24 investigating officer and you were in the room and their
25 body language and the tone of some of the answers and

237

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?

5 A. Yes.

6 Q. You said see what the reviews say?

7 A. Yes.

8 Q. But this is a different question. You get to
9 this point and at the conclusion the absurdity is that
10 it's the Consultants that you are commenting on as being
11 untruthful, not honest and open with you as though that
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?

15 A. Sorry, could you repeat that?

16 Q. You weren't being asked as part of
17 Lucy Letby's grievance to say whether the Consultants
18 were honest and open with you --

19 A. No.

20 Q. -- in their meetings with you?

21 A. No.

22 Q. So what's the point of that finding or
23 observation?

24 A. As I said, I'm deeply embarrassed that I said
25 that. I think that was an off-the-cuff comment at the

239

1 don't forget they are not verbatim transcripts. I was
2 really frustrated after those meetings because I thought
3 we are not really getting to the truth of the issue
4 here.

5 Q. 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
8 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 A. I suppose it could be described as absurd,
13 yes. Regardless of the outcome of this grievance
14 process, I was absolutely clear that Lucy Letby was not
15 going back on the unit unless there was compelling
16 evidence there was no case to answer.

17 So in that respect it was almost tokenism in some
18 respect, except that you know, that if you look at the
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,
24 I don't know, I don't know what the right phrase is,
25 maybe window dressing in that whatever the grievance

238

1 end of the meeting borne out of some frustration at the
2 process and not part of the actual evidence, discussion
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
7 grievance case.

8 Q. Wait a minute. That's where the person who is
9 the decider is having the conversation with you, isn't
10 she?

11 A. Yes.

12 Q. Annette Weatherley?

13 A. Yes.

14 Q. So you would have asked to take out something
15 that you said to the decision maker?

16 A. Well, in -- in -- in the sense that it was an
17 off-the-cuff comment and it wasn't a evidential piece of
18 discussion sort of thing.

19 Q. Well, the strength of the rest of the evidence
20 will be scrutinised I'm sure. But the reality is in
21 that conversation with her, presumably you were
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 --

25 A. Yes.

240

1 Q. -- something you now regret and would say was
2 wrong. Would you say that was wrong?

3 A. Yes. Yes, absolutely. And, and, you know, it
4 was a difficult and emotive meeting. You know, yes,
5 I -- I really wish I'd said -- and I've reflected on
6 that in my statements to the Inquiry as well.

7 Q. You say: We answered the questions to the
8 grievance. You were doing the investigation report and
9 it was Annette Weatherley who was supposed to make the
10 findings one way or the other. Is that how you
11 understood it or did you think you were doing it
12 together, the investigator and decision maker were the
13 same. Tell me how you thought the structure of that
14 was?

15 A. I thought the structure was that Lucy Letby
16 posed some questions about experience and my job was to
17 gather the evidence and come up with some suggestions as
18 to whether those grievances could be upheld and it was
19 Annette Weatherley's decision whether the argument that
20 I presented was reasonable or not.

21 Q. That can be taken down. The last document
22 from me please, Dr Green, INQ0058624, page 1.

23 The grievance has happened. The review has
24 happened. This is an email from Letby to her colleagues
25 on the NNU:

241

1 to when the police were called.

2 Oh, it was the -- there was an insulin result,
3 wasn't there, that hadn't been picked up I think that
4 might have triggered the police.

5 Q. Finally, one of the issues that
6 Professor Dixon-Woods raised was that in an HR process
7 it becomes very focused on the individual --

8 A. Yes.

9 Q. -- the individual, the employer, the
10 individual backwards and forwards and that within the
11 NHS it can take a long time, there can be defensiveness
12 and it's not effective for patient safety or for child
13 safety?

14 A. No.

15 Q. Reflecting on all of this now, and now with
16 all that you know, what would you say about this
17 grievance process in terms of the time it took, the way
18 it was conducted, the conclusions?

19 What do you say about it as a reflection on an HR
20 process in a difficult situation where all of those
21 people in Silver Command knew foul play was suspected
22 even if they didn't have the concrete evidence that you
23 say you wanted to see at that point? What do you say
24 about the process?

25 A. (Pause).

243

1 "After a thorough investigation established that
2 all the allegations were unfounded and true I have been
3 fully exonerated. I have received a full apology from
4 the Trust. This whole episode has been extremely
5 distressing. I will begin my return to the unit in the
6 coming weeks. I will need colleagues to be sensitive
7 and supportive at this time."

8 So the reviews that you were relying on to examine
9 the conduct and the impact of Letby's care of the babies
10 had come back and this was the conclusion?

11 A. (Nods)

12 Q. It's quite clear those reviews were not
13 tackling the issues of her involvement or the suspicion
14 around her involvement at all. When did you become
15 aware of that?

16 A. I was never informed of the outcome of those
17 reviews. I never got to see the actual documents. They
18 were never tabled to my knowledge at any of the meetings
19 I went to.

20 Q. When did you know that the hospital did go to
21 the police?

22 A. I'm not sure I was ever in possession of that
23 detail of who went to the police and on which date and
24 what triggered that in terms of what changed from where
25 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.

5 I do wish I had probed the -- Ravi, Ravi Jayaram
6 and Steve Brearey around why they weren't sharing their
7 real concerns with me and that was partly because of the
8 trade union reps being very controlling about what was
9 discussed at the meeting in terms of their responses,
10 you know, for example: This is an answer we agreed on or
11 something.

12 So I think perhaps I should not have been asked to
13 do that grievance; perhaps it should have been someone
14 external to the Trust. But I thought I was doing the
15 right thing at that time by focusing solely on the
16 grievance allegation -- the grievance issues raised by
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
21 what was being said about her, I was fine with that, but
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
25 ever this situation arises again there should be some

244

1 specialist input to deal with it, not, not a local
 2 manager who thinks he's doing the right thing.
 3 **Q.** And so was your access for support
 4 Lucy Sementa in the process and nobody else?
 5 **A.** No. No.
 6 **Q.** Sorry, you looked like you wanted to say
 7 something else.
 8 **A.** I'm just trying to think if anyone else spoke
 9 to me. In terms of day-to-day support and actual input
 10 into the process of the documentation, I think
 11 Lucy Sementa was the only support that I had.
 12 I think people might have asked me how I was doing
 13 personally because it was a very stressful and emotive
 14 kind of thing to go through.
 15 **Q.** Who asked you how you are getting on and how
 16 is it?
 17 **A.** I think Sue Hodgkinson might have asked me that
 18 in passing in a meeting. I think Dee Appleton-Cairns
 19 might have done the same. Maybe my line manager might
 20 have asked me how I was doing, seeing how I was doing
 21 with the grievance. So just general kind of supportive
 22 comments or just checking in that I was doing okay sort
 23 of thing.
 24 **MS LANGDALE:** Thank you, those are my questions.
 25 Mr Baker has some questions.

245

1 **Q.** Well, if I put it this way: your approach to
 2 this investigation, this grievance could have begun by
 3 you saying, "This is entirely inappropriate, it's not an
 4 employment matter. Let's call the police", couldn't it?
 5 **A.** It -- it's possible that could have been an
 6 approach.
 7 **Q.** Well, I mean that was the observation made by
 8 Hayley Griffiths in evidence this morning; was that she
 9 couldn't see why it was an employment route, why the
 10 employment route was being taken, that the police should
 11 have just been called?
 12 **A.** Yes and I have -- I've said that I agree with
 13 that.
 14 **Q.** Yes. Now, if you look at paragraph 108 of
 15 your witness statement, please.
 16 **A.** Yes.
 17 **Q.** You say here: I do not hold a particularly
 18 strong view about the Consultants or:
 19 "I did not hold a particularly strong view about
 20 the Consultants. I felt there was enough to warrant a
 21 mention in the report about their behaviour in the
 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
 25 throughout the witness statement. It's either a serial

247

1 **LADY JUSTICE THIRLWALL:** Mr Baker.
 2 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
 5 convicted of murdering five of those and attacking
 6 a number of others.
 7 **A.** (Nods)
 8 **Q.** I want to take a step back and begin by saying
 9 how they would perceive this episode; that they would
 10 say that the grievance process delayed Lucy Letby being
 11 brought to justice, that there was a sense the process
 12 was centred around meeting the needs of someone who
 13 turned out to be a serial killer and that it became
 14 a process that effectively put on trial the people who
 15 were trying to draw that to the attention of the
 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 **A.** From -- from The Families' position I can
 22 completely understand how they might see it like that.
 23 Did it delay Lucy's arrest? I don't think it did.
 24 I think the arrest was triggered by the discovery of
 25 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 **A.** I don't recall suggesting that the Consultants
 7 had to prove that Lucy Letby was a serial killer.
 8 **Q.** But the exercise of a grievance process can
 9 never get to the bottom of whether Lucy Letby is
 10 a serial killer or not, can it?
 11 **A.** No and it was never intended to.
 12 **Q.** Well, in that case, I think it proceeds on
 13 a completely false premise, doesn't it, because the
 14 correct thing to do is to call the police?
 15 **A.** Yes. That -- that conversation had been had
 16 within the Trust by a number of people on a number of
 17 occasions and the decision by the Executive Team had
 18 been that they weren't going to call the police.
 19 So I think under employment law or contract,
 20 Lucy Letby is allowed to raise a grievance as part of
 21 her working sort of terms and conditions. So that was
 22 the sort of take I got on it from HR, I think.
 23 **Q.** But the way that's handled is that it's upheld
 24 and you recommend at the end of it that the Consultants
 25 who blew the whistle should be disciplined?

248

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.
4 **Q.** Well, your original position was that they
5 should be disciplined?
6 **A.** Well, in the draft report, do you mean?
7 **Q.** Your original position you took was that they
8 should be disciplined?
9 **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."
23 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?
5 **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.
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

251

1 **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?
6 **A.** Yes.
7 **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?
12 **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?
17 **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 Hodgkinson, 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?
16 **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.
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.

252

1 Can you not understand how if those Consultants had
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
4 been held against them?

5 **A.** Potentially, but if it -- if -- if they had
6 said those things and it had led to Lucy Letby's arrest,
7 then they would have got what they...

8 **Q.** 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
11 which is an entirely normal response to that sort of
12 pressure, isn't it?

13 **A.** Yes. I did not enter into the grievance
14 process with a view this was an adversarial process.
15 Now, the Consultants because of things that had -- must
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 **Q.** Yes. Well, it culminated in you recommending,
20 initially at least, they be disciplined. So it was
21 a fairly adversarial scenario, wasn't it?

22 **A.** No. I would say that I came to that
23 conclusion because I thought some of the things that had
24 been said in public places were inappropriate and not,
25 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 **A.** 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.

7 **Q.** But you didn't check?

8 **A.** I didn't check, no.

9 **MR BAKER:** Thank you, my Lady. No more questions.

10 **MS LANGDALE:** My Lady, Mr Kennedy has a couple of
11 questions.

12 **LADY JUSTICE THIRLWALL:** Mr Kennedy.

13 Questions by MR KENNEDY

14 **MR KENNEDY:** My Lady, I am very grateful.

15 There's just one point where perhaps Dr Green
16 should be offered the opportunity to say more if he
17 wishes to.

18 **LADY JUSTICE THIRLWALL:** Certainly.

19 **MR KENNEDY:** It was a point in the [draft]
20 transcript at page 213, line 2.

21 Perhaps if I can just read it out and offer him the
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
25 context of what was said or not said to you by the

255

1 **Q.** Well, they didn't say anything to you. That
2 was your problem with them. It wasn't that they were
3 saying things that were inappropriate. It was that they
4 didn't open up and require or provide a level of
5 commitment you were wanting them to?

6 **A.** Yes. I was frustrated that -- I didn't feel
7 after the interviews with the Consultants that they had
8 given me what they really thought and their Union reps
9 were quite controlling in that, I thought.

10 **Q.** Yes. But do you not understand another reason
11 as to why that might be that they felt threatened?

12 **A.** I do now, but at the time I had not even
13 anything within the Trust to make me think that people
14 couldn't raise concerns. I had not seen any
15 particularly bullying behaviour or behaviour in meetings
16 where people were raising issues that, that was
17 intimidating or...

18 **Q.** 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 **A.** Yes, but they got the same letter as everybody
22 else and there was no -- and that's a standard letter
23 the Trust sends out.

24 **Q.** Okay. Finally, did it occur to you, at any
25 point given what was being said, that somebody should

254

1 Consultants.

2 **A.** (Nods)

3 **Q.** 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
9 my Lady to provide any further detail in relation into
10 point. If as I say, if you decline to take it up then
11 we know where we stand.

12 **A.** I'm not sure I understand by what you mean by
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
17 opportunity --

18 **A.** Right.

19 **Q.** Forgive me. I am affording you the
20 opportunity to say something if you wish to,
21 appreciating that of course I act on behalf of the
22 Trust.

23 **A.** Yes.

24 **Q.** Therefore you and also the Consultants.
25 So I'm just doing this out of fairness to you.

256

1 A. Right.
 2 When I read the BBC report of the retrial of
 3 Lucy Letby and Baby K, when I read what Ravi had said --
 4 **LADY JUSTICE THIRLWALL:** I think we have heard your
 5 evidence about that.
 6 A. Yes.
 7 **LADY JUSTICE THIRLWALL:** Was that what you were
 8 referring to?
 9 A. Yes, in particular.
 10 **LADY JUSTICE THIRLWALL:** Yes. Is there anything
 11 else apart from that?
 12 A. No, thank you.
 13 **LADY JUSTICE THIRLWALL:** I'm not rushing you, but
 14 just if there is something else please do say it.
 15 A. I -- I think -- I think I'm disappointed that
 16 I wasn't able as investigating officer to draw the
 17 information from Dr Brearey and Dr Jayaram that was
 18 elicited in court is where I think I stand on that.
 19 **MR KENNEDY:** Very well.
 20 My Lady, I am very grateful.
 21 Questions by LADY JUSTICE THIRLWALL
 22 **LADY JUSTICE THIRLWALL:** Thank you very much,
 23 Mr Kennedy.
 24 But, of course, it wasn't your role to investigate
 25 that which was elicited in court, was it?
 257

1 that. But again that information was information that
 2 was pertinent to whether or not Lucy Letby had killed
 3 babies or injured babies.
 4 A. Yes.
 5 **LADY JUSTICE THIRLWALL:** Which wasn't what you were
 6 investigating?
 7 A. No.
 8 **LADY JUSTICE THIRLWALL:** So I suppose there may
 9 have been perhaps just a mismatch between the things
 10 that you were looking at -- I just want to give you
 11 a chance to think about this -- investigate and being
 12 frustrated about and actually what you needed to look at
 13 which were the details of the grievance which you did
 14 also look at.
 15 A. Yes. Yes, I think that's a fair comment.
 16 **LADY JUSTICE THIRLWALL:** Thank you.
 17 Now, can I just turn to something completely
 18 different.
 19 You mentioned that you had met Lucy Letby's
 20 parents?
 21 A. Yes.
 22 **LADY JUSTICE THIRLWALL:** And they had thanked you
 23 for taking on the grievance or something like that and
 24 again we heard from Ms Sementa this morning that you had
 25 had at least one or possibly two telephone calls from
 259

1 A. No.
 2 **LADY JUSTICE THIRLWALL:** No.
 3 One of the things that was said by Lucy Sementa,
 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
 6 things that she expressed frustration about as you have
 7 was the fact that there wasn't anything more. There was
 8 nothing more than they had already given the Executives.
 9 A. Yes.
 10 **LADY JUSTICE THIRLWALL:** Was that something that
 11 you felt frustrated by?
 12 A. Absolutely, yes.
 13 **LADY JUSTICE THIRLWALL:** Yes.
 14 A. Yes.
 15 **LADY JUSTICE THIRLWALL:** So although they had said
 16 what they had to say to the Executives, you felt they
 17 would be able to say more?
 18 A. Yes. Like I -- I'd known Ravi for 10,
 19 12 years by this point and I felt I had a good working
 20 relationship with him and I was kind of disappointed
 21 that he felt he couldn't trust me to give me the
 22 information that maybe he felt he could have done. So
 23 I kind of felt a bit frustrated and a bit sad about that
 24 to be honest.
 25 **LADY JUSTICE THIRLWALL:** Yes. Yes, I understand
 258

1 her parents.
 2 A. Yes.
 3 **LADY JUSTICE THIRLWALL:** Was that something that
 4 you were surprised by, had you expected?
 5 A. To be honest when -- when Lucy Sementa said
 6 that I had had two calls I was surprised. I don't
 7 remember the first one. I'm not saying it didn't
 8 happen, but I don't -- I didn't really remember them
 9 until it was --
 10 **LADY JUSTICE THIRLWALL:** Did you remember a call?
 11 A. Now, that she mentions it --
 12 **LADY JUSTICE THIRLWALL:** I think she wasn't sure
 13 there were two. I think she thought there might have
 14 been two, but she thought there was one.
 15 A. Now that it's been brought up it does, it does
 16 bring back some memories. But so -- so if -- it's not
 17 the first time that a family member of a member of staff
 18 has contacted me.
 19 **LADY JUSTICE THIRLWALL:** No, Ms Sementa said that.
 20 A. Yes. And in those situations the line to take
 21 I felt was to listen to what that person had to say and
 22 that's, rightly or wrongly, largely driven out of trying
 23 to be kind to them and listen to their concerns.
 24 **LADY JUSTICE THIRLWALL:** Understood.
 25 A. But then to say that I can't really talk about
 260

1 that member of staff with you, you are not their trade
2 union rep or work colleague and our policies are very
3 clear around that.

4 So I always have a very firm line around, you know,
5 trying to be kind and supportive to the person who has,
6 obviously has genuine concerns about what they are
7 ringing me about, but not disclosing anything that, you
8 know, shouldn't be disclosed to them in terms of process
9 or evidence or anything like that.

10 **LADY JUSTICE THIRLWALL:** But you don't have
11 a particular memory of that conversation, but that's
12 what you would have done in usual circumstances?

13 It doesn't matter --

14 **A.** Yes, I think I do but I don't really remember
15 it and I'm surprised at that because I would have
16 thought that would be quite an emotive discussion.
17 So -- but it was a long time ago and a lot's happened
18 since then.

19 **LADY JUSTICE THIRLWALL:** Finally, there was one
20 thing which I did want to ask you about. It was in
21 respect of the fact that the doctors came with their
22 Union representatives and I appreciate how frustrated
23 you got by the interventions, I do understand that.

24 But it's rather what your view was as to why they
25 had come with their Union representatives and I have
261

1 Dr Green, thank you very much indeed. It's been
2 a very long session, it's been very helpful. Thank you
3 for coming.

4 **A.** Thank you very much.

5 **LADY JUSTICE THIRLWALL:** You are now released, as
6 they say, and we will rise now until 10 o'clock tomorrow
7 morning.

8 (5.28 pm)

9 (The Inquiry was adjourned until 10.00,
10 on Thursday, 7 November 2024)

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1 just got a rough note, but I think you said: I thought
2 they must have a problem that they need support with in
3 respect of their behaviour. And then you did say
4 "maybe".

5 I mean, is that what you would usually think, that
6 someone brings a representative along with them because
7 they think they've got a problem or just because they
8 are entitled to bring one?

9 **A.** I think in that context, I think they brought
10 a Union rep because they were concerned about the
11 process and the content of that process.

12 Ordinarily if someone brings a Union rep along,
13 I don't take a particular view on that. Some staff like
14 to bring a Union rep, some staff don't.

15 **LADY JUSTICE THIRLWALL:** But on this occasion, you
16 have just given us the answer --

17 **A.** Yes, yes, I felt that they were concerned
18 about what was happening.

19 **LADY JUSTICE THIRLWALL:** Yes.

20 **A.** Yes.

21 **LADY JUSTICE THIRLWALL:** Yes. Thank you.
22 Does anybody want to ask anything arising out of
23 that? I am not saying anybody should.

24 **MS LANGDALE:** No, thank you.

25 **LADY JUSTICE THIRLWALL:** Thank you, Ms Langdale.
262

1	I N D E X	
2		
3	MRS HAYLEY GRIFFITHS (sworn)	1
4	Questions by MS LANGDALE	1
5	Questions by MR SHARGHY	65
6	Questions by LADY JUSTICE THIRLWALL	74
7	MS LUCY SEMENTA (sworn)	77
8	Questions by MR BERSHADSKI	77
9	DR CHRIS GREEN (sworn)	134
10	Questions by MS LANGDALE	134
11	Questions by MR BAKER	246
12	Questions by MR KENNEDY	255
13	Questions by LADY JUSTICE THIRLWALL	257
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

<div>LADY JUSTICE THIRLWALL: [66] 1/5 25/10 25/14 25/18 53/5 55/4 60/11 63/23 65/1 74/24 75/5 75/18 75/21 76/1 76/7 76/10 76/15 76/19 76/24 77/2 77/6 114/13 114/16 114/24 115/6 115/13 116/4 116/6 116/10 134/3 134/7 134/14 134/17 201/2 201/8 201/15 246/1 255/12 255/18 256/14 257/4 257/7 257/10 257/13 257/22 258/2 258/10 258/13 258/15 258/25 259/5 259/8 259/16 259/22 260/3 260/10 260/12 260/19 260/24 261/10 261/19 262/15 262/19 262/21 262/25 263/5 MR BAKER: [2] 246/3 255/9 MR BERSHADSKI: [6] 76/25 77/7 114/11 114/15 116/18 133/25 MR KENNEDY: [4] 255/14 255/19 256/16 257/19 MR SHARGHY: [2] 65/4 74/21 MS LANGDALE: [18] 1/3 1/9 25/13 25/23 53/8 55/5 60/13 63/25 64/23 76/13 134/13 134/21 200/23 201/9 201/16 245/24 255/10 262/24</div>	<div>0068308 [1] 206/7 0069 [1] 177/24 0083 [2] 212/12 212/17 0224 [1] 231/11</div> <div>1</div> <div>1 September [2] 66/15 67/15 1.02 pm [1] 116/15 1.45 pm [1] 116/17 10 [4] 139/25 141/8 202/14 258/18 10 o'clock [1] 263/6 10 years [3] 142/13 185/24 186/22 10.00 [2] 1/2 263/9 100 [1] 53/13 108 [1] 247/14 11 [2] 55/5 159/25 11 November [4] 97/3 98/5 98/12 212/5 11.49 [1] 76/21 11/12 [1] 137/5 12 [8] 55/23 76/20 137/5 143/7 162/23 163/3 246/4 246/4 12 November 2016 [1] 220/3 12 years [2] 3/23 258/19 12.05 [1] 76/23 13 [4] 57/8 136/24 143/25 163/4 13 April 2016 [1] 152/15 14 [1] 114/17 14 June 2024 [1] 1/10 14 October [1] 177/11 15 [1] 144/11 15 August [1] 162/23 15 July [4] 20/15 20/22 65/19 67/15 15th [1] 65/12 16 [1] 11/25 16 November 2016 [1] 173/11 1621 [1] 58/3 1623 [1] 58/22 1625 [2] 58/4 58/5 165 [1] 205/1 166 [1] 205/11 168 [1] 50/18 17 [3] 58/3 189/21 237/1 17 October [1] 184/23 170 [1] 50/22 1730 [1] 59/12 1732 [3] 59/12 59/13 59/16 174 [2] 51/13 51/14</div>	<div>1749 [1] 60/6 175 [1] 250/18 176 [2] 51/18 53/6 178 [2] 110/6 220/2 18 [2] 39/9 190/3 18 July [1] 33/19 18 months [1] 136/6 183 [1] 220/4 187 [1] 220/6 188 [1] 220/20 19 [2] 20/14 59/12 190 [1] 223/1 192 [1] 224/2 193 [1] 226/22 194 [1] 227/13 1992 [1] 135/5 1997 [1] 1/23 1999 [1] 2/1</div> <div>2</div> <div>2 March 2016 [1] 148/16 2 September 2016 [1] 163/5 2.11 pm [1] 134/10 2.29 pm [1] 134/12 2.30 [1] 134/8 20 [2] 79/7 79/19 20 years [2] 78/3 171/18 2005 [2] 62/10 135/5 2011 [1] 137/5 2012 [1] 2/6 2013 [2] 2/8 135/17 2014 [3] 2/4 4/25 77/17 2015 [7] 11/23 11/24 12/13 77/24 78/14 139/7 142/14 2015/16 [1] 11/25 2016 [16] 12/13 62/14 65/10 71/23 72/22 77/17 78/22 82/11 148/16 152/15 163/5 165/12 173/11 174/23 220/3 228/17 2017 [6] 11/1 11/7 12/25 47/20 59/13 61/24 2018 [1] 64/13 2023 [1] 135/5 2024 [5] 1/1 1/10 77/11 134/22 263/10 208 [1] 228/18 21 [1] 192/15 21/22 [1] 145/10 213 [1] 255/20 218 [1] 119/13 22 [2] 145/10 193/11 22 May 2024 [1] 77/11 22 November 2016 [1] 228/17 221 [3] 110/25 229/2</div>	<div>229/6 224 [1] 231/11 225 [2] 233/1 233/8 226 [1] 234/6 23 November [1] 71/23 24 hours [1] 151/7 24 October [1] 91/21 2453 [1] 60/19 2597 [1] 61/22 27 March 2018 [1] 64/13 2711 [1] 62/19 28 [1] 60/19 28 October [2] 212/9 212/22 28 October 2016 [1] 165/12 29 [2] 61/22 195/9 2958 [1] 62/3</div> <div>3</div> <div>3 April [1] 55/20 3.57 [1] 201/5 30 [2] 10/10 195/10 300 [1] 53/7 31 [1] 62/19 32 [1] 208/8 33 [2] 196/15 218/11 346 [2] 52/7 53/8 35 [3] 156/10 196/15 196/19 36 [4] 154/11 155/22 156/10 156/13 37 [2] 168/4 197/20 38 [1] 197/20 39 [1] 63/13</div> <div>4</div> <div>4.04 pm [1] 201/7 40 [1] 104/8 41 [1] 22/11 42 [1] 63/25 43 [3] 64/16 67/1 184/24 44 [1] 185/1 45 [2] 131/22 185/23 459 [1] 53/10 46 [1] 187/23 460 [1] 53/10 461 [1] 53/18 464 [1] 53/25 47 [2] 95/8 207/8 48 [3] 96/5 210/21 212/25 48 hours [3] 126/15 126/17 126/21 49 [3] 29/6 96/5 96/8</div> <div>5</div> <div>5 July [1] 16/19 5 July 2016 [1] 65/10 5 past [1] 201/4 5.28 pm [1] 263/8</div>	<div>51 [2] 97/6 216/3 52 [1] 97/8 5259 [2] 63/13 63/14 5261 [1] 63/17 5269 [1] 63/18 5273 [1] 63/18 5275 [1] 63/20 5279 [1] 63/21 5280 [1] 63/22 53 [1] 216/12 56 [1] 28/12 57493 [1] 43/1 5871 [2] 63/22 63/25 59 [1] 169/13</div> <div>6</div> <div>6 November 2024 [1] 1/1 6250 [1] 64/17 63 [1] 199/3 688 [1] 55/3 689 [1] 55/3 695 [1] 55/14</div> <div>7</div> <div>7 July [1] 156/24 7 November 2024 [1] 263/10 7 September [1] 68/14 717 [1] 55/23 795 [1] 57/8 796 [1] 57/8</div> <div>8</div> <div>8 July [2] 153/16 153/20 8 o'clock [2] 173/11 173/19 83 [1] 165/17 84 [1] 165/13 89 [1] 249/13</div> <div>9</div> <div>9 June 2024 [1] 134/22 9 September [1] 169/15 9.30 [1] 176/11</div> <div>A</div> <div>able [23] 7/22 9/8 22/3 46/4 49/8 56/21 64/11 91/18 100/16 105/10 118/22 130/1 138/8 179/4 188/1 202/6 202/8 206/10 207/18 222/6 250/14 257/16 258/17 abnormal [2] 219/12 219/12 about [370] absence [3] 19/25 193/22 224/4</div>
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A	233/14	advance [1] 88/16	ago [11] 3/23 33/12	123/7 123/23 126/22
absolutely [15] 31/22 43/14 48/16 71/6 71/18 102/13 103/23 106/9 130/15 151/12 155/21 186/19 238/14 241/3 258/12	across [12] 14/22 31/22 40/15 52/14 52/15 62/8 80/3 107/12 108/17 214/13 218/19 221/10	adversarial [3] 253/8 253/14 253/21	51/11 72/5 81/11 126/15 142/13 156/2 178/19 224/18 261/17	128/13 128/14 128/16 128/16 129/13 130/8 131/11 132/16 132/18 132/21 133/3 133/5 137/9 139/19 140/10 143/14 143/19 146/11 148/14 148/25 149/8 153/3 153/5 154/14 154/25 156/6 157/5 166/1 169/25 171/9 173/25 176/15 177/12 182/2 187/17 188/3 190/5 191/19 192/5 205/18 208/3 208/23 209/10 214/2 214/15 216/10 218/22 221/2 221/4 223/5 225/23 232/14 238/21 242/2 242/14 243/15 243/16 243/20 249/13 250/15 251/23 252/4 252/21
absurd [2] 238/6 238/12	act [6] 10/4 141/20 146/9 161/16 185/10 256/21	adverse [1] 224/11	agree [14] 27/24 71/3 120/18 121/12 123/9 123/11 132/25 133/1 133/3 133/23 150/15 219/21 233/15 247/12	156/15 156/16 157/5 166/1 169/25 171/9 173/25 176/15 177/12 182/2 187/17 188/3 190/5 191/19 192/5 205/18 208/3 208/23 209/10 214/2 214/15 216/10 218/22 221/2 221/4 223/5 225/23 232/14 238/21 242/2 242/14 243/15 243/16 243/20 249/13 250/15 251/23 252/4 252/21
absurdity [1] 239/9	acted [1] 6/13	advise [3] 33/23 84/6 206/25	agreed [11] 11/7 33/13 46/12 46/13 55/1 112/10 142/1 163/10 172/19 222/15 244/10	256/15 256/16 257/5 266/1 269/25 271/9 273/25 276/15 277/12 282/2 287/17 288/3 290/5 291/19 292/5 305/18 308/3 308/23 309/10 314/2 314/15 316/10 318/22 321/2 321/4 323/5 325/23 332/14 338/21 342/2 342/14 343/15 343/16 343/20 349/13 350/15 351/23 352/4 352/21
abundantly [1] 65/13	acting [3] 37/3 70/2 182/18	advised [4] 126/14 146/1 160/15 163/6	Ah [1] 74/13	356/15 356/16 357/5 366/1 369/25 371/9 373/25 376/15 377/12 382/2 387/17 388/3 390/5 391/19 392/5 405/18 408/3 408/23 409/10 414/2 414/15 416/10 418/22 421/2 421/4 423/5 425/23 432/14 438/21 442/2 442/14 443/15 443/16 443/20 449/13 450/15 451/23 452/4 452/21
Academy [1] 135/18	action [14] 14/6 101/14 106/5 132/2 139/4 149/7 157/14 163/3 172/2 181/14 195/2 201/24 223/8 234/20	advocating [4] 3/3 251/9 251/10 251/14	ahead [2] 93/13 126/25	456/15 456/16 457/5 466/1 469/25 471/9 473/25 476/15 477/12 482/2 487/17 488/3 490/5 491/19 492/5 505/18 508/3 508/23 509/10 514/2 514/15 516/10 518/22 521/2 521/4 523/5 525/23 532/14 538/21 542/2 542/14 543/15 543/16 543/20 549/13 550/15 551/23 552/4 552/21
accept [16] 36/10 38/24 43/23 70/11 70/16 103/7 108/10 110/16 110/16 181/13 192/24 200/6 202/22 203/7 222/11 248/2	action plan [1] 172/2	affected [2] 157/4 223/5	Aim [1] 149/9	556/15 556/16 557/5 566/1 569/25 571/9 573/25 576/15 577/12 582/2 587/17 588/3 590/5 591/19 592/5 605/18 608/3 608/23 609/10 614/2 614/15 616/10 618/22 621/2 621/4 623/5 625/23 632/14 638/21 642/2 642/14 643/15 643/16 643/20 649/13 650/15 651/23 652/4 652/21
acceptable [1] 116/21	actions [3] 11/3 155/8 199/22	affording [2] 256/16 256/19	air [13] 165/18 165/23 211/19 212/1 213/3 213/13 213/19 213/24 214/3 220/23 221/3 221/7 221/10	656/15 656/16 657/5 666/1 669/25 671/9 673/25 676/15 677/12 682/2 687/17 688/3 690/5 691/19 692/5 705/18 708/3 708/23 709/10 714/2 714/15 716/10 718/22 721/2 721/4 723/5 725/23 732/14 738/21 742/2 742/14 743/15 743/16 743/20 749/13 750/15 751/23 752/4 752/21
accepted [7] 125/18 130/24 188/10 199/2 199/4 200/10 203/5	actively [5] 12/12 140/13 142/2 184/13 236/5	after [30] 3/5 14/12 17/5 20/4 20/22 25/19 25/21 28/18 45/13 48/10 60/21 60/21 73/16 85/12 97/1 97/12 97/15 98/9 99/10 137/17 178/24 179/25 190/5 198/1 201/3 208/1 208/7 238/2 242/1 254/7	airline [1] 186/13	756/15 756/16 757/5 766/1 769/25 771/9 773/25 776/15 777/12 782/2 787/17 788/3 790/5 791/19 792/5 805/18 808/3 808/23 809/10 814/2 814/15 816/10 818/22 821/2 821/4 823/5 825/23 832/14 838/21 842/2 842/14 843/15 843/16 843/20 849/13 850/15 851/23 852/4 852/21
access [17] 14/5 29/25 30/11 30/16 30/18 30/21 30/24 31/5 32/12 32/25 33/2 58/2 70/8 70/12 123/2 228/7 245/3	activity [1] 151/13	afternoon [1] 150/18	Alder [8] 47/8 47/10 47/17 47/18 47/22 59/13 59/25 60/14	856/15 856/16 857/5 866/1 869/25 871/9 873/25 876/15 877/12 882/2 887/17 888/3 890/5 891/19 892/5 905/18 908/3 908/23 909/10 914/2 914/15 916/10 918/22 921/2 921/4 923/5 925/23 932/14 938/21 942/2 942/14 943/15 943/16 943/20 949/13 950/15 951/23 952/4 952/21
accessed [2] 30/12 32/12	actual [8] 120/22 204/17 213/15 219/23 240/2 240/6 242/17 245/9	afterwards [4] 24/5 55/2 66/9 189/25	Alder Hey [8] 47/8 47/10 47/17 47/18 47/22 59/13 59/25 60/14	956/15 956/16 957/5 966/1 969/25 971/9 973/25 976/15 977/12 982/2 987/17 988/3 990/5 991/19 992/5 1005/18 1008/3 1008/23 1009/10 1014/2 1014/15 1016/10 1018/22 1021/2 1021/4 1023/5 1025/23 1032/14 1038/21 1042/2 1042/14 1043/15 1043/16 1043/20 1049/13 1050/15 1051/23 1052/4 1052/21
accessories [1] 78/7	actually [18] 10/10 39/5 56/13 59/12 69/25 90/21 91/10 96/23 152/4 166/16 171/15 174/8 191/16 204/22 209/8 236/3 237/20 259/12	again [52] 19/19 20/13 28/22 39/2 45/18 56/4 56/20 66/5 68/6 69/20 73/18 73/19 74/10 76/20 87/6 103/2 105/13 116/13 119/12 124/19 127/3 134/8 144/19 154/25 156/18 164/9 172/24 176/25 177/24 180/4 196/5 196/7 196/9 197/11 198/22 199/21 200/15 203/23 204/14 212/9 218/7 224/24 232/5 233/17 244/25 250/3 250/7 251/25 252/4 255/3 259/1 259/24	align [1] 115/16	1056/15 1056/16 1057/5 1066/1 1069/25 1071/9 1073/25 1076/15 1077/12 1082/2 1087/17 1088/3 1090/5 1091/19 1092/5 1105/18 1108/3 1108/23 1109/10 1114/2 1114/15 1116/10 1118/22 1121/2 1121/4 1123/5 1125/23 1132/14 1138/21 1142/2 1142/14 1143/15 1143/16 1143/20 1149/13 1150/15 1151/23 1152/4 1152/21
accompany [2] 21/20 24/1	adamant [1] 185/8	agains [26] 44/6 48/5 48/7 71/5 83/19 83/23 88/12 102/18 120/10 120/22 122/14 124/2 127/16 128/16 132/2 132/14 132/20 194/7 199/22 215/21 249/12 251/10 251/14 251/23 253/4 256/5	Alison [21] 9/23 14/20 15/7 15/11 20/10 20/16 28/13 28/22 29/14 41/25 42/1 45/14 64/5 71/22 72/14 72/15 72/22 93/8 97/25 102/10 192/24	1156/15 1156/16 1157/5 1166/1 1169/25 1171/9 1173/25 1176/15 1177/12 1182/2 1187/17 1188/3 1190/5 1191/19 1192/5 1205/18 1208/3 1208/23 1209/10 1214/2 1214/15 1216/10 1218/22 1221/2 1221/4 1223/5 1225/23 1232/14 1238/21 1242/2 1242/14 1243/15 1243/16 1243/20 1249/13 1250/15 1251/23 1252/4 1252/21
accompanying [1] 189/19	adapted [1] 230/18	against [26] 44/6 48/5 48/7 71/5 83/19 83/23 88/12 102/18 120/10 120/22 122/14 124/2 127/16 128/16 132/2 132/14 132/20 194/7 199/22 215/21 249/12 251/10 251/14 251/23 253/4 256/5	Alison Kelly [17] 9/23 14/20 15/7 20/10 20/16 28/13 28/22 29/14 41/25 42/1 71/22 72/14 72/22 93/8 97/25 102/10 192/24	1256/15 1256/16 1257/5 1266/1 1269/25 1271/9 1273/25 1276/15 1277/12 1282/2 1287/17 1288/3 1290/5 1291/19 1292/5 1305/18 1308/3 1308/23 1309/10 1314/2 1314/15 1316/10 1318/22 1321/2 1321/4 1323/5 1325/23 1332/14 1338/21 1342/2 1342/14 1343/15 1343/16 1343/20 1349/13 1350/15 1351/23 1352/4 1352/21
account [2] 4/10 113/2	add [6] 42/13 42/18 65/13 112/6 204/8 230/3	agendas [1] 15/13	all [107] 1/21 2/15 6/6 6/12 10/2 10/16 11/7 13/9 14/10 23/22 32/16 36/9 45/11 50/7 51/23 53/24 57/7 73/20 78/10 80/24 86/14 98/11 98/14 99/18 101/15 103/11 106/22 107/13 108/8 110/3 110/10 110/12 112/21 114/9 117/15 117/19 118/1 118/11 121/19 122/25 123/2	1356/15 1356/16 1357/5 1366/1 1369/25 1371/9 1373/25 1376/15 1377/12 1382/2 1387/17 1388/3 1390/5 1391/19 1392/5 1405/18 1408/3 1408/23 1409/10 1414/2 1414/15 1416/10 1418/22 1421/2 1421/4 1423/5 1425/23 1432/14 1438/21 1442/2 1442/14 1443/15 1443/16 1443/20 1449/13 1450/15 1451/23 1452/4 1452/21
accountable [1] 171/24	added [7] 42/10 111/13 111/14 111/16 228/20 229/23 233/9	aggrieved [1] 86/23	Alison Kelly's [1] 15/11	1456/15 1456/16 1457/5 1466/1 1469/25 1471/9 1473/25 1476/15 1477/12 1482/2 1487/17 1488/3 1490/5 1491/19 1492/5 1505/18 1508/3 1508/23 1509/10 1514/2 1514/15 1516/10 1518/22 1521/2 1521/4 1523/5 1525/23 1532/14 1538/21 1542/2 1542/14 1543/15 1543/16 1543/20 1549/13 1550/15 1551/23 1552/4 1552/21
accounted [2] 104/5 113/11	adding [1] 28/3			1556/15 1556/16 1557/5 1566/1 1569/25 1571/9 1573/25 1576/15 1577/12 1582/2 1587/17 1588/3 1590/5 1591/19 1592/5 1605/18 1608/3 1608/23 1609/10 1614/2 1614/15 1616/10 1618/22 1621/2 1621/4 1623/5 1625/23 1632/14 1638/21 1642/2 1642/14 1643/15 1643/16 1643/20 1649/13 1650/15 1651/23 1652/4 1652/21
accounting [1] 113/3	additional [4] 65/6 99/4 101/23 220/13			1656/15 1656/16 1657/5 1666/1 1669/25 1671/9 1673/25 1676/15 1677/12 1682/2 1687/17 1688/3 1690/5 1691/19 1692/5 1705/18 1708/3 1708/23 1709/10 1714/2 1714/15 1716/10 1718/22 1721/2 1721/4 1723/5 1725/23 1732/14 1738/21 1742/2 1742/14 1743/15 1743/16 1743/20 1749/13 1750/15 1751/23 1752/4 1752/21
accounts [1] 251/3	address [4] 26/24 86/24 172/21 223/8			1756/15 1756/16 1757/5 1766/1 1769/25 1771/9 1773/25 1776/15 1777/12 1782/2 1787/17 1788/3 1790/5 1791/19 1792/5 1805/18 1808/3 1808/23 1809/10 1814/2 1814/15 1816/10 1818/22 1821/2 1821/4 1823/5 1825/23 1832/14 1838/21 1842/2 1842/14 1843/15 1843/16 1843/20 1849/13 1850/15 1851/23 1852/4 1852/21
accurate [9] 1/14 77/18 95/4 118/14 123/16 128/20 134/23 170/19 222/8	addressing [1] 198/15			1856/15 1856/16 1857/5 1866/1 1869/25 1871/9 1873/25 1876/15 1877/12 1882/2 1887/17 1888/3 1890/5 1891/19 1892/5 1905/18 1908/3 1908/23 1909/10 1914/2 1914/15 1916/10 1918/22 1921/2 1921/4 1923/5 1925/23 1932/14 1938/21 1942/2 1942/14 1943/15 1943/16 1943/20 1949/13 1950/15 1951/23 1952/4 1952/21
accusations [3] 173/16 222/12 234/17	adequate [1] 124/15			1956/15 1956/16 1957/5 1966/1 1969/25 1971/9 1973/25 1976/15 1977/12 1982/2 1987/17 1988/3 1990/5 1991/19 1992/5 2005/18 2008/3 2008/23 2009/10 2014/2 2014/15 2016/10 2018/22 2021/2 2021/4 2023/5 2025/23 2032/14 2038/21 2042/2 2042/14 2043/15 2043/16 2043/20 2049/13 2050/15 2051/23 2052/4 2052/21
accuse [2] 222/24 252/14	adhered [1] 179/10			2056/15 2056/16 2057/5 2066/1 2069/25 2071/9 2073/25 2076/15 2077/12 2082/2 2087/17 2088/3 2090/5 2091/19 2092/5 2105/18 2108/3 2108/23 2109/10 2114/2 2114/15 2116/10 2118/22 2121/2 2121/4 2123/5 2125/23 2132/14 2138/21 2142/2 2142/14 2143/15 2143/16 2143/20 2149/13 2150/15 2151/23 2152/4 2152/21
accused [9] 29/9 29/21 54/6 67/8 89/19 179/11 184/16 203/10 253/9	adjourned [1] 263/9			2156/15 2156/16 2157/5 2166/1 2169/25 2171/9 2173/25 2176/15 2177/12 2182/2 2187/17 2188/3 2190/5 2191/19 2192/5 2205/18 2208/3 2208/23 2209/10 2214/2 2214/15 2216/10 2218/22 2221/2 2221/4 2223/5 2225/23 2232/14 2238/21 2242/2 2242/14 2243/15 2243/16 2243/20 2249/13 2250/15 2251/23 2252/4 2252/21
adjudgment [1] 116/16	adjudgment [1] 116/16			2256/15 2256/16 2257/5 2266/1 2269/25 2271/9 2273/25 2276/15 2277/12 2282/2 2287/17 2288/3 2290/5 2291/19 2292/5 2305/18 2308/3 2308/23 2309/10 2314/2 2314/15 2316/10 2318/22 2321/2 2321/4 2323/5 2325/23 2332/14 2338/21 2342/2 2342/14 2343/15 2343/16 2343/20 2349/13 2350/15 2351/23 2352/4 2352/21
adjustments [1] 109/23	adjustment [1] 116/16			2356/15 2356/16 2357/5 2366/1 2369/25 2371/9 2373/25 2376/15 2377/12 2382/2 2387/17 2388/3 2390/5 2391/19 2392/5 2405/18 2408/3 2408/23 2409/10 2414/2 2414/15 2416/10 2418/22 2421/2 2421/4 2423/5 2425/23 2432/14 2438/21 2442/2 2442/14 2443/15 2443/16 2443/20 2449/13 2450/15 2451/23 2452/4 2452/21
admin [1] 30/5	adjustments [1] 109/23			2456/15 2456/16 2457/5 2466/1 2469/25 2471/9 2473/25 2476/15 2477/12 2482/2 2487/17 2488/3 2490/5 2491/19 2492/5 2505/18 2508/3 2508/23 2509/10 2514/2 2514/15 2516/10 2518/22 2521/2 2521/4 2523/5 2525/23 2532/14 2538/21 2542/2

A	250/10	44/11 45/1 45/25 48/8	106/1 107/7 109/20	appropriate [17] 31/6
already... [9] 176/5	Andrew [1] 13/2	49/12 50/1 56/16 58/9	109/20 109/21 120/1	31/7 31/10 70/2 83/2
181/5 183/16 192/2	angel [2] 204/1	60/3 66/21 66/22 68/3	127/4 144/23 155/3	86/10 90/5 90/8 90/20
211/19 214/10 219/21	204/13	68/8 70/13 70/25	157/13 161/5 162/8	94/3 101/13 111/7
222/7 258/8	Anglia [1] 78/5	72/25 73/5 74/18	174/6 174/16 177/1	118/20 132/3 204/11
also [32] 1/17 5/12	angry [1] 191/18	75/16 76/16 79/7 79/9	179/2 180/10 185/12	229/15 246/16
7/17 10/22 26/18 28/3	Annemarie [1] 55/6	79/20 80/22 81/1	188/4 195/15 197/23	appropriately [1]
32/4 32/5 34/7 50/1	Annette [24] 116/23	83/19 83/21 85/7	198/17 198/23 198/25	145/25
65/6 104/1 114/24	117/4 117/13 117/23	85/20 86/1 86/3 86/4	204/23 207/24 216/11	appropriateness [2]
115/23 118/15 131/24	118/5 123/1 126/4	86/9 87/24 88/4 88/6	216/16 218/15 233/23	85/22 107/24
137/7 137/22 159/24	126/9 126/13 126/21	88/16 89/2 89/6 89/18	254/1 254/13 256/15	approve [1] 171/10
168/18 177/16 189/12	127/14 127/18 127/22	90/8 90/10 90/18	257/10 258/7 261/7	approving [1] 57/14
205/2 207/22 220/23	128/15 204/20 204/22	90/22 90/24 92/3 92/7	261/9 262/22	April [3] 47/21 55/20
223/6 228/9 229/22	235/10 235/20 236/18	92/8 92/21 93/6 93/10	anyway [2] 110/17	152/15
249/10 249/21 256/24	236/22 237/6 240/12	94/3 95/2 96/6 100/15	145/17	are [232] 1/13 1/14
259/14	241/9 241/19	101/2 102/6 107/3	anywhere [3] 36/19	1/17 4/5 5/24 6/4 6/8
alternate [1] 14/20	Annette Weatherley	108/20 111/15 117/23	191/11 223/10	8/19 8/21 9/14 10/4
alternated [1] 15/10	[22] 116/23 117/4	118/8 119/18 120/5	apart [4] 68/4 77/17	11/1 11/9 11/10 11/10
alternative [3] 36/3	117/13 117/23 118/5	120/5 120/5 120/9	232/17 257/11	11/12 12/13 13/7 13/9
36/13 251/13	123/1 126/4 126/9	120/14 120/15 120/20	apologies [4] 54/21	14/4 15/23 16/7 17/17
although [5] 1/19	126/13 126/21 127/14	120/20 121/6 121/7	74/17 76/3 236/24	17/18 18/3 18/23 19/1
16/14 195/14 220/25	127/18 127/22 128/15	121/10 121/10 121/14	apologise [5] 51/9	19/1 19/4 19/5 21/3
258/15	204/20 204/22 235/10	122/5 123/6 123/13	51/10 55/8 55/12	21/8 27/11 29/20
always [17] 5/13	235/20 236/22 237/6	123/14 125/15 126/20	71/17	30/11 31/4 31/21
27/20 27/23 38/3 86/2	240/12 241/9	128/11 129/12 132/2	apology [2] 236/23	32/16 33/23 34/23
90/15 92/20 101/12	Annette Weatherley's	133/20 134/1 142/6	242/3	37/4 38/7 38/13 38/13
108/9 122/5 125/7	[1] 241/19	146/5 147/2 149/11	apparent [1] 174/17	38/14 38/17 39/17
165/2 171/11 172/1	Annette's [1] 118/16	152/10 153/10 156/19	apparently [2] 193/7	42/7 44/6 48/18 50/13
180/16 223/24 261/4	annex [1] 131/1	160/3 160/9 164/18	195/14	50/13 51/14 55/25
am [93] 1/2 1/16 3/19	announcement [1]	170/13 173/15 174/14	appeals [1] 78/10	56/9 57/1 57/10 57/11
3/20 8/1 10/10 13/14	156/24	180/8 180/22 180/24	appear [6] 40/24 60/6	57/14 58/7 59/25
19/3 19/5 26/20 33/14	another [13] 14/8	182/3 182/4 182/6	121/24 165/5 207/25	61/11 62/23 64/11
35/10 46/19 50/19	19/9 41/14 46/16	182/25 183/10 187/4	222/12	65/20 68/18 69/4 69/8
50/20 53/23 59/17	46/17 60/7 60/7 103/8	188/24 190/10 193/22	appeared [1] 15/6	69/13 71/3 74/6 74/21
61/25 66/18 69/20	135/14 150/11 170/22	195/3 195/25 196/2	appears [8] 13/10	76/16 80/25 80/25
71/15 73/17 76/21	233/24 254/10	198/10 198/16 203/6	24/18 124/20 147/11	83/16 87/21 89/9
79/12 80/23 81/9 88/7	answer [25] 115/5	205/6 206/15 206/16	165/11 185/1 220/22	92/13 93/20 93/24
91/6 92/24 95/5 97/11	123/16 123/19 124/1	208/20 210/22 210/22	220/24	94/2 95/9 99/5 103/16
109/12 110/22 129/24	125/4 125/7 128/13	218/17 220/8 220/8	appendices [6]	103/24 105/17 110/10
130/18 131/6 132/17	130/14 152/10 168/16	220/9 224/22 226/13	109/23 122/25 124/10	110/21 114/11 122/7
133/3 137/18 137/23	195/23 211/16 213/11	232/17 233/2 233/22	124/14 131/5 131/7	124/9 124/9 126/7
138/1 138/6 138/7	216/20 216/22 218/6	236/9 239/1 242/18	Appleton [4] 81/13	128/19 128/20 129/21
139/13 141/23 143/15	221/20 227/12 238/16	251/4 251/24 254/14	81/25 236/16 245/18	130/8 131/10 134/1
143/19 148/6 149/6	238/20 240/24 244/10	254/24 256/9	applied [6] 3/4 3/6	134/5 134/7 134/24
151/2 151/10 152/22	255/24 256/3 262/16	anybody [11] 16/15	5/7 5/18 82/15 145/16	135/9 137/7 137/12
154/4 154/4 156/18	answered [5] 116/20	17/8 23/7 60/1 65/14	apply [3] 49/1 102/20	137/15 137/22 140/11
159/13 164/21 164/21	142/15 194/23 238/20	71/4 93/12 93/17	102/23	140/12 140/16 140/18
164/22 168/6 168/12	241/7	123/22 262/22 262/23	applying [1] 5/14	140/24 141/3 141/22
169/4 173/1 174/8	answering [2] 178/1	anyone [5] 44/10	appointed [2] 168/15	142/1 142/4 142/10
175/22 178/3 178/5	223/17	60/14 73/4 232/18	169/3	142/20 142/21 142/22
179/11 180/6 182/6	answers [5] 115/6	245/8	appreciate [4] 35/25	142/24 143/1 143/2
186/9 189/22 190/25	214/17 214/19 215/9	anything [83] 6/9	132/4 182/9 261/22	143/4 143/5 143/14
195/14 198/8 211/15	237/25	14/3 16/16 16/17 17/8	appreciated [2]	143/21 146/4 146/6
213/7 213/12 213/12	anticipating [1]	17/9 18/16 18/18 23/4	193/4 193/10	148/19 149/17 156/6
213/25 218/12 219/25	156/16	25/25 33/3 33/4 36/11	appreciating [1]	156/13 157/3 157/5
223/14 224/20 225/5	anxieties [1] 223/10	37/22 41/15 44/17	256/21	158/3 162/14 162/25
226/1 228/19 237/4	anxious [5] 193/19	45/9 52/2 52/3 52/22	approach [10] 44/15	162/25 163/25 163/25
237/12 255/14 256/19	194/1 194/2 194/10	52/25 56/9 57/20 59/6	89/21 90/1 103/4	164/13 164/13 165/23
257/20 262/23	197/25	60/5 60/16 62/1 62/15	145/6 205/17 247/1	168/8 170/9 170/9
amount [2] 127/8	any [156] 1/18 3/18	62/16 62/16 64/19	247/6 248/2 248/3	170/16 170/19 170/20
204/9	6/13 10/15 17/5 20/4	66/3 67/17 69/10	approached [2]	171/3 171/3 171/13
analysis [5] 50/4	20/4 22/10 24/19	69/11 73/2 76/12 79/7	82/22 169/4	171/13 171/14 175/15
162/2 192/23 195/21	29/20 30/11 36/21	79/21 83/7 83/12 84/8	approaching [1]	175/24 176/8 176/14
	38/15 41/10 43/25	91/2 101/19 103/12	79/21	176/22 177/7 178/8

<p>A</p> <p>are... [69] 178/9 178/12 179/20 180/25 182/13 182/14 182/15 182/15 186/2 186/4 186/17 188/3 188/4 188/4 189/22 191/6 191/7 195/17 196/19 198/6 204/4 205/8 205/18 206/18 206/19 207/16 209/9 210/2 210/6 210/7 210/9 213/15 213/16 213/20 214/22 215/12 217/4 218/21 218/21 219/6 222/10 222/16 222/18 223/24 225/20 226/2 226/3 226/9 226/13 228/25 230/23 230/23 232/3 234/18 238/1 238/3 239/10 244/3 245/15 245/24 248/1 250/23 251/21 252/12 261/1 261/2 261/6 262/8 263/5</p> <p>area [5] 6/4 61/10 103/9 143/17 143/22</p> <p>areas [3] 2/16 6/21 6/22</p> <p>aren't [7] 16/8 31/16 32/17 150/13 171/6 175/15 210/7</p> <p>argument [1] 241/19</p> <p>arises [1] 244/25</p> <p>arising [1] 262/22</p> <p>armchair [1] 150/19</p> <p>around [35] 3/18 11/25 22/15 28/18 30/15 56/19 56/20 59/25 63/4 68/8 90/2 97/17 97/22 98/9 111/5 136/3 144/20 151/11 152/17 153/22 156/19 167/18 168/19 168/20 181/20 213/1 226/14 229/11 234/4 234/15 242/14 244/6 246/12 261/3 261/4</p> <p>arrange [2] 87/2 97/25</p> <p>arrest [8] 149/5 177/2 197/17 224/17 226/21 246/23 246/24 253/6</p> <p>arrested [7] 197/5 197/10 197/15 197/18 224/13 225/21 235/19</p> <p>arrests [3] 149/6 149/9 151/1</p> <p>arrived [2] 228/5 258/5</p> <p>article [2] 165/14 165/20</p>	<p>articulate [4] 98/23 112/2 133/4 223/13</p> <p>as [260] 1/14 1/14 1/22 3/17 5/11 5/24 6/1 7/4 7/4 8/1 8/1 8/9 9/5 9/24 10/4 10/22 11/2 14/12 14/12 14/17 16/12 17/8 17/10 17/22 18/24 20/1 20/2 20/2 20/3 20/10 20/16 22/11 22/16 24/7 24/7 24/14 24/15 27/21 28/11 31/3 32/21 37/7 38/10 39/6 39/24 41/20 42/11 42/12 43/17 46/18 46/19 48/17 48/23 50/12 53/15 53/22 56/16 57/22 58/5 58/13 59/21 61/7 62/10 62/10 63/5 63/14 64/9 65/9 69/7 69/12 69/17 70/1 70/2 70/5 70/17 70/18 71/14 71/15 71/15 72/4 72/9 73/23 78/3 78/25 79/13 81/2 81/2 82/5 82/6 82/21 83/20 84/3 86/25 87/18 87/24 90/13 90/16 90/16 91/15 91/19 92/12 92/17 93/20 94/16 96/21 102/9 104/12 106/13 108/18 108/18 109/7 109/8 109/11 113/13 113/14 117/3 117/3 117/5 118/15 119/25 120/8 122/24 123/1 123/4 124/1 124/3 124/10 124/20 124/20 125/18 125/21 126/25 127/9 128/9 128/13 128/23 129/4 129/21 129/24 129/25 131/22 132/3 134/23 134/23 136/18 137/14 137/15 137/15 137/18 138/11 142/7 142/17 143/13 144/19 146/3 146/20 147/14 148/19 150/4 151/24 153/11 153/20 154/3 156/25 156/25 157/10 157/11 158/23 161/4 162/25 163/18 165/10 166/4 166/20 167/13 167/16 167/19 167/23 170/17 173/2 173/22 174/21 176/24 177/16 177/20 178/18 180/12 180/12 181/10 181/13 182/18 186/15 187/9 187/12 188/14 189/6 189/8 189/11 189/17</p>	<p>189/17 189/18 189/24 190/8 190/8 191/5 192/24 196/7 196/12 198/19 200/20 200/20 202/4 203/19 204/9 204/13 206/11 206/18 207/15 209/1 210/14 211/7 218/12 221/9 221/13 222/18 223/11 227/7 227/14 228/7 229/4 229/13 231/17 233/15 234/12 234/19 236/10 238/5 238/12 238/23 239/10 239/11 239/16 239/24 241/6 241/17 243/19 248/20 250/10 251/16 253/2 253/9 254/11 254/18 254/19 254/21 256/10 257/16 258/6 261/24 263/5</p> <p>as exoneration [1] 125/18</p> <p>as representative [1] 20/16</p> <p>as safe [1] 158/23</p> <p>ASAP [1] 49/1</p> <p>aside [2] 45/2 218/18</p> <p>ask [68] 3/20 7/17 15/18 24/6 25/11 28/1 30/21 34/17 35/18 39/3 61/2 65/4 65/6 69/7 75/1 76/4 82/18 82/23 88/7 88/16 89/6 89/15 89/16 91/6 91/8 92/6 92/15 95/5 95/24 104/10 104/16 109/12 110/23 110/25 114/14 118/19 119/16 137/9 139/7 143/4 148/7 151/19 160/1 169/6 169/10 175/19 176/16 181/4 181/18 185/16 185/22 188/12 193/11 193/16 202/11 206/14 212/3 213/1 213/6 216/4 216/6 216/6 216/8 218/12 220/1 246/3 261/20 262/22</p> <p>asked [77] 16/11 17/12 19/15 19/24 20/9 20/11 20/15 21/6 21/12 23/6 34/16 37/17 38/20 40/8 41/1 44/9 44/10 46/20 48/21 53/6 57/17 58/19 61/13 65/8 66/23 75/1 80/5 82/6 88/10 88/21 95/25 100/4 105/14 108/21 113/25 116/8 118/3 120/23 121/3 127/9 130/3 137/6 142/14 143/21 145/12 147/16</p>	<p>148/4 161/1 161/5 173/21 173/22 175/20 176/20 178/25 180/8 180/19 181/20 185/20 189/13 189/15 191/6 195/16 195/23 196/16 197/23 202/23 221/5 221/13 239/16 240/5 240/14 244/12 245/12 245/15 245/17 245/20 252/12</p> <p>asking [22] 23/10 23/20 42/22 46/4 46/7 46/20 46/25 59/18 63/16 64/1 64/10 75/18 124/13 130/12 140/8 152/22 175/22 185/13 188/10 215/10 218/3 253/2</p> <p>asks [5] 60/14 91/18 97/21 179/8 206/9</p> <p>aspect [3] 83/4 99/6 111/20</p> <p>aspects [5] 79/12 79/25 110/24 132/19 249/10</p> <p>asserted [1] 231/17</p> <p>assess [1] 180/2</p> <p>assessment [3] 6/5 157/7 157/12</p> <p>assigning [1] 201/12</p> <p>assignments [1] 136/3</p> <p>assist [1] 7/22</p> <p>assistance [3] 137/13 207/4 232/15</p> <p>assistant [1] 15/11</p> <p>assisted [1] 20/7</p> <p>assists [1] 189/24</p> <p>Associate [1] 61/5</p> <p>associated [3] 149/11 210/4 233/12</p> <p>association [4] 16/21 68/9 125/11 207/25</p> <p>associations [1] 135/15</p> <p>assume [2] 18/2 91/23</p> <p>assumed [1] 114/21</p> <p>assuming [2] 203/11 237/17</p> <p>assumption [1] 211/9</p> <p>assurance [1] 72/20</p> <p>assurances [3] 55/24 72/4 72/10</p> <p>at [387]</p> <p>at 688 [1] 55/3</p> <p>attach [1] 45/13</p> <p>Attached [1] 42/24</p> <p>attacking [1] 246/5</p> <p>attend [5] 11/6 16/12 20/9 20/15 93/2</p> <p>attendance [2] 79/4</p>	<p>93/14</p> <p>attended [5] 21/7 39/11 93/16 139/13 214/16</p> <p>attendee [2] 162/25 170/17</p> <p>attention [1] 246/15</p> <p>attitudes [1] 94/14</p> <p>attracted [1] 2/12</p> <p>attributed [2] 105/24 124/22</p> <p>audit [1] 32/13</p> <p>August [2] 61/24 162/23</p> <p>author [1] 228/25</p> <p>authorities [1] 246/16</p> <p>available [4] 102/25 108/8 114/10 133/6</p> <p>avenue [2] 13/22 41/14</p> <p>average [1] 96/8</p> <p>avoid [4] 89/2 90/8 90/22 231/19</p> <p>avoiding [2] 151/9 224/16</p> <p>awarded [1] 137/2</p> <p>aware [42] 8/1 20/3 22/24 26/20 31/12 32/5 33/12 34/10 34/11 38/15 44/20 46/19 47/24 50/1 50/5 67/11 67/21 94/2 94/4 96/11 107/20 108/12 120/4 139/8 146/10 147/2 147/5 152/1 152/8 157/3 158/15 159/7 159/15 162/21 167/3 180/13 188/16 220/8 228/9 242/15 253/18 255/1</p> <p>awareness [1] 156/20</p> <p>away [16] 2/25 19/11 23/24 48/15 50/20 51/16 68/25 78/17 81/1 112/20 131/1 131/5 153/10 178/24 186/15 191/20</p> <p>awful [3] 5/8 6/21 64/9</p> <hr/> <p>B</p> <p>babies [80] 4/6 16/6 17/13 18/12 18/22 21/13 22/25 24/6 29/9 30/13 30/13 34/2 36/25 48/1 48/8 52/23 66/7 66/11 68/21 71/12 88/16 89/3 90/1 95/12 95/13 96/15 96/23 97/13 97/16 98/7 99/10 105/9 106/3 107/18 107/22</p>
--	---	---	---	---

B	246/1 246/2 264/11	4/19 4/20 50/5 59/8	66/19 67/8 68/20 69/5	better [3] 37/5
babies... [45] 109/9	balance [3] 131/24	59/10 67/16 119/14	72/15 81/20 83/21	208/11 225/21
125/6 128/11 129/7	132/19 231/16	242/14	89/2 92/13 92/17	between [28] 7/17
132/1 133/15 136/13	balanced [1] 132/13	becomes [1] 243/7	92/18 93/3 93/20	14/20 15/10 44/19
149/2 149/5 149/10	balancing [1] 132/8	becoming [1] 2/21	93/21 94/21 96/10	50/17 67/15 85/23
151/1 160/19 166/3	ballpark [1] 188/22	bed [1] 57/6	99/4 100/11 100/15	97/11 98/4 107/16
168/21 173/16 176/21	bang [1] 177/14	been [265]	101/21 101/22 111/16	108/1 110/10 111/5
177/3 187/7 191/14	base [1] 61/19	before [66] 1/25 2/10	112/24 113/18 125/17	119/2 130/17 135/5
193/7 195/14 196/11	based [5] 12/4 30/6	20/5 21/1 21/17 25/11	126/11 127/20 136/19	140/9 145/9 149/6
198/14 202/20 207/10	102/24 222/10 227/22	28/18 29/7 36/4 45/10	136/22 140/6 144/20	151/1 152/24 165/22
207/11 207/16 208/4	basic [1] 101/1	45/23 46/12 54/5	145/7 147/21 150/23	180/9 214/1 220/11
208/8 208/11 209/20	basically [4] 44/14	55/22 56/2 57/22 62/7	152/6 156/6 157/7	229/12 238/8 259/9
210/1 210/24 213/3	138/11 178/6 186/25	62/14 69/13 70/6	162/4 166/2 168/18	Bevan [1] 135/18
215/12 216/15 220/12	basis [8] 45/24 48/18	71/14 74/9 78/12	170/7 173/15 174/15	beyond [7] 16/21
223/13 226/3 226/9	112/15 222/11 222/19	79/20 80/3 83/12	175/18 178/17 179/11	98/20 98/24 101/17
226/11 229/13 242/9	222/22 228/5 228/10	87/18 91/8 91/10	181/3 182/9 183/21	107/3 220/13 234/19
259/3 259/3	BBC [1] 257/2	94/19 105/20 110/1	184/10 184/16 185/16	big [1] 24/15
babies' [1] 221/8	be [330]	113/10 114/16 116/18	190/20 191/24 193/13	biggest [1] 136/24
baby [13] 38/3 43/4	bear [1] 183/17	116/20 117/13 129/9	194/10 199/1 201/13	bill [2] 36/24 147/17
48/9 56/18 152/22	bearing [1] 108/20	138/2 141/7 145/11	201/19 202/20 204/14	billed [1] 154/3
152/23 158/16 187/9	became [8] 2/6 69/14	149/9 151/23 161/5	206/1 206/2 206/3	binary [1] 247/24
210/16 225/14 225/18	69/23 69/25 70/11	162/10 162/21 164/2	206/19 208/1 211/8	bit [19] 2/12 3/2
233/24 257/3	70/14 78/4 246/13	166/2 167/18 168/14	214/16 214/25 215/1	43/11 61/12 77/23
Baby K [2] 210/16	because [125] 3/25	168/16 169/11 177/12	216/12 222/19 223/20	78/22 81/6 82/9 84/25
257/3	5/12 6/22 7/3 8/23	179/25 188/18 189/25	227/8 239/10 239/16	90/15 119/14 139/2
back [73] 6/23 12/17	14/2 14/13 15/2 19/15	196/7 196/14 198/19	244/8 244/21 246/10	170/18 196/9 234/6
16/14 17/24 18/4	22/24 24/4 25/5 25/24	202/1 205/3 209/24	246/16 246/17 247/10	235/3 235/7 258/23
25/21 29/1 32/11	26/12 28/20 29/2	212/20 221/11 223/20	251/2 251/3 251/23	258/23
32/15 38/14 40/6	30/14 32/2 32/16	229/5	251/25 252/1 252/12	bits [4] 62/21 228/19
42/10 48/19 49/2 49/4	32/21 33/2 33/7 34/18	begin [6] 6/1 71/11	252/14 252/25 253/9	228/24 228/25
49/16 49/17 50/13	36/21 37/3 37/10	71/16 145/4 242/5	254/18 254/25 255/2	blame [2] 105/23
50/14 53/13 53/20	37/11 40/12 40/21	246/8	259/11	201/12
54/11 55/15 55/19	41/15 43/21 44/1 47/5	beginning [4] 7/23	belief [6] 12/4 77/19	blew [1] 248/25
56/8 56/10 56/13	49/4 54/10 54/18 56/8	135/3 148/23 219/16	105/9 105/15 105/18	blood [1] 246/25
56/18 56/21 57/5	56/16 60/25 61/17	begun [1] 247/2	106/3	bloods [1] 166/25
71/18 83/6 98/1 99/21	61/18 64/9 70/10	behalf [15] 3/4 8/22	beliefs [2] 105/4	blowing [1] 11/10
110/1 110/15 116/18	72/21 81/11 82/20	28/5 34/17 36/9 37/3	144/7	blown [1] 153/3
122/16 123/1 147/12	83/16 84/15 85/7 86/2	43/24 47/5 51/7 65/5	believe [36] 14/14	blue [1] 58/24
147/17 149/16 151/16	87/8 87/12 87/13	65/6 72/3 190/15	17/6 23/1 30/17 44/5	BMA [1] 206/24
162/20 163/11 163/21	87/15 90/10 90/12	246/3 256/21	68/23 70/4 70/5 85/11	board [17] 9/25 18/4
164/12 165/17 171/4	92/21 92/22 93/22	behave [2] 138/20	86/21 93/12 93/13	38/13 71/22 110/3
176/25 179/6 180/1	94/13 99/22 100/14	215/5	94/7 94/24 95/20	110/4 132/10 133/4
181/8 192/8 196/5	103/23 104/12 104/14	behaviour [10]	99/24 107/12 109/17	155/1 171/20 193/21
196/23 201/3 212/15	104/17 106/4 106/5	202/19 205/24 216/16	110/17 125/22 133/7	207/22 211/4 211/15
212/18 212/21 212/24	112/25 116/1 116/22	227/23 237/8 237/14	167/4 168/6 173/11	213/9 224/4 231/19
218/7 218/11 222/1	120/11 123/8 123/11	247/21 254/15 254/15	182/10 185/10 196/16	boardroom [2]
225/6 227/10 229/25	124/9 126/23 127/10	262/3	199/16 204/13 217/11	154/14 171/20
236/21 238/15 239/1	130/11 133/2 133/16	behaviours [6] 94/15	218/4 223/6 227/2	body [8] 13/1 36/5
242/10 246/8 260/16	133/22 139/16 147/14	192/21 192/25 202/15	227/15 232/3 236/13	109/22 131/7 140/9
background [8] 1/22	152/1 152/14 152/19	227/24 234/15	believed [5] 182/5	201/10 220/24 237/25
14/10 77/23 80/23	157/3 159/13 166/17	behind [4] 38/13	182/19 184/13 199/14	booked [1] 51/21
96/21 169/7 208/22	167/19 172/20 174/25	38/13 225/24 233/19	199/15	bored [1] 60/24
253/16	176/5 180/23 181/23	being [136] 4/17	believes [1] 182/20	borne [1] 240/1
backwards [1]	184/7 186/11 189/24	11/14 11/21 13/23	below [3] 92/10	both [24] 7/9 39/13
243/10	194/14 196/3 197/1	16/8 16/9 17/11 17/12	140/12 146/2	39/22 42/1 47/9 94/23
badly [2] 233/4 233/5	198/19 200/13 213/21	17/14 17/22 18/3 21/4	benefit [2] 103/1	97/2 97/14 98/16
bag [5] 40/8 143/15	214/13 218/3 218/4	21/6 23/9 24/16 24/21	154/9	98/17 111/8 112/10
162/7 183/3 208/14	218/5 225/7 225/8	29/9 29/19 29/21	benefited [2] 122/23	156/10 172/16 175/1
bags [10] 17/11	230/17 230/23 237/10	33/14 33/17 38/12	131/15	175/25 205/12 214/19
17/11 159/5 159/8	238/2 240/5 244/7	39/15 39/18 47/10	Bershadski [3] 76/24	217/3 217/6 229/15
159/14 159/22 160/2	245/13 248/13 251/22	48/17 49/10 50/2 50/4	77/5 264/8	231/20 231/21 237/4
160/12 160/15 226/19	253/15 253/23 261/15	50/5 50/7 56/9 56/16	best [7] 10/5 37/4	bothered [1] 151/2
Baker [4] 245/25	262/6 262/7 262/10	58/7 59/9 60/18 61/11	77/18 87/7 87/9	bottle [3] 161/19
	become [10] 2/22 4/2	65/10 65/10 66/1 66/7	146/20 201/23	162/2 162/2

<p>B</p> <p>bottom [13] 26/19 33/10 51/9 55/14 72/1 91/13 127/14 171/16 179/7 190/3 206/8 223/2 248/9</p> <p>bound [1] 10/4</p> <p>box [12] 13/10 145/21 181/25 182/23 185/1 192/17 195/10 222/9 223/1 235/15 235/16 236/12</p> <p>boxes [1] 202/14</p> <p>boys [2] 64/18 158/16</p> <p>breach [1] 6/18</p> <p>break [12] 76/16 76/22 114/16 116/12 116/20 134/8 134/11 196/14 200/25 201/3 201/6 232/7</p> <p>breaks [2] 2/18 139/1</p> <p>Brearey [68] 16/24 44/12 44/24 54/22 71/25 93/7 94/15 95/7 97/1 97/8 97/14 97/23 98/5 99/17 100/4 105/8 108/1 115/25 116/8 117/5 117/12 117/24 118/9 119/3 119/7 121/18 122/19 123/3 123/18 123/24 124/18 128/18 129/14 130/23 148/12 149/1 149/7 149/25 150/24 151/17 152/3 152/16 153/11 157/15 180/21 180/23 182/3 182/5 183/20 184/6 184/11 184/16 185/2 205/2 205/11 216/2 216/4 219/4 221/5 221/16 238/9 244/6 249/17 249/20 250/8 251/24 252/2 257/17</p> <p>Brearey' [1] 177/18</p> <p>Brearey's [7] 97/6 107/14 118/6 118/25 200/6 249/22 250/3</p> <p>brief [2] 19/15 24/7</p> <p>briefing [1] 163/1</p> <p>briefly [2] 20/8 52/18</p> <p>bright [1] 142/24</p> <p>bring [5] 129/13 183/17 260/16 262/8 262/14</p> <p>bringing [2] 85/24 87/22</p> <p>brings [2] 262/6 262/12</p> <p>Britain [1] 135/10</p> <p>broad [2] 65/22 171/14</p>	<p>broaden [1] 3/19</p> <p>broader [2] 4/3 4/15</p> <p>broadly [1] 143/13</p> <p>brought [9] 57/23 81/12 148/14 167/6 196/25 205/15 246/11 260/15 262/9</p> <p>BSc [1] 135/4</p> <p>building [1] 30/4</p> <p>built [1] 218/25</p> <p>bullet [5] 111/1 143/9 144/12 218/9 238/19</p> <p>bullied [5] 147/21 177/17 178/17 181/3 181/10</p> <p>bully [1] 180/21</p> <p>bullying [16] 88/2 146/7 146/12 147/7 148/1 180/23 181/21 184/17 194/2 194/9 194/11 227/19 234/10 252/22 252/23 254/15</p> <p>buried [2] 131/1 131/4</p> <p>burst [1] 69/5</p> <p>business [2] 9/3 48/2</p> <p>but [342]</p> <p>Byrne [2] 32/22 60/11</p> <hr/> <p>C</p> <p>Cairns [4] 81/13 81/25 236/16 245/18</p> <p>cake [1] 54/4</p> <p>calendar [1] 174/3</p> <p>call [29] 1/3 6/23 7/22 30/18 32/25 58/23 86/15 86/19 87/6 104/10 104/25 104/25 105/11 106/19 117/8 132/15 132/20 134/13 154/17 172/21 173/7 197/3 212/9 226/17 231/18 247/4 248/14 248/18 260/10</p> <p>called [33] 40/19 48/15 50/20 65/11 76/5 84/22 85/10 86/11 104/7 104/20 104/21 104/24 132/23 133/20 144/18 145/3 155/1 173/15 174/22 175/12 175/13 175/18 175/19 180/2 197/8 197/16 219/22 225/7 225/25 228/14 235/17 243/1 247/11</p> <p>calling [8] 38/17 46/1 106/6 131/22 132/3 132/7 156/16 225/9</p> <p>calls [7] 59/7 86/13 87/22 156/14 156/22 259/25 260/6</p> <p>calmly [1] 68/24</p>	<p>came [19] 22/2 32/1 39/10 62/14 81/14 86/18 91/10 103/25 109/13 109/18 128/1 159/19 165/10 180/1 217/23 244/3 252/20 253/22 261/21</p> <p>can [140] 1/13 1/15 2/10 2/17 2/22 4/2 4/13 4/19 4/20 7/17 8/18 9/17 11/11 12/5 14/12 15/21 18/16 20/6 26/6 26/13 27/15 28/2 28/2 28/8 28/17 30/11 33/18 39/4 40/3 43/15 47/7 50/17 51/8 51/9 51/12 51/15 51/18 57/3 60/15 61/14 62/25 66/4 67/2 67/22 70/7 71/11 71/17 72/1 73/12 73/24 74/10 77/25 82/9 82/13 84/25 88/3 89/4 91/8 92/6 92/15 95/10 95/14 96/3 97/5 97/8 100/17 104/22 109/14 109/15 112/8 119/4 119/12 119/14 126/12 127/14 131/19 134/22 134/25 135/21 137/9 137/25 138/6 138/7 140/2 142/19 143/4 145/17 145/19 145/25 148/3 148/17 153/14 153/24 154/4 157/1 162/23 165/12 167/25 168/16 169/12 169/14 169/18 172/7 173/19 177/8 178/6 178/15 181/2 190/6 192/14 196/19 197/20 199/3 204/15 206/15 207/1 207/2 212/16 212/21 212/24 213/7 216/2 218/10 219/23 223/1 225/12 228/17 232/24 235/9 241/21 243/11 243/11 246/21 248/8 248/10 249/10 253/1 254/18 255/21 259/17</p> <p>can't [51] 1/18 18/18 19/14 26/13 28/19 28/19 34/16 34/19 35/25 44/14 47/16 55/11 56/13 56/14 56/14 57/6 66/12 67/22 71/16 71/17 72/25 73/3 75/12 75/16 83/8 93/4 100/12 111/20 115/24 123/16 150/7 154/9 154/18 155/16 157/2 160/6 160/9 172/18</p>	<p>174/7 175/9 188/22 190/14 204/22 230/1 230/7 230/20 231/10 232/5 235/1 258/4 260/25</p> <p>cancelled [1] 29/15</p> <p>candid [1] 144/20</p> <p>candour [3] 144/17 144/18 152/19</p> <p>cannot [2] 92/25 191/4</p> <p>care [18] 5/12 6/7 10/12 10/14 10/17 17/7 79/25 97/10 136/20 138/14 139/18 140/4 148/15 168/21 186/2 198/4 242/9 250/3</p> <p>career [5] 133/13 144/22 145/4 247/23 248/1</p> <p>careful [3] 34/23 89/2 176/17</p> <p>carefully [1] 233/25</p> <p>caring [1] 96/23</p> <p>carried [3] 121/1 152/6 227/9</p> <p>carry [1] 56/21</p> <p>carrying [1] 201/21</p> <p>case [51] 4/5 7/25 21/18 32/25 41/21 47/11 49/25 70/8 79/15 82/15 82/21 82/21 83/8 83/9 84/6 85/21 86/5 86/21 86/24 87/12 92/21 93/17 94/12 101/18 129/3 139/16 143/20 147/11 152/9 152/18 155/6 155/15 162/3 164/25 165/18 174/21 181/6 197/9 199/3 210/8 212/4 221/10 221/13 221/14 222/3 227/12 231/9 232/25 238/16 240/7 248/12</p> <p>cases [27] 14/4 27/18 49/24 79/7 79/8 79/12 79/19 79/19 79/21 79/24 83/14 88/1 88/2 99/15 101/15 102/12 107/1 108/2 148/25 149/8 149/12 152/3 156/3 169/25 192/22 207/23 214/19</p> <p>categorically [2] 219/2 232/24</p> <p>categorisation [1] 247/24</p> <p>category [1] 143/16</p> <p>caught [1] 58/22</p> <p>cause [18] 41/21 93/22 97/16 105/6</p>	<p>126/20 133/14 149/3 157/13 157/17 165/18 185/2 186/7 201/13 201/19 201/24 202/1 202/10 221/9</p> <p>caused [6] 32/4 66/7 68/20 88/17 106/2 237/5</p> <p>causes [1] 207/17</p> <p>causing [2] 89/19 197/24</p> <p>cc'd [2] 26/16 149/16</p> <p>cc'ing [1] 152/15</p> <p>CCTV [2] 219/11 226/19</p> <p>CDOP [1] 64/6</p> <p>celebration [1] 63/3</p> <p>centred [4] 22/15 138/14 140/4 246/12</p> <p>certain [5] 31/1 44/5 73/3 219/7 244/3</p> <p>certainly [15] 7/9 35/11 48/6 74/18 78/11 79/13 114/15 116/2 148/21 158/2 170/11 171/3 213/18 224/15 255/18</p> <p>certainty [1] 217/17</p> <p>cetera [6] 11/15 34/2 43/8 43/8 73/17 195/19</p> <p>chair [22] 2/8 2/13 8/17 8/18 13/7 14/17 14/20 36/4 108/10 108/14 116/23 117/8 117/21 118/16 118/18 123/2 125/19 125/21 125/23 126/2 126/25 150/19</p> <p>chaired [1] 8/15</p> <p>chairs [1] 13/1</p> <p>challenge [1] 199/4</p> <p>challenged [3] 61/11 61/11 179/16</p> <p>challenging [2] 155/25 179/3</p> <p>Chambers [2] 72/14 154/23</p> <p>chance [5] 42/25 87/19 151/8 157/5 259/11</p> <p>change [3] 9/11 60/13 234/23</p> <p>changed [4] 103/25 108/24 110/15 242/24</p> <p>changes [7] 96/20 109/25 110/10 110/12 110/14 110/15 110/17</p> <p>channels [2] 111/8 229/15</p> <p>characterisation [1] 122/13</p> <p>chat [1] 163/23</p> <p>check [8] 28/2 63/19</p>
--	--	---	--	---

C			
check... [6] 75/6 162/2 163/10 255/1 255/7 255/8	circumstances [7] 16/7 18/8 119/1 160/17 160/18 209/5 261/12	111/6	126/12 131/6 158/2 198/7 202/21 203/2 203/15 203/19 203/22 204/7 204/7 204/18 230/4 234/18 235/12 245/22 252/2 252/24
checking [4] 150/14 151/5 222/15 245/22	citing [1] 41/20	collapses/deaths [1] 111/6	commercial [1] 143/20
checks [2] 49/10 49/13	Claire [1] 23/16	collation [1] 81/15	commissioned [2] 163/19 166/5
chemical [1] 158/23	Clare [1] 11/1	colleague [2] 26/16 261/2	commitment [1] 254/5
Cheshire [1] 8/2	clarification [1] 191/3	colleagues [8] 33/16 33/23 144/4 163/24 165/15 173/4 241/24 242/6	committal [1] 214/20
Chester [6] 2/1 9/25 78/15 135/7 139/9 145/1	clarify [2] 210/22 223/12	collect [1] 159/22	committee [3] 72/18 162/22 163/1
Chief [4] 72/15 154/20 154/22 185/6	clarifying [1] 227/11	collecting [1] 159/14	committing [1] 71/8
Chief Executive [3] 72/15 154/20 154/22	clarity [1] 119/24	collective [1] 36/7	common [4] 24/16 97/16 195/14 249/21
child [6] 3/21 10/5 65/5 162/8 187/9 243/12	clear [39] 9/25 24/17 27/20 41/5 65/13 77/16 81/10 89/1 109/20 111/23 112/24 113/18 113/24 114/19 114/25 115/9 120/24 124/20 124/24 125/23 149/3 161/1 174/21 176/4 196/6 197/8 200/3 201/25 219/8 224/19 225/23 229/19 229/22 230/13 230/15 230/23 238/14 242/12 261/3	College [4] 21/21 21/24 22/5 22/6	commonality [10] 98/24 99/2 101/17 111/5 115/20 116/1 124/22 131/10 220/10 229/12
Child I but [1] 65/5	clearly [13] 37/11 130/4 131/6 149/17 165/23 207/10 208/18 209/6 210/17 224/6 226/21 234/4 244/17	Colm [4] 32/22 60/7 60/9 60/11	commonly [2] 79/5 79/14
children [14] 3/19 4/8 9/20 10/2 10/3 65/7 101/3 136/13 139/5 139/10 139/10 141/23 219/2 246/4	clinic [5] 199/10 202/20 203/4 204/8 204/12	Colm Byrne [1] 60/11	communicate [5] 9/14 131/3 138/16 139/24 140/17
Children's [2] 19/25 62/1	clinical [18] 6/7 6/22 31/17 60/19 79/25 80/8 80/24 80/25 89/13 89/14 96/20 97/10 102/8 102/11 125/25 139/18 168/20 207/24	column [1] 250/9	communicates [1] 171/1
chosen [1] 150/24	clinically [3] 127/4 179/2 207/13	come [48] 2/16 7/10 9/18 15/4 27/15 40/15 57/6 61/2 66/2 66/25 77/3 80/3 92/23 107/12 108/17 109/15 122/8 131/19 134/14 145/19 147/5 163/7 163/20 176/25 187/25 196/5 197/23 199/24 201/3 205/3 205/12 205/19 207/5 209/24 210/20 212/16 214/13 218/7 218/10 220/22 221/10 228/6 230/23 231/8 235/25 241/17 242/10 261/25	communicating [2] 34/7 46/22
Chris [38] 82/10 84/4 84/22 85/4 85/8 86/2 87/5 88/15 89/15 91/22 91/23 92/6 93/15 97/21 98/16 107/21 107/25 110/8 110/16 111/19 112/5 116/3 116/22 117/11 118/1 118/4 118/7 119/22 120/23 122/10 123/13 128/7 128/14 129/20 134/16 206/14 235/7 264/9	close [4] 69/23 69/25 70/11 164/18	comes [3] 117/16 152/14 169/16	communication [6] 35/19 140/2 140/3 140/7 140/11 157/4
Chris Green [28] 82/10 84/4 84/22 85/4 85/8 86/2 87/5 88/15 89/15 91/23 93/15 97/21 107/21 107/25 110/8 110/16 111/19 112/5 116/3 116/22 118/1 118/4 118/7 119/22 122/10 128/7 128/14 129/20	clinician [1] 80/23	comfortable [1] 94/21	company [1] 173/24
Chris Green's [1] 117/11	closer [1] 250/21	coming [8] 49/4 53/24 76/19 90/7 122/19 163/11 242/6 263/3	compatible [1] 227/23
Chris' [3] 112/4 122/3 124/8	clothing [1] 78/7	Command [2] 216/17 243/21	compelling [1] 238/15
chronologically [1] 189/23	cloud [1] 70/5	commenced [1] 26/21	competence [2] 143/10 143/23
chronology [2] 152/13 205/4	clouded [3] 69/25 118/8 118/11	comment [19] 43/25 60/3 109/19 109/25 118/6 118/24 119/5 120/22 123/7 125/15 126/13 204/12 217/5 222/6 233/2 239/25 240/17 250/1 259/15	competencies [3] 49/6 104/3 113/4
circulated [1] 11/2	Clwyd [1] 48/24	commented [2] 47/4 47/4	competent [1] 192/19
circumspect [3] 214/21 214/23 253/10	coach [1] 143/3	commenting [4] 52/24 165/17 187/20 239/10	competing [1] 4/9
	coat [1] 40/8	comments [24] 43/16 83/1 110/1 110/3 111/19 123/3	compiling [1] 126/8
	coincidence [1] 16/21		complainant [1] 194/22
	cold [2] 159/6 235/2		complaint [4] 71/24 74/6 147/6 252/23
	collapse [4] 34/2 98/2 220/12 229/13		complaints [5] 30/8 38/6 60/24 146/7 146/12
	collapse/deaths [2] 220/12 229/13		completed [1] 195/21
	collapsed [1] 208/12		completely [14] 33/14 33/15 50/10 51/7 51/8 55/9 73/15 132/18 132/21 178/21 246/22 248/2 248/13 259/17
	collapses [2] 98/10		complex [2] 127/7

<p>C</p> <p>concerns... [24] 182/24 185/4 185/8 192/21 192/25 204/11 211/4 211/14 213/8 222/10 228/11 229/7 229/14 229/18 234/2 234/15 244/7 251/14 251/24 252/18 254/14 255/1 260/23 261/6</p> <p>conclude [1] 231/12</p> <p>concluded [3] 85/13 87/9 94/9</p> <p>conclusion [10] 112/23 122/8 180/1 182/25 228/4 234/13 239/9 242/10 252/20 253/23</p> <p>conclusions [9] 45/14 108/9 108/11 112/3 112/4 218/17 224/2 243/18 244/2</p> <p>concrete [3] 129/1 141/20 243/22</p> <p>condemning [1] 222/18</p> <p>conditions [2] 9/12 248/21</p> <p>conduct [1] 242/9</p> <p>conducted [7] 84/12 95/6 126/2 126/4 174/15 192/22 243/18</p> <p>conducting [2] 62/5 244/2</p> <p>confidence [1] 6/19</p> <p>confident [1] 192/18</p> <p>confidential [3] 72/5 72/7 173/17</p> <p>confidentiality [1] 138/22</p> <p>confirm [6] 1/13 1/15 77/7 134/23 222/2 225/8</p> <p>confirmed [1] 93/14</p> <p>confirming [1] 227/11</p> <p>conflict [5] 32/4 32/8 32/15 32/21 234/4</p> <p>conflicting [1] 231/20</p> <p>confusion [1] 128/1</p> <p>congenital [1] 96/19</p> <p>connecting [1] 37/25</p> <p>connection [3] 66/21 67/12 252/20</p> <p>conscious [1] 88/14</p> <p>consequences [1] 218/5</p> <p>consider [9] 13/12 87/5 90/18 95/21 113/21 119/9 122/21 195/1 233/13</p> <p>considerably [2]</p>	<p>214/18 234/7</p> <p>consideration [3] 4/7 132/16 199/22</p> <p>considered [1] 201/19</p> <p>considering [2] 106/17 132/7</p> <p>consistent [1] 250/21</p> <p>consultant [8] 103/3 165/15 177/17 178/18 210/23 220/22 220/24 224/12</p> <p>Consultants [72] 44/5 45/12 57/2 57/24 75/15 81/18 90/24 91/1 91/7 91/10 91/15 98/17 104/7 104/19 104/23 109/3 111/4 112/14 129/10 173/14 173/14 175/18 178/8 180/10 182/2 186/14 186/16 186/17 187/2 193/17 193/19 194/1 194/13 194/16 195/2 198/20 199/23 206/5 213/8 213/21 214/2 215/20 217/11 222/2 223/11 225/7 229/10 231/16 235/17 236/14 237/5 239/10 239/17 247/18 247/20 248/4 248/6 248/24 249/12 251/7 251/10 251/15 251/17 251/21 251/23 253/1 253/15 253/17 254/7 256/1 256/4 256/24</p> <p>Consultants' [6] 111/10 111/21 114/18 229/18 234/2 251/13</p> <p>consultation [1] 9/11</p> <p>contact [15] 33/16 33/18 33/25 34/4 34/4 34/12 34/16 34/18 34/19 35/1 35/15 87/1 156/14 190/10 206/24</p> <p>contacted [5] 133/11 172/23 173/1 175/5 260/18</p> <p>contained [3] 117/25 127/6 169/17</p> <p>containing [1] 250/9</p> <p>content [2] 171/15 262/11</p> <p>contents [3] 1/13 146/23 161/18</p> <p>context [9] 4/3 76/2 144/4 193/1 202/3 227/2 247/22 255/25 262/9</p> <p>continue [3] 158/22 160/11 196/13</p> <p>continued [1] 16/20</p>	<p>continues [2] 43/7 44/4</p> <p>continuing [1] 137/19</p> <p>contract [1] 248/19</p> <p>contrary [3] 132/18 132/21 213/19</p> <p>contribute [4] 9/8 43/25 84/8 140/10</p> <p>contributed [2] 129/21 158/10</p> <p>contribution [2] 119/25 141/15</p> <p>Control [10] 81/12 81/23 153/21 153/25 154/17 155/22 156/20 171/19 183/2 208/25</p> <p>controlled [1] 161/23</p> <p>controlling [2] 244/8 254/9</p> <p>conversation [46] 25/21 28/15 28/16 28/17 37/9 51/4 51/5 52/1 52/2 52/5 52/11 58/11 58/14 61/4 66/25 67/19 81/21 82/16 88/19 95/25 104/12 107/16 109/8 160/10 167/15 167/17 167/25 168/8 168/12 170/3 175/10 175/12 175/24 175/25 176/19 190/22 190/24 191/24 197/12 199/11 215/7 240/9 240/21 240/23 248/15 261/11</p> <p>conversations [17] 27/11 33/6 67/24 68/1 68/2 68/3 81/13 85/2 85/9 85/23 99/24 112/9 114/5 114/7 160/3 173/4 190/7</p> <p>conveyed [1] 170/24</p> <p>convicted [1] 246/5</p> <p>coolly [1] 192/4</p> <p>Cooper [11] 26/22 182/4 182/9 182/16 182/20 188/9 189/22 190/2 190/23 192/6 236/6</p> <p>Cooper's [1] 236/2</p> <p>copied [2] 36/4 91/24</p> <p>copy [5] 35/22 46/5 71/25 206/25 229/1</p> <p>core [3] 7/17 18/14 134/2</p> <p>Core Participants [1] 134/2</p> <p>corner [1] 19/7</p> <p>Corporate [1] 13/8</p> <p>correct [38] 1/24 2/9 3/16 4/11 10/24 20/17 20/21 21/22 27/13 60/17 65/17 65/18</p>	<p>66/23 66/24 69/24 70/4 84/14 84/20 88/13 89/20 89/25 90/4 100/7 100/10 106/12 106/16 107/19 115/2 120/12 120/13 120/17 132/12 135/8 135/13 138/13 155/7 225/3 248/14</p> <p>correctly [2] 191/23 228/13</p> <p>correlation [1] 130/17</p> <p>corresponded [1] 93/12</p> <p>correspondence [4] 91/9 93/10 93/16 94/19</p> <p>could [65] 5/23 7/4 7/16 7/18 14/18 19/8 21/2 25/2 25/20 30/12 33/1 34/17 45/20 46/14 50/23 51/18 59/2 61/2 61/13 61/21 63/9 64/8 66/10 71/4 75/14 77/7 77/22 78/18 81/6 91/11 95/7 108/25 114/3 126/2 146/20 149/10 153/23 156/11 158/10 163/6 164/24 166/8 166/12 166/14 175/20 175/21 180/11 180/15 181/19 195/16 196/8 207/8 210/2 219/3 222/1 222/4 228/11 238/12 239/15 241/18 247/2 247/5 249/13 253/3 258/22</p> <p>couldn't [15] 34/3 34/9 34/11 47/18 48/22 54/18 139/15 148/2 172/14 188/10 209/24 247/4 247/9 254/14 258/21</p> <p>Council [4] 135/11 137/13 137/17 142/20</p> <p>Counsel [2] 65/8 75/2</p> <p>Countess [10] 2/1 9/25 29/8 60/2 78/15 78/20 79/10 135/7 139/9 145/1</p> <p>country [4] 29/8 68/5 68/15 167/5</p> <p>couple [7] 1/25 5/19 40/16 58/12 188/17 235/13 255/10</p> <p>courage [1] 194/7</p> <p>course [29] 3/1 25/13 31/16 48/22 48/24 48/25 49/8 49/9 76/17 86/25 102/15 108/18 120/3 120/25 123/15</p>	<p>135/21 135/22 136/5 136/14 140/16 142/24 153/2 164/9 182/15 199/18 220/7 223/15 256/21 257/24</p> <p>court [4] 215/21 256/5 257/18 257/25</p> <p>cover [2] 51/19 143/16</p> <p>coverage [1] 59/17</p> <p>covered [3] 6/2 6/21 8/2</p> <p>covering [1] 5/20</p> <p>Covid [2] 145/9 155/25</p> <p>created [1] 125/16</p> <p>credibility [3] 117/12 117/25 118/6</p> <p>crime [2] 71/9 235/18</p> <p>criminal [2] 62/23 141/20</p> <p>criticised [1] 211/9</p> <p>criticism [1] 171/17</p> <p>criticisms [3] 251/16 251/18 251/21</p> <p>cropped [2] 153/1 210/14</p> <p>cross [10] 13/3 147/11 168/13 173/2 173/9 175/22 175/24 184/21 197/3 252/17</p> <p>crossed [1] 174/14</p> <p>crossover [2] 90/15 90/16</p> <p>cruise [1] 51/21</p> <p>crunch [1] 217/24</p> <p>cry [1] 55/16</p> <p>crying [1] 69/5</p> <p>cuff [3] 239/25 240/17 240/23</p> <p>culminated [1] 253/19</p> <p>culture [2] 22/15 187/25</p> <p>curiosity [2] 162/17 176/25</p> <p>curious [1] 176/20</p> <p>current [2] 27/8 172/1</p> <p>currently [1] 50/19</p> <hr/> <p>D</p> <p>dad [3] 53/19 53/23 54/2</p> <p>damaging [2] 133/13 224/14</p> <p>danger [1] 121/5</p> <p>data [2] 220/13 225/24</p> <p>date [8] 20/13 28/3 77/16 97/4 169/14 172/14 212/20 242/23</p> <p>dated [4] 1/10 77/11 134/22 148/16</p>
---	---	--	---	--

D	decider [1] 240/9 decides [1] 40/21 deciding [1] 84/2 decision [16] 27/5 47/16 47/18 47/23 48/3 84/5 88/14 108/7 117/11 154/16 168/21 231/12 240/15 241/12 241/19 248/17 decision-making [1] 168/21 decisions [2] 140/6 208/6 declared [1] 235/18 decline [1] 256/10 declines [1] 255/22 deduce [1] 223/19 Dee [4] 81/13 81/25 236/16 245/18 Dee Appleton-Cairns [4] 81/13 81/25 236/16 245/18 deepened [1] 26/23 deeply [18] 51/5 51/22 121/21 122/18 123/17 124/6 124/13 124/16 125/1 125/2 125/5 125/10 129/15 130/23 131/13 223/5 237/12 239/24 defects [1] 96/19 defensiveness [1] 243/11 deferred [1] 207/3 define [1] 141/6 definitely [1] 155/6 definition [2] 141/12 142/19 degrading [1] 158/23 degree [4] 93/22 94/20 115/16 202/8 delay [1] 246/23 delayed [1] 246/10 deliberate [6] 21/14 65/15 66/6 67/12 100/5 213/2 deliberately [9] 16/22 29/9 68/21 100/13 160/19 184/14 210/23 216/15 234/23 deliver [1] 194/15 delivered [1] 163/19 delivers [2] 136/20 137/24 delivery [1] 140/4 demonstrate [3] 138/25 165/7 175/2 demonstrates [1] 174/24 denial [1] 221/3 denied [4] 173/15 220/25 221/1 221/25 deny [3] 221/2 222/3 231/21	department [5] 2/11 30/22 55/17 81/5 208/17 departments [2] 31/23 52/15 departure [1] 145/9 Dependency [1] 2/3 depending [3] 11/12 94/5 239/3 depends [2] 115/11 186/11 depth [1] 143/15 derogatory [1] 252/24 describe [2] 78/18 119/25 described [5] 124/3 150/16 150/24 238/12 238/23 describes [2] 194/3 210/17 describing [3] 186/21 192/6 223/14 description [1] 5/10 designated [2] 14/8 189/11 designed [1] 135/22 desks [1] 30/24 despite [3] 128/16 158/14 186/15 detail [10] 84/25 103/20 111/18 166/16 206/18 217/5 227/9 234/21 242/23 256/9 detailed [1] 169/25 details [11] 52/25 53/2 92/7 152/23 161/6 163/4 169/11 200/24 206/15 234/16 259/13 deteriorate [2] 98/8 226/4 deteriorated [2] 21/13 149/3 deteriorating [1] 207/20 deterioration [2] 149/4 195/16 deteriorations [3] 155/13 195/13 210/5 development [2] 137/20 138/17 diary [1] 174/3 did [268] didn't [171] 5/8 5/13 6/21 6/25 10/23 14/10 15/19 16/17 18/25 22/9 22/22 23/5 23/7 24/6 31/3 31/10 31/25 32/13 33/2 34/4 35/3 36/24 37/10 37/15 37/16 37/21 38/4 40/12 40/15 40/16 40/18 41/7 41/9 41/10	44/16 48/5 48/6 50/7 52/1 52/3 54/21 55/9 56/23 64/9 64/14 67/9 68/3 69/4 69/5 69/7 74/18 75/9 75/21 86/1 86/3 87/13 89/6 89/18 89/21 90/1 90/23 102/19 102/24 103/11 104/10 104/12 104/13 104/20 104/24 105/5 105/18 106/2 106/4 106/4 106/9 107/5 107/10 109/1 112/10 114/2 115/17 115/20 121/14 125/17 127/10 130/10 130/11 130/20 130/22 146/15 147/11 148/10 149/18 149/18 150/20 150/21 151/16 151/19 151/19 151/22 153/10 153/12 160/16 164/8 164/17 175/19 176/15 176/16 180/6 180/20 180/22 182/20 184/21 185/5 185/10 189/15 191/9 191/15 191/19 191/22 192/4 194/25 195/3 195/15 195/20 197/6 199/1 203/6 203/21 204/13 204/18 204/20 206/6 207/23 209/8 209/9 211/23 211/25 212/3 213/18 213/24 215/1 215/22 216/4 216/6 216/6 216/8 217/11 217/25 218/2 218/4 221/2 221/3 222/6 226/4 226/13 228/8 229/3 232/3 239/4 243/22 249/2 254/1 254/4 254/6 255/3 255/7 255/8 256/7 260/7 260/8 die [2] 96/15 226/4 died [8] 16/6 21/13 56/18 97/11 125/7 132/2 176/22 177/3 difference [3] 45/7 200/8 219/25 differences [1] 205/16 different [39] 2/15 2/21 9/6 22/8 30/4 30/20 31/23 31/25 48/7 50/11 56/9 59/6 79/8 83/7 87/24 88/6 88/23 91/4 94/4 96/18 99/1 102/6 103/4 108/18 113/7 115/6 128/24 140/3 146/1 148/1 178/21 199/18 212/13 214/18 214/18 215/5 222/25 239/8	259/18 differently [3] 69/17 223/22 244/4 difficult [20] 11/11 70/15 82/13 88/20 90/12 101/5 103/7 105/19 132/4 170/23 185/10 191/15 209/19 215/11 215/13 215/16 223/12 224/18 241/4 243/20 difficulties [1] 223/11 dignity [2] 144/1 177/16 diluted [1] 161/19 direct [4] 7/15 118/5 119/1 167/24 directed [1] 142/9 directly [7] 7/10 74/7 85/17 117/4 191/6 213/6 215/14 director [11] 13/2 13/8 14/25 61/5 72/6 72/15 72/16 135/6 137/16 161/4 169/5 disagree [6] 84/8 103/17 103/18 122/10 130/11 194/20 disagreed [1] 153/9 disagreement [5] 118/9 119/2 119/7 119/11 153/12 disagreements [1] 153/5 disappointed [7] 43/8 47/14 59/15 73/17 94/14 257/15 258/20 disbelieve [1] 199/12 disciplinaries [2] 78/9 88/20 disciplinary [14] 57/15 79/1 79/3 79/4 83/14 88/3 88/24 100/23 146/5 195/1 199/22 205/8 227/19 234/10 discipline [3] 57/2 57/10 57/19 disciplined [6] 195/4 246/17 248/25 249/5 249/8 253/20 disclosed [4] 86/4 215/20 256/4 261/8 disclosing [1] 261/7 Disclosure [1] 146/9 disclosures [4] 146/8 146/24 147/1 147/3 discounted [1] 116/1 discovery [1] 246/24 discredit [3] 183/1 183/11 183/22 discrepancies [1]
----------	---	--	---	--

D	distributed [1] 151/7	doctors [18] 6/8	245/20 245/22 256/25	done [58] 6/20 21/2
discrepancies... [1] 161/17	Dixon [5] 4/1 140/22 150/12 194/6 243/6	16/24 17/1 44/19 45/3 99/10 99/12 103/3 139/18 144/19 157/17 164/15 165/22 185/13 185/16 186/7 203/14 261/21	don't [194] 3/22 3/22 3/22 8/22 11/21 12/10 12/13 12/16 12/19 14/2 14/13 14/13 14/18 16/8 16/11 16/15 17/8 17/15 17/22 17/24 18/1 18/11 18/21 19/8 21/17 23/25 24/21 24/23 28/12 29/6 30/17 31/1 32/11 32/20 33/6 35/16 35/18 37/1 38/21 39/4 40/7 40/12 41/12 42/13 42/19 46/12 47/3 49/13 49/14 52/25 54/24 55/1 55/21 59/9 59/9 59/17 61/10 62/4 63/2 64/19 64/20 65/14 66/3 67/17 69/18 70/4 70/5 70/24 74/2 79/11 81/20 83/7 83/21 86/9 86/20 87/4 87/11 87/24 88/5 88/18 92/23 93/12 94/8 95/2 95/20 96/5 96/20 99/13 99/22 99/24 102/6 102/14 103/18 103/22 103/22 105/5 105/19 108/19 108/20 109/7 109/11 111/24 112/8 112/13 113/12 116/3 116/8 118/10 119/9 119/24 120/1 121/12 121/14 122/21 123/11 124/19 124/24 126/11 126/18 127/6 127/20 128/3 128/4 128/19 128/20 131/2 131/4 131/16 133/3 134/1 136/12 136/18 136/22 137/25 138/4 145/15 147/25 149/14 149/16 149/20 150/13 159/3 161/5 161/13 161/14 165/7 170/8 170/10 170/11 172/22 172/25 174/5 175/14 175/19 178/7 182/22 190/4 197/2 197/13 198/4 200/5 200/9 200/14 200/14 200/23 203/12 204/24 205/13 212/21 214/9 217/19 218/6 228/12 228/13 229/4 230/15 231/5 236/9 236/9 236/14 237/11 238/1 238/24 238/24 244/22 246/23 248/6 250/3 260/6 260/8 261/10 261/14 262/13 262/14	22/21 23/2 30/17 36/6 49/18 49/19 50/5 50/14 54/23 61/8 69/9 80/10 83/18 83/19 86/12 90/23 91/5 99/7 102/14 105/3 105/5 106/8 108/23 109/1 123/6 132/13 133/7 139/12 150/21 153/8 164/9 171/21 172/4 175/21 178/23 180/24 181/4 181/13 184/16 188/17 188/20 188/23 193/7 202/12 217/7 218/13 218/15 231/1 231/2 244/4 245/19 250/13 251/6 253/2 258/22 261/12
discretion [1] 147/15	Dixon-Woods [2] 140/22 150/12	doctors' [1] 250/9		doom [1] 184/11
discriminating [1] 194/2	do [181] 1/10 1/12 4/6 5/14 5/16 6/16 6/22 12/5 12/17 15/1 16/20 17/7 17/9 17/10 17/14 18/7 22/4 22/18 22/19 25/25 26/5 28/1 33/3 36/11 42/5 42/10 42/14 42/17 45/9 46/8 47/2 49/16 51/23 57/15 57/20 61/2 61/7 61/13 61/15 62/1 62/16 62/16 68/18 68/23 69/3 69/9 75/15 76/7 77/6 80/5 80/9 82/5 83/23 85/1 86/18 87/19 88/21 90/17 91/8 93/5 93/15 93/18 94/18 99/16 102/24 103/1 105/6 105/15 105/16 111/10 111/14 111/17 114/18 118/20 118/22 119/20 122/16 124/11 124/15 125/20 126/16 127/10 130/10 131/7 131/12 132/12 133/12 133/16 133/22 133/22 134/17 135/1 136/3 141/1 141/7 143/21 144/14 147/16 149/24 151/6 152/7 156/7 157/6 157/6 161/5 164/8 164/12 167/6 167/24 168/15 169/3 169/6 169/10 170/17 170/18 171/10 171/10 172/3 173/5 173/6 174/18 175/12 176/14 177/12 178/23 178/25 179/4 180/11 181/4 182/21 187/22 193/13 200/4 200/11 201/19 201/20 201/20 202/15 205/12 207/17 212/20 215/6 216/15 216/24 217/2 217/5 217/9 218/15 219/15 219/18 222/11 223/10 223/21 225/13 225/16 227/6 227/25 229/17 230/25 233/2 233/17 236/19 237/20 243/19 243/23 244/5 244/13 247/17 248/2 248/14 249/6 251/2 252/9 252/12 253/2 254/10 254/12 256/14 257/14 261/14 261/23	documentation [6] 30/15 86/23 86/25 129/1 193/6 245/10	dosage [1] 161/21	
discrimination [1] 194/9		documented [1] 191/11		doubt [5] 44/15 53/15 53/16 160/25 172/20
discuss [14] 9/3 9/14 10/15 27/9 29/8 32/15 82/22 138/1 152/18 208/3 213/13 213/19 214/22 236/19		documents [11] 1/17 33/2 117/18 124/19 147/6 147/9 148/7 151/1 208/23 232/15 242/17		down [38] 15/21 20/6 22/2 27/15 27/24 40/16 77/6 80/21 109/15 128/8 131/19 134/18 139/1 145/19 148/3 160/1 160/11 172/7 175/15 176/1 192/1 192/15 193/16 196/8 197/4 197/21 212/16 213/1 214/3 218/10 231/15 232/7 234/7 235/10 236/16 236/22 237/6 241/21
discussed [40] 10/6 10/20 11/19 11/21 13/25 14/14 16/8 17/10 18/3 18/23 18/25 19/2 20/2 37/13 40/25 41/1 55/1 60/7 60/18 62/18 68/6 72/9 84/4 92/9 114/5 121/20 156/25 158/21 163/8 172/15 174/19 176/6 176/24 206/17 210/25 211/3 211/5 211/11 234/12 244/9		does [29] 5/5 6/9 26/24 40/11 40/11 40/11 42/18 45/18 56/13 72/13 99/13 103/16 115/5 137/12 141/20 143/11 143/13 143/16 147/17 175/2 178/11 178/13 187/21 205/21 208/21 209/16 260/15 260/15 262/22		downgrade [2] 156/24 208/7
discussing [10] 13/9 19/10 33/25 43/4 57/14 62/7 88/15 175/1 211/22 212/1		doesn't [28] 3/24 8/20 12/20 42/7 47/10 61/10 63/3 67/10 116/12 121/13 121/24 130/19 139/2 141/14 141/19 157/24 165/24 169/13 170/25 174/25 181/12 187/19 200/2 210/20 213/18 214/13 248/13 261/13		Dr [95] 16/18 16/24 17/12 24/4 34/6 35/17 35/18 38/17 38/18 43/2 44/12 44/12 44/24 54/22 54/22 54/22 54/22 54/22 54/23 55/6 62/10 71/25 75/3 107/16 134/13 134/14 134/16 134/17 134/21 135/3 148/12 148/19 149/1 149/7 149/25 150/16 150/17 150/21 150/24 151/17 152/3 152/14 152/16 153/11 153/15 157/15 165/15 165/17 169/16 169/22 180/14 180/21 180/23 184/16 188/9 189/23 192/15 200/6 201/9 205/2 205/2 205/11 206/8 206/22 207/7 207/9 209/11 212/1 212/24 214/2 215/1 216/2 216/4 216/6 217/16 219/4 219/4 219/16 221/18 221/18
discussion [20] 14/13 14/13 18/10 63/8 66/8 68/14 68/17 75/23 90/8 96/6 130/4 142/6 163/12 165/21 170/24 221/22 236/6 240/2 240/18 261/16		doing [42] 5/6 5/13 8/4 8/8 26/9 37/4 41/15 49/11 49/13 54/10 64/6 87/11 100/13 129/24 132/6 132/11 142/21 155/11 163/25 165/1 167/2 178/11 179/20 180/25 186/16 188/3 194/18 198/12 203/10 203/20 204/9 210/11 213/3 241/8 241/11 244/14 245/2 245/12 245/20		
discussions [14] 47/2 50/3 57/11 62/8 69/13 73/20 81/5 81/7 148/25 213/20 213/21 213/25 214/21 236/9				
disgusted [2] 190/25 237/8				
Dismissal [1] 146/5				
disproportionate [1] 125/6				
disputed [1] 173/17				
disputing [3] 149/17 154/8 237/10				
distinction [2] 157/21 182/8				
distinctions [2] 11/16 11/18				
distress [4] 42/5 42/11 52/24 86/7				
distressed [10] 39/16 85/11 86/17 87/21 87/25 88/3 164/24 165/6 165/6 192/7				
distressing [2] 190/7 242/5	doctor [4] 44/24 96/22 113/9 204/1			

D	draw [3] 218/17 246/15 257/16 drawer [1] 184/11 drawing [1] 143/12 drawn [1] 184/12 dressings [1] 238/25 drift [1] 88/22 drive [4] 30/18 30/25 30/25 220/21 driven [2] 184/10 260/22 drop [1] 39/12 drove [1] 230/3 drug [1] 161/23 drummed [1] 144/21 due [7] 24/16 26/23 29/12 55/19 76/17 231/13 233/10 Duncan [1] 35/23 during [15] 85/5 85/9 94/21 102/15 112/19 120/3 120/25 123/15 129/12 148/25 168/14 215/8 220/7 223/15 237/14 duties [1] 112/21 duty [12] 10/4 28/14 28/23 41/19 89/22 123/21 144/17 144/18 152/19 185/4 192/23 220/11 duty-bound [1] 10/4 dying [3] 18/15 97/22 150/18 dynamics [1] 58/8	156/2 224/18 Eight weeks [1] 33/12 Eirian [30] 45/5 50/5 96/18 97/12 97/16 149/7 159/24 160/2 165/11 165/15 165/19 167/7 173/17 184/3 184/19 192/18 197/19 200/2 200/8 200/19 202/25 211/19 212/8 212/22 222/5 249/24 250/5 250/8 250/11 250/25 Eirian Powell [27] 45/5 50/5 96/18 97/12 97/16 149/7 159/24 165/11 165/19 167/7 184/3 184/19 192/18 197/19 200/2 200/8 200/19 202/25 211/19 212/8 212/22 222/5 249/24 250/5 250/8 250/11 250/25 either [19] 15/12 16/22 28/25 44/19 45/2 87/12 98/22 99/24 107/13 115/1 128/4 180/9 202/9 208/1 216/8 230/7 231/7 247/22 247/25 elected [3] 8/17 8/19 8/21 electronic [1] 137/1 elements [1] 227/16 elicited [2] 257/18 257/25 eloquently [1] 140/23 else [29] 14/3 29/24 44/10 51/12 52/18 74/3 74/4 76/12 86/12 93/12 93/14 93/17 101/19 108/11 123/22 156/3 162/8 178/14 178/14 205/14 205/15 217/15 222/9 245/4 245/7 245/8 254/22 257/11 257/14 else's [1] 116/1 elsewhere [3] 57/24 170/7 219/1 email [41] 9/22 28/15 36/20 36/21 37/1 38/23 38/24 39/3 39/5 39/7 46/10 46/14 46/20 54/1 61/6 71/21 73/18 74/6 86/24 91/13 91/14 93/16 93/19 95/3 148/12 151/17 152/15 152/25 158/19 165/20 169/16 174/3 178/19 188/9 189/16 211/20 211/25 214/1 215/2 222/4	241/24 emailed [4] 38/18 38/25 48/24 191/3 emails [8] 42/12 43/13 117/18 149/21 157/25 170/9 173/17 206/23 embarrassed [2] 237/12 239/24 embolism [8] 213/4 213/19 213/24 214/3 220/23 221/4 221/8 221/11 embolus [5] 165/18 165/23 211/20 212/1 213/13 emerge [1] 94/8 eminently [1] 152/7 emotion [2] 191/9 192/4 emotionally [1] 85/8 emotions [1] 191/8 emotive [3] 241/4 245/13 261/16 empathy [1] 223/4 emphasise [1] 92/11 employee [8] 4/2 27/22 78/2 78/8 79/8 80/7 83/18 92/2 employee's [1] 80/7 employee/individual [1] 4/2 employees [1] 10/4 employer [5] 4/2 54/18 83/20 129/4 243/9 employment [10] 9/10 29/3 29/4 48/13 48/14 79/9 247/4 247/9 247/10 248/19 encountered [1] 145/15 end [12] 8/4 25/18 27/20 41/17 53/16 94/10 95/24 131/23 172/2 234/6 240/1 248/24 ended [3] 60/9 194/18 238/7 ending [1] 248/1 ends [1] 194/19 engaged [1] 215/4 engaging [1] 185/14 enormous [1] 127/8 enough [10] 6/18 45/24 61/11 109/4 124/11 127/11 219/17 226/17 236/19 247/20 enquiries [1] 156/12 ensure [1] 142/3 enter [3] 203/15 203/25 253/13 entering [1] 51/5 entirely [5] 27/24	70/21 154/4 247/3 253/11 entitled [2] 205/8 262/8 entry [1] 179/9 environment [1] 207/25 episode [2] 242/4 246/9 episodes [1] 98/2 equipment [1] 207/24 equipped [3] 210/7 244/19 244/22 equivalent [2] 185/25 186/23 error [2] 77/16 107/17 escalated [1] 213/8 essence [1] 66/18 essential [2] 118/7 140/3 essentially [1] 71/23 establish [2] 83/17 202/8 established [1] 242/1 et [6] 11/15 34/2 43/8 43/8 73/17 195/19 et cetera [6] 11/15 34/2 43/8 43/8 73/17 195/19 etc [2] 140/14 140/14 ethically [1] 86/3 etiquette [1] 89/8 evaluate [3] 118/18 125/22 129/5 evasive [1] 214/20 even [19] 6/17 19/8 38/4 38/7 43/20 44/21 44/23 52/11 71/11 71/24 86/18 86/19 113/23 144/13 146/25 153/18 191/10 243/22 254/12 evening [1] 17/1 event [3] 2/14 76/17 233/13 events [6] 12/12 92/4 107/22 213/16 222/21 227/16 eventually [2] 8/11 8/12 ever [32] 6/14 8/4 10/6 11/19 11/21 13/24 14/14 21/18 23/24 30/18 32/19 36/4 36/18 37/1 53/15 57/22 144/25 145/15 151/16 161/4 163/22 167/3 172/11 172/23 173/1 190/7 197/12 202/11 219/3 239/12 242/22 244/25 every [16] 9/4 10/3
----------	--	--	---	---

E	ex [1] 173/3 ex-senior [1] 173/3 exact [2] 172/14 172/18 exactly [7] 15/4 66/9 70/22 150/5 207/14 224/19 230/7 examine [2] 125/23 242/8 examined [1] 102/7 examining [2] 4/6 193/25 example [10] 12/24 89/21 93/7 101/24 155/9 187/4 194/25 199/9 226/18 244/10 examples [2] 140/12 146/2 except [2] 193/4 238/18 exchange [5] 51/1 109/2 119/10 140/8 165/22 exclude [1] 202/6 excluded [4] 201/15 201/16 201/19 202/1 excluding [2] 49/20 49/21 exclusively [1] 78/11 excuse [2] 41/20 61/3 Exec [4] 9/6 185/6 236/13 236/24 Execs [10] 14/17 14/19 158/22 163/9 173/13 174/19 175/3 176/6 176/11 201/19 executive [36] 9/22 13/2 38/11 71/22 72/12 72/15 72/17 111/4 111/11 111/22 114/19 115/3 115/15 115/17 132/10 135/23 136/19 154/16 154/19 154/20 154/22 163/18 166/5 176/13 207/21 211/4 211/14 213/9 223/3 223/6 224/4 229/11 229/17 229/19 231/19 248/17 Executives [12] 49/18 106/11 114/22 115/9 183/25 201/12 208/6 216/5 216/8 232/22 258/8 258/16 exercise [2] 81/23 248/8 exhibited [1] 234/16 existing [1] 44/18 exonerated [2] 41/4 242/3 exoneration [1] 125/18 expect [8] 23/5 83/8	87/3 118/20 129/3 129/6 144/6 207/16 expectation [2] 49/5 202/7 expected [12] 15/1 15/2 98/8 127/12 134/4 140/16 147/22 148/23 172/4 219/4 226/4 260/4 expecting [8] 58/23 87/15 98/18 104/14 105/20 112/11 112/12 113/14 experience [9] 66/19 77/24 78/2 99/14 103/9 162/22 179/1 192/10 241/16 experienced [4] 94/25 118/22 127/9 158/5 experiential [1] 135/25 expert [1] 4/1 expertise [1] 143/22 experts [3] 140/21 217/19 219/1 explain [6] 7/20 27/8 109/14 132/9 190/20 191/12 explained [7] 32/24 128/23 133/2 169/7 183/5 189/8 191/13 explaining [3] 99/23 133/9 133/10 explains [2] 95/11 139/2 explanation [9] 99/2 144/15 158/6 158/13 177/2 211/18 222/20 231/24 251/13 explicable [1] 187/1 exploration [2] 156/1 234/16 explore [2] 103/20 234/21 exposed [1] 224/8 express [1] 110/21 expressed [5] 39/14 115/2 223/12 224/16 258/6 expresses [1] 110/20 expressing [2] 39/18 40/4 expression [2] 154/6 194/6 expressions [1] 170/11 extensive [1] 209/12 extent [2] 83/13 220/23 external [11] 22/9 26/20 39/10 127/15 167/6 167/10 187/12 193/23 202/7 233/20	244/14 extra [3] 50/4 54/4 228/25 extremely [3] 69/23 79/16 242/4 eyes [1] 109/19	F face [2] 139/14 139/14 Facere [2] 173/23 173/24 Facere Melius [1] 173/23 facing [1] 31/17 fact [33] 11/23 17/11 26/23 38/2 44/13 44/17 48/22 55/16 64/13 87/21 98/24 106/18 119/3 121/19 123/21 123/22 124/21 125/6 125/11 125/15 130/13 130/16 131/8 181/13 191/5 192/24 205/18 225/9 225/10 225/25 227/21 258/7 261/21 factor [2] 24/16 208/5 factors [3] 22/8 101/24 186/12 facts [5] 52/23 79/15 100/12 109/3 183/17 factual [1] 209/14 failed [2] 182/24 183/9 fair [22] 4/7 52/20 68/21 69/23 70/21 80/13 84/19 90/6 95/4 101/1 113/21 116/25 117/6 117/7 118/23 119/5 140/19 143/18 157/7 157/20 246/19 259/15 fairly [5] 49/22 52/14 139/13 159/13 253/21 fairness [1] 256/25 fall [3] 4/6 20/25 218/22 false [1] 248/13 familiar [9] 67/16 78/25 79/3 79/13 100/22 141/3 148/18 178/3 178/5 familiarise [1] 126/22 familiarity [1] 78/19 families [6] 64/21 65/6 71/12 132/1 133/15 246/4 Families' [1] 246/21 family [8] 48/9 65/5 156/22 156/23 156/25 157/4 191/8 260/17 fantastic [1] 186/3	far [18] 1/14 7/4 8/1 14/12 19/11 20/3 46/19 70/17 79/3 90/16 100/16 102/8 103/20 117/3 134/23 137/14 176/18 180/12 feature [5] 4/9 44/16 136/14 136/16 190/8 fed [1] 192/8 feed [1] 159/4 feedback [1] 83/6 feel [48] 22/22 27/22 33/13 33/14 33/15 35/25 38/9 42/14 54/2 54/6 61/10 83/2 84/9 95/2 99/22 102/6 102/14 103/22 105/5 106/7 112/10 112/13 113/12 115/21 115/23 116/2 116/3 118/15 124/24 127/10 133/5 143/2 171/1 185/24 186/22 190/4 190/21 196/23 222/11 222/18 222/22 228/12 228/13 236/19 250/2 252/13 254/6 255/3 feeling [14] 36/1 36/16 86/9 86/16 105/23 141/14 141/19 188/2 223/25 227/22 234/12 234/24 234/25 250/15 feelings [3] 112/2 122/4 132/1 feels [3] 181/9 188/2 250/14 fell [1] 177/17 felt [43] 6/17 15/19 39/2 41/20 54/16 54/16 60/23 73/9 83/3 91/2 94/20 98/23 99/16 105/25 112/13 113/15 116/21 118/13 129/25 130/19 130/21 147/21 158/22 164/14 172/16 179/4 201/23 214/15 214/19 222/6 247/20 251/5 251/7 253/17 254/11 258/11 258/16 258/19 258/21 258/22 258/23 260/21 262/17 fertility [1] 186/1 few [12] 3/1 35/9 35/10 50/16 109/12 110/23 114/12 138/5 142/13 148/7 176/25 218/12 fifth [1] 235/16 figures [3] 95/18 96/7 227/4 file [2] 32/25 169/17 files [2] 81/15 81/23
----------	--	---	---	---	--

F	flags [1] 195/13 flexible [1] 78/10 florid [1] 170/18 flowers [2] 62/20 62/25 flying [1] 30/15 focus [5] 175/22 178/2 187/16 215/24 266/10 focused [3] 4/20 204/16 243/7 focusing [2] 149/8 244/15 Fogarty [3] 61/4 155/11 172/8 folders [1] 30/20 follow [7] 74/9 116/4 116/6 138/9 146/3 191/10 230/22 followed [5] 68/10 83/24 83/24 119/19 146/19 following [11] 6/10 26/22 39/14 53/2 63/8 73/12 85/5 89/9 97/24 106/8 137/6 footage [2] 219/11 226/19 foremost [1] 209/12 forensic [8] 100/9 100/14 166/7 166/20 166/23 169/25 210/6 227/9 forensically [2] 209/25 210/8 forget [2] 190/22 238/1 Forgive [1] 256/19 forgotten [1] 40/8 form [3] 66/22 135/11 205/6 formal [5] 70/9 92/5 152/2 206/14 240/23 formally [4] 9/5 13/13 27/10 65/21 former [1] 173/4 forms [2] 140/2 176/9 forthcoming [8] 94/5 98/19 99/17 100/2 100/11 100/15 113/14 252/7 fortnightly [1] 223/8 forum [1] 9/5 forums [1] 210/15 forward [9] 84/9 97/6 134/15 153/15 174/18 174/19 176/6 176/8 201/20 forwards [2] 201/22 243/10 foul [23] 16/10 16/16 152/10 153/23 154/3 159/8 161/8 161/20 169/24 170/12 173/18 176/21 202/9 202/9 204/2 208/19 208/21 209/7 209/17 217/25 233/21 233/22 243/21 found [11] 86/2 128/17 152/4 168/19 223/3 223/14 224/6 231/22 233/20 239/1 251/24 four [5] 54/21 103/10 149/9 202/14 227/22 fourth [1] 235/15 frank [3] 68/14 68/16 68/23 frankly [2] 60/3 68/22 free [2] 76/17 134/5 Freedom [3] 11/3 11/19 189/11 freephone [1] 7/16 frequent [1] 79/6 Friday [2] 20/15 41/21 friend [6] 52/9 53/9 70/18 70/19 70/20 256/6 friends [9] 31/23 33/15 33/23 35/15 48/9 52/11 70/14 71/1 192/20 fronts [1] 101/18 frustrated [8] 215/8 237/13 238/2 254/6 258/11 258/23 259/12 261/22 frustration [3] 237/18 240/1 258/6 full [6] 8/12 8/13 126/15 126/17 222/6 242/3 full-time [1] 8/13 fully [2] 47/24 242/3 function [1] 248/5 functioning [1] 234/3 functions [1] 6/23 fundamentally [1] 231/13 further [20] 24/8 25/2 57/11 64/23 133/25 134/1 139/2 157/14 193/16 194/25 208/6 227/18 231/15 233/11 234/16 236/16 236/22 237/6 249/2 256/9 furthermore [1] 231/23	gave [13] 19/18 43/3 72/10 104/15 114/1 114/2 150/12 167/20 172/5 250/21 251/7 255/24 256/3 gaze [1] 13/16 general [10] 9/3 135/11 137/12 137/17 142/20 144/8 176/18 226/8 226/9 245/21 generalisations [1] 187/6 generalities [2] 186/10 226/7 generally [7] 59/18 100/1 105/16 136/16 144/24 151/10 216/5 generic [2] 23/10 23/20 Gentamicin [1] 152/20 genuine [5] 105/8 105/18 106/3 106/23 261/6 genuinely [1] 107/12 get [59] 1/17 3/18 4/13 10/6 15/25 16/5 23/13 25/11 35/25 38/14 39/7 40/23 41/3 45/18 48/19 50/13 50/14 50/20 51/15 51/20 51/20 54/15 55/5 56/10 62/21 68/9 73/20 73/21 74/3 137/25 138/5 146/18 149/20 149/25 151/20 160/3 161/2 162/13 170/15 171/9 171/15 176/21 177/13 179/5 191/9 192/4 194/19 195/5 196/23 199/19 207/4 212/21 229/23 232/14 232/14 232/17 236/24 239/8 248/9 getaway [1] 51/21 gets [5] 93/19 157/24 171/21 205/11 206/13 getting [14] 35/8 43/18 53/13 56/14 62/25 74/19 137/12 188/4 191/7 191/7 208/11 215/9 238/3 245/15 Gibbs [3] 165/17 214/2 221/18 girl [2] 70/12 191/3 girlfriends [1] 58/18 girls' [1] 143/3 give [16] 23/14 27/14 41/10 52/7 64/8 84/25 91/18 104/14 110/4 114/2 121/8 137/8 181/14 206/10 258/21 259/10	given [55] 4/17 10/15 16/18 23/18 26/7 30/16 31/5 31/10 32/5 50/23 54/3 54/6 60/15 66/17 69/13 71/2 72/4 72/19 73/16 83/25 83/25 86/9 95/1 99/1 102/2 102/6 102/13 112/12 112/12 113/2 113/13 114/3 115/22 123/17 126/19 130/24 131/11 140/21 152/17 158/3 159/4 183/4 187/13 187/14 198/9 200/20 209/14 226/23 237/18 251/3 251/5 254/8 254/25 258/8 262/16 gives [2] 147/15 198/5 giving [12] 33/8 41/14 54/9 96/24 140/7 143/11 186/6 198/7 200/5 210/14 251/9 252/7 Glan [1] 48/24 glean [1] 148/10 glossed [1] 14/1 GMC [7] 111/9 111/12 111/18 229/17 229/22 230/13 231/3 go [166] 2/17 8/8 8/11 9/17 9/21 10/9 10/25 11/7 15/21 15/25 16/3 20/1 20/6 20/14 23/7 23/11 24/8 25/2 25/8 32/15 33/17 33/18 33/21 36/8 37/15 37/17 37/19 37/25 38/16 39/9 40/6 40/18 40/23 40/23 41/2 41/12 43/7 43/15 46/3 47/7 47/10 47/16 47/18 47/23 47/23 48/23 49/2 49/8 50/16 50/17 53/10 55/19 56/8 56/13 57/4 58/3 60/6 63/18 68/15 68/25 69/20 70/17 71/18 72/1 73/12 76/17 95/7 97/5 97/5 100/16 103/21 110/22 110/25 116/18 126/1 127/13 128/7 132/21 134/5 138/24 144/12 144/14 144/15 147/9 147/12 148/3 148/17 148/24 151/16 152/19 153/14 154/15 156/4 156/10 158/19 159/22 159/24 160/13 161/1 161/6 162/23 163/23 165/17 168/12 169/11 171/4 172/7 173/13
----------	--	--	--

G	171/17 172/9 175/5 183/5 195/22 196/8 198/23 207/4 211/18 218/18 219/20 220/17 225/6 253/16 good [10] 45/6 50/21 55/8 70/19 124/11 136/20 142/20 143/6 192/20 258/19 gossip [2] 60/4 177/5 got [55] 6/6 15/22 15/23 18/19 27/22 28/5 30/24 36/13 44/13 55/2 59/22 67/4 80/23 81/10 83/18 92/10 131/18 143/6 149/17 154/15 157/5 160/7 170/23 173/5 173/6 176/3 178/4 180/16 180/16 184/10 186/21 187/15 200/13 200/15 200/18 205/14 205/19 205/25 209/2 212/13 212/16 214/9 214/10 215/2 215/12 229/20 231/7 232/21 242/17 248/22 253/7 254/21 261/23 262/1 262/7 governance [1] 31/11 governing [2] 13/1 36/5 Governor [1] 13/8 grammatical [1] 109/23 grateful [2] 255/14 257/20 gravity [2] 21/6 29/18 great [2] 133/14 135/10 Great Britain [1] 135/10 Green [58] 17/12 38/17 38/18 75/3 82/10 84/4 84/22 85/4 85/8 86/2 87/5 88/15 89/15 91/23 93/15 97/21 107/16 107/21 107/25 110/8 110/16 111/19 112/5 114/22 116/3 116/22 118/1 118/4 118/7 119/22 122/10 128/7 128/14 129/20 134/13 134/14 134/16 134/17 134/21 135/3 148/19 152/14 153/15 169/16 188/9 189/23 192/15 201/9 217/16 226/2 235/13 237/15 241/22 246/3 255/15 255/24 263/1 264/9 Green's [1] 117/11	grew [1] 78/4 grievance [174] 20/8 24/10 25/8 25/16 27/4 27/6 27/9 27/14 27/16 27/21 28/9 33/11 34/22 35/3 35/4 35/4 35/22 36/5 36/7 36/9 36/23 39/6 40/17 40/22 45/14 46/2 46/15 48/6 54/25 70/10 73/2 75/9 75/22 78/20 78/21 79/1 79/4 79/5 79/16 80/6 80/6 80/12 80/17 80/18 81/6 82/7 82/11 83/17 84/3 84/13 84/17 84/18 85/13 85/17 85/18 85/25 87/9 87/20 87/23 88/1 88/8 88/10 88/25 89/11 90/19 90/19 91/11 91/16 91/20 92/1 92/8 93/10 93/19 94/16 94/21 97/9 102/15 102/19 106/13 106/18 107/25 108/15 109/4 114/1 117/5 121/2 125/24 126/2 126/4 126/20 126/23 129/22 131/14 145/18 145/25 146/3 146/19 147/18 151/18 151/24 158/3 162/21 164/3 165/11 167/18 167/19 168/14 168/15 168/15 169/3 169/8 169/12 169/17 173/12 174/15 176/4 177/8 177/15 177/20 177/25 179/1 179/25 187/16 189/7 189/18 190/15 191/12 195/20 196/1 196/7 204/10 205/17 206/1 206/3 206/11 207/1 214/23 218/16 226/15 226/23 236/8 236/10 238/7 238/13 238/19 238/25 239/12 239/13 239/14 239/17 240/7 241/8 241/23 242/25 243/17 244/2 244/13 244/16 244/16 245/21 246/10 247/2 248/5 248/8 248/20 252/10 252/22 253/9 253/13 254/19 254/20 255/4 259/13 259/23 grievances [9] 28/4 78/10 88/20 145/18 145/22 188/18 217/7 218/9 241/18 Griffiths [31] 1/3 1/6 1/7 1/9 9/20 19/4 23/13 23/15 44/22	64/24 65/4 70/21 71/21 74/5 74/21 76/14 76/16 184/23 184/25 185/12 185/17 187/19 189/21 195/12 247/8 250/16 250/23 250/24 250/25 251/1 264/3 Griffiths' [1] 236/3 grounds [5] 27/22 133/7 178/13 197/17 203/6 group [5] 13/4 34/25 52/19 103/7 231/17 groups [2] 11/19 34/6 grown [1] 142/12 grudge [3] 44/6 44/18 153/11 guess [4] 181/19 215/17 215/18 222/1 guessing [1] 63/6 guidance [18] 11/2 11/22 11/24 111/9 111/12 111/18 132/22 139/7 139/25 142/20 143/7 144/24 147/23 229/16 229/22 230/14 230/24 231/4 guilty [3] 54/2 54/6 209/16 gun [1] 169/20 guns [1] 170/12 gut [11] 12/19 141/19 188/2 222/11 222/18 222/22 227/22 234/11 234/23 234/25 250/15 guy [4] 44/24 188/1 188/4 218/22	223/7 handwriting [4] 173/11 200/13 200/15 200/19 handwritten [1] 19/19 hang [1] 109/5 happen [19] 41/10 41/13 85/16 85/20 86/14 87/15 87/18 92/22 94/2 94/4 94/10 94/11 138/7 138/8 195/16 232/2 233/23 235/21 260/8 happened [26] 2/19 17/5 18/9 45/11 85/11 87/17 89/13 97/22 102/15 109/9 127/4 156/2 160/21 162/17 169/1 174/4 174/5 174/8 174/9 174/13 180/5 227/9 235/23 241/23 241/24 261/17 happening [23] 12/6 26/3 29/2 29/18 29/21 29/24 37/21 40/11 54/12 54/20 57/7 72/4 86/8 104/4 112/19 163/12 167/11 170/2 170/3 206/1 217/10 250/14 262/18 happening's [1] 217/9 happens [2] 140/2 178/18 happy [5] 40/18 53/23 152/16 196/12 235/25 harassed [4] 147/22 177/17 178/17 181/10 harassment [8] 88/2 146/7 146/12 148/1 227/20 234/11 252/23 252/24 harbouring [2] 198/6 202/25 hard [10] 12/5 12/11 12/14 12/21 31/18 31/19 88/4 105/11 203/11 215/18 Hardly [1] 188/24 harm [13] 21/14 65/15 66/6 66/21 67/12 68/8 68/20 88/16 89/3 100/5 224/9 225/13 225/18 harmed [8] 36/25 71/13 90/3 105/9 106/3 160/19 173/16 184/14 harming [6] 22/25 29/9 66/11 101/3 210/24 216/15 Harvey [16] 72/16
----------	--	--	--	--

H	85/8 86/4 86/6 86/6 86/9 86/12 87/14 91/18 92/2 92/17 92/22 93/2 93/3 95/11 96/1 97/9 100/5 100/5 100/8 100/8 100/12 100/16 108/3 108/3 108/6 108/7 108/16 108/21 108/21 108/22 110/17 118/9 118/11 118/13 123/15 138/7 150/25 151/2 151/2 151/24 152/18 152/19 167/19 167/20 167/22 168/24 169/22 169/23 175/6 176/5 176/15 181/4 181/4 181/12 182/10 182/25 183/9 183/10 183/21 184/12 184/18 188/1 188/2 188/2 198/21 199/10 199/14 199/15 201/11 202/14 203/2 203/5 206/13 207/9 208/18 208/18 208/20 208/21 209/8 209/8 209/16 210/18 211/5 211/6 211/10 213/18 213/19 213/25 216/4 216/7 216/21 216/21 216/25 219/19 235/22 250/14 251/24 255/16 255/22 258/21 258/21 258/22 258/22	108/10 117/5 117/8 117/21 118/16 123/2 126/2 126/4 126/10 126/17 127/17 127/19 129/12 129/22 130/1 130/5 131/14 131/17 164/13 190/12 204/19 205/8 235/9 235/10 237/1 238/6 240/3 heart [1] 51/9 held [7] 100/3 105/4 105/8 105/15 107/12 123/1 253/4 help [9] 9/9 43/11 46/25 51/19 64/2 72/13 73/25 112/2 183/13 helped [1] 27/19 helpful [8] 12/18 12/22 115/7 153/18 164/13 171/3 177/6 263/2 helping [2] 43/13 218/13 helplines [2] 137/14 156/10 helps [1] 140/5 hence [1] 72/20 her [196] 16/19 16/20 20/7 20/11 20/11 21/6 21/21 23/6 23/7 23/8 23/24 24/1 24/2 25/21 25/24 26/3 26/9 26/18 27/11 29/1 30/23 31/7 32/3 32/10 32/23 32/25 33/1 33/2 33/8 33/11 34/8 34/15 34/17 34/17 34/25 34/25 35/15 35/17 37/4 37/5 37/7 37/8 37/17 37/18 37/18 38/4 38/7 39/11 39/15 39/18 39/19 39/21 39/24 40/3 40/25 41/1 41/9 41/10 41/14 41/20 41/21 41/24 42/2 42/3 42/11 42/15 43/17 43/20 44/1 44/3 44/8 44/11 44/16 44/23 46/2 46/22 47/2 47/5 47/20 48/5 48/7 48/11 49/5 50/15 50/22 51/23 52/7 52/10 54/9 54/9 54/18 55/5 57/15 57/17 58/11 59/16 60/18 62/16 62/21 63/11 63/17 64/8 66/14 68/5 68/5 68/9 68/14 68/22 68/23 68/24 69/1 70/6 70/6 70/8 70/9 70/12 70/14 70/18 70/23 75/20 75/23 78/21 79/16 80/8 80/8 80/12	83/23 87/3 88/12 88/15 89/12 98/20 99/20 107/5 120/22 123/4 124/22 125/23 126/9 127/12 147/22 147/24 150/18 150/21 172/17 172/19 177/14 180/9 180/19 180/23 180/25 181/20 182/18 182/18 184/17 185/9 185/13 187/22 188/11 189/17 189/20 190/5 190/5 190/5 190/8 190/10 191/1 191/8 191/13 191/22 192/21 192/25 195/23 195/23 196/23 197/9 198/6 200/20 204/2 204/21 216/16 217/5 218/19 222/14 224/17 225/21 227/2 240/21 241/24 242/13 242/14 244/21 246/16 248/21 258/4 260/1 her representative [2] 177/14 182/18 here [38] 12/20 52/8 57/14 59/16 67/7 96/6 106/24 109/6 115/14 157/5 157/7 183/21 184/16 184/25 185/1 186/21 192/6 192/17 194/6 194/8 195/9 197/9 198/7 212/14 213/7 213/12 213/13 216/12 217/25 218/13 222/18 224/20 229/20 238/4 247/17 249/15 250/19 251/25 hers [1] 195/8 herself [15] 37/18 37/19 40/24 41/2 43/6 43/10 82/3 126/14 126/22 127/12 147/19 182/6 182/20 198/4 250/2 Hey [8] 47/8 47/10 47/17 47/18 47/22 59/13 59/25 60/14 hide [1] 236/1 Higgins [1] 13/2 high [3] 2/3 13/4 27/1 high' [1] 168/7 high-powered [1] 13/4 higher [2] 148/23 255/6 highlight [1] 207/8 highlighted [2] 114/17 250/8 highly [1] 156/6 him [47] 36/11 36/12 38/20 38/25 39/3 39/7 39/8 41/17 84/22 85/2	85/10 86/3 86/11 86/19 87/13 95/24 95/25 100/6 100/11 100/12 100/15 100/15 107/16 108/1 122/11 151/19 152/24 167/17 173/10 173/19 175/19 175/20 176/16 181/3 182/4 188/5 211/23 212/3 213/6 214/10 214/10 215/1 216/6 221/6 221/20 255/21 258/20 himself [1] 92/18 hindsight [3] 47/19 103/1 154/9 his [27] 84/5 86/19 86/22 86/24 86/24 95/10 97/9 108/4 108/7 112/6 117/11 117/12 117/24 119/7 122/4 122/13 122/17 151/17 152/4 165/15 168/8 173/10 176/9 177/19 192/22 200/6 219/16 histology [1] 166/25 hm [3] 53/4 183/15 203/13 Hodkinson [24] 13/3 14/21 14/25 15/6 15/11 28/14 28/23 29/13 42/2 46/4 53/21 65/11 65/20 72/17 72/23 73/8 93/9 163/8 169/5 177/25 178/25 195/7 245/17 250/24 hold [6] 8/18 55/20 90/20 160/15 247/17 247/19 holds [1] 232/13 home [4] 150/19 151/13 198/3 250/2 homeware [1] 78/7 honest [43] 7/9 9/4 14/18 18/11 19/15 28/16 35/10 39/4 49/15 54/24 63/2 63/6 75/12 75/17 76/6 111/11 111/23 112/14 112/24 113/18 113/24 114/19 115/1 115/9 115/23 116/2 144/14 144/22 214/16 215/9 216/5 216/7 216/11 229/19 229/22 230/13 230/15 238/21 239/11 239/18 251/7 258/24 260/5 honestly [6] 149/14 150/7 152/1 188/23 190/6 231/10 honesty [2] 47/15 118/25
----------	--	---	---	--

H	248/22	I appreciate [2] 35/25 261/22	I did [31] 2/18 2/25 5/18 8/10 22/4 32/1 38/9 42/13 53/8 58/12 64/19 67/21 67/23 69/19 95/24 102/23 135/20 145/4 154/1 179/5 193/1 194/15 203/7 204/7 213/6 214/15 218/12 244/1 247/19 253/13 261/20	128/20 131/2 131/4 131/16 133/3 134/1 136/12 136/18 136/22 137/25 138/4 145/15 147/25 149/20 159/3 161/5 161/13 170/8 172/22 172/25 174/5 175/19 182/22 190/4 197/2 197/13 198/4 200/9 200/14 200/14 200/23 204/24 218/6 228/12 228/13 231/5 236/9 236/9 236/14 237/11 238/24 238/24 244/22 246/23 248/6 250/3 260/6 260/8 261/14 262/13
Honours [1] 135/4	huge [2] 204/9 238/10	I ask [5] 65/4 137/9 143/4 213/1 246/3	I didn't [49] 5/8 5/13 6/21 16/17 18/25 22/9 23/5 31/25 32/13 33/2 35/3 37/10 50/7 52/1 52/3 56/23 64/9 67/9 68/3 86/1 86/3 87/13 90/23 102/24 105/5 109/1 121/14 130/11 130/20 153/10 153/12 164/17 175/19 185/10 191/9 191/22 192/4 194/25 195/3 195/15 203/6 203/21 204/13 228/8 249/2 254/6 255/3 255/8 260/8	I emailed [1] 191/3
hope [4] 103/6 160/8 165/1 209/1	human [1] 186/12	I asked [8] 37/17 41/1 61/13 95/25 142/14 175/20 195/16 221/5	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I ever [1] 37/1
horrific [1] 218/14	hundreds [2] 149/20 149/21	I assume [1] 91/23	I don't [150] 3/22 3/22 3/22 11/21 14/2 14/13 14/13 14/18 16/11 16/15 17/8 17/15 17/22 18/11 18/21 19/8 21/17 23/25 24/21 24/23 30/17 31/1 32/11 32/20 33/6 35/16 35/18 37/1 38/21 39/4 40/7 42/19 46/12 47/3 49/13 49/14 54/24 55/1 55/21 59/9 59/9 62/4 64/19 64/20 66/3 67/17 69/18 70/4 70/5 70/24 79/11 81/20 83/7 83/21 86/9 86/20 87/4 87/11 87/24 88/5 88/18 93/12 94/8 95/2 95/20 96/5 96/20 99/22 99/24 102/6 102/14 103/18 103/22 103/22 105/5 105/19 108/19 108/20 109/7 109/11 111/24 112/8 112/13 116/3 116/8 118/10 119/9 119/24 120/1 121/12 121/14 122/21 123/11 124/19 124/24 126/11 126/18 127/6 127/20 128/19	I expect [2] 83/8 87/3
hospital [24] 2/15 5/1 17/14 30/13 30/20 31/17 48/10 60/15 62/9 78/15 137/2 137/7 145/6 151/9 151/11 155/25 161/8 161/15 163/23 179/22 184/7 190/10 210/7 242/20	hunt [3] 185/11 185/14 185/21	I attended [2] 39/11 139/13	I discussed [2] 41/1 172/15	I explained [2] 32/24 191/13
hospital's [1] 137/2	hurt [1] 43/8	I be [1] 22/3	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I feel [5] 33/15 84/9 118/15 143/2 196/23
hospitals [2] 1/25 52/15	I absolutely [2] 103/23 106/9	I became [2] 70/11 78/4	I don't [150] 3/22 3/22 3/22 11/21 14/2 14/13 14/13 14/18 16/11 16/15 17/8 17/15 17/22 18/11 18/21 19/8 21/17 23/25 24/21 24/23 30/17 31/1 32/11 32/20 33/6 35/16 35/18 37/1 38/21 39/4 40/7 42/19 46/12 47/3 49/13 49/14 54/24 55/1 55/21 59/9 59/9 62/4 64/19 64/20 66/3 67/17 69/18 70/4 70/5 70/24 79/11 81/20 83/7 83/21 86/9 86/20 87/4 87/11 87/24 88/5 88/18 93/12 94/8 95/2 95/20 96/5 96/20 99/22 99/24 102/6 102/14 103/18 103/22 103/22 105/5 105/19 108/19 108/20 109/7 109/11 111/24 112/8 112/13 116/3 116/8 118/10 119/9 119/24 120/1 121/12 121/14 122/21 123/11 124/19 124/24 126/11 126/18 127/6 127/20 128/19	I felt [13] 6/17 83/3 113/15 118/13 130/19 130/21 179/4 214/15 214/19 251/5 251/7 258/19 260/21
host [1] 102/2	I accept [5] 36/10 38/24 43/23 70/11 70/16	I believe [12] 30/17 85/11 86/21 93/13 94/7 94/24 109/17 110/17 125/22 173/11 227/2 236/13	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I find [4] 73/15 185/9 222/10 231/16
hours [6] 7/17 126/15 126/17 126/21 149/9 151/7	I accepted [2] 199/4 200/10	I call [2] 1/3 134/13	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I first [2] 3/5 34/15
how [95] 4/10 6/4 7/7 9/14 11/13 13/18 14/16 18/13 20/9 22/19 36/1 36/15 42/6 50/20 51/23 57/13 62/20 66/12 66/12 66/25 67/15 67/22 68/22 69/9 69/12 69/18 70/2 70/7 78/1 78/25 85/1 86/16 86/18 86/19 87/14 95/16 95/22 98/14 100/16 100/17 100/20 105/25 110/19 113/15 126/19 129/5 130/20 132/10 133/9 136/5 141/6 142/18 144/2 144/8 149/24 163/25 170/25 171/1 174/15 179/9 181/13 181/17 181/20 183/13 188/23 190/25 192/3 192/7 194/3 195/16 201/20 201/20 202/11 203/18 215/11 219/3 223/12 228/9 229/23 233/15 233/25 239/13 241/10 241/13 245/12 245/15 245/15 245/20 245/20 246/9 246/22 250/1 253/1 254/18 261/22	I add [1] 230/3	I came [3] 244/3 252/20 253/22	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I followed [1] 146/19
how's [1] 176/18	I advise [1] 33/23	I can [26] 1/15 14/12 39/4 51/8 51/9 51/12 51/15 51/18 66/4 67/22 70/7 71/17 82/13 100/17 112/8 134/25 142/19 143/4 145/17 154/4 169/14 178/6 190/6 232/24 246/21 255/21	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I found [1] 223/14
however [14] 31/19 36/6 36/9 38/21 43/23 51/4 54/11 59/23 70/11 92/5 111/9 117/16 178/18 191/22	I agree [4] 121/12 123/11 219/21 247/12	I can't [35] 18/18 19/14 28/19 28/19 34/16 44/14 66/12 67/22 71/16 71/17 72/25 73/3 75/12 75/16 83/8 93/4 111/20 115/24 154/9 154/18 157/2 160/6 160/9 172/18 175/9 188/22 190/14 204/22 230/1 230/7 230/20 232/5 235/1 258/4 260/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I gained [1] 80/22
HR [16] 4/1 14/16 72/17 77/24 78/1 78/4 78/19 80/19 81/5 132/22 133/19 169/5 179/4 243/6 243/19	I agreed [2] 33/13 172/19	I cannot [1] 92/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I get [1] 149/20
	I already [1] 222/7	I can't [35] 18/18 19/14 28/19 28/19 34/16 44/14 66/12 67/22 71/16 71/17 72/25 73/3 75/12 75/16 83/8 93/4 111/20 115/24 154/9 154/18 157/2 160/6 160/9 172/18 175/9 188/22 190/14 204/22 230/1 230/7 230/20 232/5 235/1 258/4 260/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I go [2] 56/8 216/10
	I also [6] 32/4 65/6 131/24 168/18 223/6 249/10	I can't [35] 18/18 19/14 28/19 28/19 34/16 44/14 66/12 67/22 71/16 71/17 72/25 73/3 75/12 75/16 83/8 93/4 111/20 115/24 154/9 154/18 157/2 160/6 160/9 172/18 175/9 188/22 190/14 204/22 230/1 230/7 230/20 232/5 235/1 258/4 260/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I got [4] 184/10 187/15 232/21 248/22
	I always [2] 27/20 261/4	I can't [35] 18/18 19/14 28/19 28/19 34/16 44/14 66/12 67/22 71/16 71/17 72/25 73/3 75/12 75/16 83/8 93/4 111/20 115/24 154/9 154/18 157/2 160/6 160/9 172/18 175/9 188/22 190/14 204/22 230/1 230/7 230/20 232/5 235/1 258/4 260/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I guess [4] 181/19 215/17 215/18 222/1
	I am [79] 1/16 3/19 3/20 8/1 10/10 19/3 19/5 26/20 33/14 35/10 46/19 50/19 50/20 53/23 59/17 61/25 66/18 69/20 71/15 73/17 79/12 80/23 81/9 88/7 91/6 92/24 95/5 109/12 129/24 131/6 133/3 137/18 137/23 138/1 138/6 138/7 139/13 141/23 143/19 148/6 152/22 154/4 154/4 156/18 159/13 164/21 164/21 164/22 168/12 169/4 173/1 174/8 175/22 178/3 178/5 179/11 180/6 182/6 186/9 189/22 190/25 195/14 198/8 211/15 213/7 213/12 213/12 213/25 219/25 223/14 224/20 225/5 226/1 228/19 237/12 255/14 256/19 257/20 262/23	I cannot [1] 92/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I had [43] 5/8 5/9 6/18 14/6 18/19 31/24 32/5 40/6 40/7 43/19 43/20 55/2 61/4 62/15 62/15 67/18 79/11 79/24 91/2 93/1 93/16 94/9 108/23 114/21 145/6 145/15 159/2 167/15 174/1 178/25 199/12 202/21 211/7 211/7 222/5 235/25 244/4 244/5 245/11 254/12 254/14 258/19 260/6
	I answer [1] 168/16	I cannot [1] 92/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I hadn't [6] 18/18 43/20 45/9 193/4 203/1 237/13
	I answered [1] 194/23	I certainly [1] 74/18	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I handed [1] 19/16
	I applied [3] 3/4 5/7 5/18	I coach [1] 143/3	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I happened [1] 2/19
		I come [1] 176/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	I have [83] 4/16 7/11 11/23 27/17 34/15 36/6 38/18 38/24 38/24 39/5 40/5 43/24
		I concerned [1] 130/16	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I conclude [1] 231/12	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I consider [2] 122/21 233/13	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I contribute [1] 43/25	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I could [14] 7/4 14/18 19/8 25/20 33/1 50/23 61/21 64/8 75/14 146/20 164/24 175/20 175/21 222/1	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I couldn't [3] 139/15 148/2 172/14	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I covered [2] 6/2 6/21	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I dealt [1] 78/9	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	
		I deeply [1] 125/5	I do [16] 1/12 28/1 68/23 91/8 105/16 111/10 111/17 114/18 125/20 131/7 229/17 244/5 247/17 254/12 261/14 261/23	

I	I maybe [1] 154/8 I mean [19] 3/23 8/25 18/12 42/4 45/9 76/1 93/5 108/12 136/13 136/19 150/3 164/4 171/13 177/5 198/12 223/21 225/23 247/7 262/5 I meant [2] 56/23 57/3 I met [2] 22/1 190/11 I might [12] 25/11 27/18 27/23 55/16 69/17 84/8 90/23 110/14 110/14 142/16 145/5 165/1 I misunderstood [1] 74/17 I move [1] 2/10 I must [1] 92/11 I necessarily [1] 32/20 I need [5] 24/14 24/14 38/19 51/15 188/16 I never [8] 14/5 32/24 58/2 58/2 62/16 70/7 85/3 242/17 I notice [2] 143/1 230/14 I now [3] 33/13 81/3 107/11 I obviously [1] 14/3 I often [1] 61/19 I particularly [1] 33/7 I phrased [1] 233/5 I picked [1] 194/24 I presented [1] 241/20 I probably [2] 64/20 67/19 I provided [1] 111/19 I put [4] 39/5 69/16 192/1 247/1 I raised [2] 38/10 196/24 I re-read [1] 113/12 I read [2] 257/2 257/3 I really [4] 49/14 155/16 237/12 241/5 I recall [11] 15/12 64/6 65/24 67/6 74/1 81/9 81/21 96/10 167/23 186/15 191/23 I recognise [1] 169/20 I recommend [1] 234/20 I reflect [1] 105/2 I rejected [1] 200/10 I remember [1] 16/13 I retrieved [1] 159/5 I right [1] 237/4 I said [20] 28/20	37/18 45/23 48/12 57/22 61/2 64/10 70/5 167/19 175/6 195/1 198/3 198/19 201/16 237/10 237/12 239/24 239/24 249/1 249/2 I sat [1] 19/7 I saw [2] 157/8 157/11 I say [16] 6/1 17/8 17/22 18/24 20/1 20/2 37/7 38/10 48/17 50/12 55/21 56/16 63/5 87/18 176/24 256/10 I see [9] 82/14 87/24 96/3 109/7 114/11 116/10 138/11 200/23 216/10 I seen [2] 71/15 240/4 I sent [2] 33/4 83/6 I should [3] 25/15 141/24 244/12 I sit [1] 101/9 I spoke [3] 59/10 68/4 85/4 I stand [2] 256/13 257/18 I started [4] 3/2 7/4 52/1 53/16 I still [2] 108/16 113/12 I struggle [1] 86/11 I suppose [15] 78/4 90/15 92/21 94/23 96/17 101/17 105/1 115/11 115/16 115/18 117/7 125/4 144/2 238/12 259/8 I surmised [1] 173/2 I suspect [2] 68/17 209/19 I take [1] 69/3 I talked [1] 31/24 I think [220] 2/14 2/16 2/20 3/1 4/11 4/18 6/1 7/17 9/1 12/22 15/10 19/24 23/1 28/16 29/12 29/15 30/2 30/4 30/6 30/7 30/8 38/19 39/12 39/19 39/21 40/5 40/6 42/1 42/16 47/19 52/17 53/6 53/7 53/17 54/1 54/13 55/15 55/19 56/6 57/3 58/9 58/9 59/22 60/22 61/13 62/13 62/17 63/4 64/10 65/25 66/9 72/8 74/1 76/25 77/10 77/15 77/24 80/5 83/11 83/16 83/21 84/11 85/3 85/8 86/11	87/11 88/9 88/19 89/8 89/14 90/23 92/19 92/25 93/3 94/1 94/1 94/3 95/3 95/4 95/24 95/25 96/18 97/4 98/16 98/17 99/7 99/23 100/1 101/5 101/6 101/18 102/17 102/23 103/6 103/21 104/15 105/3 105/4 105/13 105/14 105/15 105/20 106/6 106/25 108/16 111/13 111/17 111/20 111/25 112/3 112/25 113/4 113/25 114/3 114/24 115/2 115/3 115/25 116/11 120/23 120/24 121/12 121/13 121/20 122/22 122/23 123/16 124/9 124/17 125/20 127/3 127/8 128/1 128/23 129/8 131/5 131/15 132/9 132/10 132/16 133/3 133/4 137/5 137/8 142/12 143/5 143/18 144/3 145/3 147/5 147/18 148/19 154/19 155/24 156/9 156/18 156/19 157/20 157/20 160/6 160/7 161/9 161/11 164/22 167/19 169/21 170/6 170/20 171/13 174/10 174/12 175/6 176/17 180/14 181/15 184/9 185/21 185/22 190/11 190/12 190/14 192/1 194/12 194/20 199/7 199/13 203/17 215/8 222/22 222/25 224/20 224/21 225/5 228/4 228/4 233/4 233/4 235/7 239/25 243/3 244/12 244/24 245/10 245/12 245/17 245/18 246/24 248/12 248/19 248/22 257/4 257/15 257/15 257/18 259/15 260/12 261/14 262/1 262/9 262/9 I thought [26] 3/2 5/15 17/4 18/6 20/5 35/10 35/12 35/14 40/13 66/10 66/12 69/15 83/5 179/23 179/24 194/24 201/16 217/10 235/3 238/2 241/15 244/1 244/14 253/23 254/9 262/1 I took [11] 2/25 19/14 28/21 86/5 100/17 100/20 109/8 189/16 191/20 202/3 212/7	I trained [1] 78/8 I truly [1] 51/4 I trusted [1] 87/13 I understand [5] 35/6 183/19 232/11 251/20 256/12 I understood [3] 22/7 66/19 163/16 I vaguely [1] 40/5 I want [2] 236/21 246/8 I wanted [6] 36/14 36/16 133/2 139/7 196/4 233/5 I was [87] 3/3 5/15 5/20 7/3 8/17 8/20 14/2 14/7 16/11 17/6 19/15 19/24 20/3 23/6 32/2 33/8 33/12 37/7 40/11 41/14 41/22 44/20 46/15 50/9 50/10 58/22 61/18 61/25 68/23 70/6 70/11 71/16 71/16 75/18 79/6 80/5 87/17 92/19 94/25 105/1 105/14 105/20 113/14 125/4 129/9 130/3 130/13 130/20 131/5 133/4 152/1 152/8 159/15 160/15 165/20 167/3 167/4 169/4 173/22 176/23 179/4 187/15 192/3 194/22 196/12 204/9 215/8 218/3 224/19 228/10 235/25 237/8 237/13 238/1 238/14 242/16 242/22 244/14 244/21 244/22 245/12 245/20 245/20 245/22 254/6 258/20 260/6 I wasn't [20] 29/17 34/10 34/10 34/11 38/15 44/2 54/25 54/25 70/6 87/15 108/4 129/8 147/2 180/4 180/4 199/19 215/9 253/16 253/17 257/16 I went [5] 19/7 23/5 23/8 55/6 242/19 I were [1] 98/16 I will [12] 1/19 27/3 61/6 138/4 146/14 146/16 146/22 190/22 196/5 206/7 242/5 242/6 I wish [3] 119/17 123/12 244/3 I witnessed [1] 119/10 I won't [1] 195/7 I wonder [1] 25/11
----------	--	--	---	--

I	identifiable [1] 131/7 identified [5] 97/16 148/24 149/4 149/10 155/10 identify [6] 10/1 118/13 149/9 149/10 155/3 224/5 if [308] ignore [1] 203/21 ignoring [1] 251/4 imagine [8] 15/3 30/25 71/11 71/16 72/11 72/21 128/22 224/13 imagining [1] 174/8 immediate [1] 140/25 immediately [4] 145/21 185/9 185/14 219/18 impact [3] 88/4 94/20 242/9 imparted [1] 91/1 impartial [1] 10/18 implication [1] 93/23 implicit [1] 136/21 implicitly [1] 87/14 important [14] 36/22 80/12 83/5 84/7 94/2 120/8 142/1 157/21 186/5 198/13 204/19 204/20 204/21 224/17 impracticality [1] 231/13 impression [9] 106/23 118/12 118/12 121/8 127/17 127/20 184/10 191/7 232/21 inappropriate [11] 86/5 95/3 146/2 146/11 202/22 203/19 235/4 235/7 247/3 253/24 254/3 incidences [1] 5/21 incident [3] 153/22 155/2 155/10 incidentally [1] 172/5 incidents [1] 249/21 include [11] 83/5 92/19 92/20 113/21 117/19 119/5 122/18 124/6 202/6 230/3 231/5 included [7] 72/20 84/10 93/5 122/25 124/10 201/13 236/7 includes [1] 229/20 including [7] 34/5 118/24 121/6 148/13 180/10 184/3 188/21 incoming [1] 53/11 incompetently [1] 16/23 inconvenience [1] 116/13	increase [7] 8/8 81/17 131/9 207/22 225/24 226/1 226/7 increased [2] 22/14 96/9 increases [1] 186/1 indeed [14] 38/5 44/8 44/21 45/5 61/15 65/15 66/21 68/8 70/2 72/10 76/16 134/4 159/11 263/1 independence [3] 108/13 109/6 116/25 independent [8] 26/20 74/16 102/20 108/16 116/23 118/8 163/5 169/25 independently [1] 227/8 indicate [2] 67/10 146/2 indicates [1] 73/19 indictment [2] 30/13 152/22 indignant [1] 191/18 individual [22] 4/2 8/23 17/9 20/19 22/19 22/25 23/21 34/19 36/14 49/20 49/21 66/1 92/3 168/21 187/9 192/19 207/23 215/14 238/19 243/7 243/9 243/10 individual's [1] 133/13 individually [1] 100/3 individuals [2] 6/14 141/13 inexperienced [1] 49/23 infallible [1] 186/17 infer [1] 210/4 infinitely [1] 224/14 influence [2] 203/18 203/19 influenced [2] 87/20 251/2 influencing [2] 182/5 182/10 inform [1] 37/20 informal [2] 8/15 173/3 information [83] 6/16 64/7 64/8 83/25 86/4 86/10 87/3 91/1 91/19 92/7 92/8 92/13 92/23 94/5 96/24 98/11 98/14 99/18 100/18 100/20 102/7 102/13 102/25 103/3 104/14 108/4 108/8 108/21 112/11 113/1 113/10 113/13 114/2 114/3 114/9 115/22 117/15	117/20 117/24 118/14 118/19 122/24 123/1 123/3 125/22 127/1 127/6 129/10 131/10 133/6 140/7 140/9 140/14 167/9 170/2 170/5 173/2 185/3 193/3 198/5 198/7 198/9 200/5 200/7 200/10 205/6 206/11 206/16 206/16 206/19 209/14 210/13 220/13 228/6 228/7 249/23 250/4 250/11 252/4 257/17 258/22 259/1 259/1 informed [10] 14/7 20/18 41/19 47/9 56/24 65/20 119/18 123/12 168/18 242/16 initial [4] 26/24 65/9 88/8 223/7 initially [1] 253/20 injected [1] 162/6 injured [1] 259/3 innocence [1] 44/23 input [6] 43/11 74/15 232/14 232/17 245/1 245/9 INQ [2] 179/6 200/1 INQ00024580001 [1] 33/19 INQ0002746 [1] 25/8 INQ00027480001 [1] 35/21 INQ0002796 [1] 47/7 INQ0002859 [1] 27/7 INQ0002879 [21] 28/7 95/8 119/13 169/13 177/10 177/24 184/24 189/20 192/15 195/9 196/15 197/19 199/3 201/10 205/1 207/8 212/12 212/25 216/3 220/2 228/18 INQ00028790017 [1] 38/16 INQ00028790083 [1] 165/9 INQ00028790100 [1] 145/20 INQ0002879017 [1] 110/6 INQ0003114 [1] 148/11 INQ0003155 [2] 126/3 235/11 INQ0003174 [1] 153/15 INQ0003251 [1] 148/18 INQ0003373 [1] 173/10 INQ00043350001 [1]	162/21 INQ0004884 [1] 15/25 INQ0005701 [1] 152/12 INQ0006346 [1] 71/20 INQ00068900112 [1] 158/19 INQ0014165 [2] 9/18 10/10 INQ0014568 [2] 159/25 218/11 INQ0014602 [1] 23/11 INQ002879 [1] 229/1 INQ0053104 [1] 188/8 INQ00574930001 [1] 42/24 INQ0057494 [1] 43/15 INQ0057497 [1] 42/21 INQ0058365 [1] 45/17 INQ0058624 [1] 241/22 INQ0058646 [1] 46/3 INQ00673600001 [1] 48/20 INQ0068308 [2] 91/12 206/7 INQ0098375 [1] 12/24 INQ009855 [1] 12/1 INQ0098554 [1] 10/25 INQ0101359 [1] 168/2 INQ0102244 [1] 45/13 INQ0102688 [1] 11/8 INQ0108367 [1] 137/11 INQ0108368 [1] 50/18 Inquiry [22] 1/10 34/6 38/6 43/3 44/9 52/6 53/2 65/8 73/25 75/2 77/8 77/11 120/8 134/22 140/22 148/18 153/2 193/5 228/8 230/14 241/6 263/9 inquisitive [1] 23/19 insensitive [2] 51/8 51/25 insight [1] 99/14 insights [1] 167/20 insisted [1] 106/14 instance [3] 30/2 84/17 103/13 instinct [1] 12/19 instruction [2] 47/12
----------	---	---	---	--

I	195/7 254/18	108/14 108/25 112/1	82/5 107/21 111/15	142/1 143/17 143/22
instruction... [1] 59/15	interviewees [1] 223/16	116/22 117/14 119/2	152/17 232/23 242/13	144/3 144/13 145/3
instructions [1] 60/16	interviewers [1] 66/23	120/11 121/9 129/19	242/14 255/4	145/11 146/2 146/11
insufficient [1] 102/4	interviewing [3] 22/8	190/15 198/20 202/2	is [521]	148/16 150/14 153/2
insulin [1] 243/2	40/3 189/22	206/5 213/15 214/24	isn't [46] 11/4 13/1	153/9 153/20 160/8
insulted [1] 41/22	interviews [31] 82/7	218/8 237/24 257/16	13/5 21/10 22/18	162/21 164/10 170/24
integrity [2] 118/25	91/8 91/11 93/11	259/6	31/19 36/22 52/11	172/3 172/3 174/21
119/7	94/16 95/6 98/22 99/8	investigation [61]	54/13 60/18 89/17	182/4 185/2 187/6
intended [1] 248/11	106/1 107/7 109/14	5/23 10/18 24/13	101/12 103/14 103/19	188/22 194/14 200/4
intensive [1] 5/12	113/18 113/23 114/1	24/19 26/3 26/9 36/23	109/5 122/2 126/24	200/13 203/11 203/12
intent [1] 213/2	123/25 173/25 177/8	37/6 37/11 37/12 38/2	128/11 130/12 138/11	206/7 209/20 214/13
intention [2] 194/17	177/13 180/24 189/23	38/9 41/3 48/4 48/11	143/14 144/3 144/17	215/13 215/18 221/7
196/16	199/19 205/3 205/4	54/11 66/11 82/19	145/3 157/22 163/23	224/7 224/18 228/17
interacting [1] 122/11	214/15 214/15 214/17	85/6 85/7 85/12 86/22	164/11 171/22 174/17	232/6 232/8 232/11
interaction [1] 108/1	215/9 228/5 237/14	87/8 93/24 102/16	176/8 177/1 178/20	233/4 235/10 237/8
interest [5] 3/17 5/10	250/20 254/7	109/13 113/22 117/11	181/3 187/6 187/10	237/11 239/10 242/12
40/15 146/9 156/25	intimated [2] 41/21	118/24 120/4 121/1	188/13 211/16 214/7	243/12 247/3 247/5
interested [6] 3/3	181/5	123/15 124/12 125/25	215/16 215/18 221/25	247/25 248/23 260/15
5/12 151/25 186/7	intimidating [3]	126/24 127/3 128/12	232/1 240/9 246/20	260/16 261/24 263/1
226/1 232/13	252/10 254/17 254/20	152/5 161/7 163/19	248/3 253/12	263/2
Interestingly [1] 171/19	into [59] 3/19 4/10	166/24 178/12 194/25	isolated [4] 33/15	its [2] 146/22 233/10
interests [3] 4/9 10/5	4/25 6/25 20/25 22/13	201/22 202/4 202/6	33/18 35/2 164/14	itself [5] 27/14 61/6
231/20	23/5 24/13 26/3 26/9	205/7 209/25 217/18	isolation [2] 99/8	130/25 204/19 239/14
internal [4] 31/12	26/16 29/3 29/23 30/9	218/16 220/7 227/14	204/9	
31/13 62/6 62/8	32/1 40/6 43/24 48/4	227/18 234/9 234/20	issue [27] 13/14 29/3	J
internally [1] 207/23	51/6 61/9 62/14 65/11	238/10 241/8 242/1	29/4 33/22 45/2 45/6	Jane [1] 77/9
interpretation [3]	65/13 66/11 74/15	242/25 247/2 249/2	48/13 48/14 59/8 59/9	Janet [1] 152/15
124/4 128/2 128/24	80/8 81/14 87/8 89/11	investigations [12]	59/11 80/7 142/7	Janet McMahon [1]
interpreted [1]	89/12 93/24 112/6	6/10 30/14 78/9 152/2	152/23 152/24 156/17	152/15
133/10	120/9 120/21 127/4	152/8 166/5 166/16	158/21 159/12 173/14	Jayaram [51] 44/12
interpreting [1] 101/6	127/16 144/21 148/15	167/10 177/4 179/1	175/18 177/15 178/19	54/22 91/14 92/16
interrogate [1]	152/2 162/7 162/8	219/13 227/8	180/9 180/13 193/10	93/2 94/15 95/6 95/10
198/10	166/6 166/24 167/20	investigative [3]	224/22 238/3	95/22 96/12 96/22
interventions [1]	178/12 187/17 187/19	237/14 252/7 252/16	issues [24] 4/3 9/10	97/2 98/4 99/17 105/8
261/23	194/12 196/11 196/11	investigator [4]	10/1 13/9 44/12 44/18	121/17 122/19 123/4
interview [58] 21/21	200/24 205/7 210/11	100/9 100/14 237/2	68/8 97/10 106/17	123/18 123/24 124/18
23/3 23/9 23/15 23/18	218/16 227/9 238/10	241/12	152/20 178/8 182/3	125/2 128/17 129/13
25/6 25/19 25/21	245/10 253/13 256/9	investigators [1]	182/4 182/6 187/16	130/24 165/15 169/22
25/22 38/17 39/6	intravenous [1]	210/7	187/18 188/16 192/18	180/14 197/22 199/9
39/22 40/15 66/14	159/4	investigatory [2]	194/24 206/4 242/13	199/11 199/19 205/2
75/3 82/20 82/21	introduced [2]	223/15 228/5	243/5 244/16 254/16	206/8 206/22 207/9
84/13 88/8 88/11 92/3	126/14 139/12	invitation [1] 200/6	issuing [1] 29/7	209/11 210/16 210/25
95/9 95/11 96/4 97/6	introduction [2] 9/22	invited [7] 15/25 16/5	it [801]	212/1 215/1 216/6
97/7 97/9 100/8	137/1	92/12 92/17 93/18	it' [1] 218/20	219/4 219/16 221/18
104/13 107/15 151/18	introvert [1] 164/22	93/20 206/18	it's [121] 9/19 10/10	226/15 238/8 244/5
176/4 179/6 184/20	introverts [1] 165/6	inviting [1] 236/4	12/25 27/19 27/21	251/1 252/3 257/17
184/22 188/7 188/14	investigate [17]	involve [1] 9/11	27/24 28/20 40/9 47/3	Jayaram's [2] 207/7
189/5 189/17 190/5	28/14 28/24 28/25	involved [44] 3/12	47/11 50/11 51/25	212/24
192/14 192/16 195/10	40/23 41/11 41/19	6/15 9/16 13/21 13/22	58/16 58/19 61/11	JB [1] 221/12
195/20 196/16 200/21	123/9 169/9 181/17	16/22 18/23 20/4	67/20 68/16 71/23	Jim [1] 202/24
201/9 201/11 207/7	181/18 194/16 194/23	22/18 22/21 31/15	72/22 76/9 77/15	job [9] 2/10 5/9 5/15
209/16 210/20 212/7	196/8 210/8 234/21	32/5 35/25 38/1 38/8	79/13 82/13 87/7 87/9	5/18 6/7 210/12
212/25 215/24 218/11	257/24 259/11	38/19 43/22 54/15	88/6 88/19 88/19	218/14 218/15 241/16
219/16 221/5 226/15	investigated [12]	59/23 78/2 79/12	89/17 94/1 94/1 94/3	jobs [4] 6/6 246/18
interviewed [15]	57/5 92/13 92/18 93/3	79/25 81/8 81/22	94/23 95/4 95/4 100/6	252/15 252/19
26/21 38/20 39/11	93/21 181/16 187/18	83/11 83/15 84/2	103/6 103/6 105/19	joined [2] 78/12
39/19 39/21 59/24	206/1 206/2 206/3	97/13 97/15 107/1	105/19 105/21 107/3	78/14
80/22 84/3 93/19 97/3	206/20 222/20	126/8 128/12 139/18	108/9 108/19 111/17	Jones [1] 11/1
99/1 189/13 189/21	investigating [28]	140/5 147/1 164/2	111/20 115/7 115/13	judged [1] 141/14
	5/24 25/24 36/21	176/5 176/7 176/8	117/7 117/18 118/12	judgement [3]
	82/17 85/18 85/23	183/12 183/24 188/15	122/2 122/4 127/1	138/19 143/8 207/18
	87/20 92/1 108/3	204/2 210/5	127/25 129/25 133/22	judgment [3] 51/7
		involvement [12]	134/4 136/8 138/4	70/1 70/5
		27/2 49/24 65/9 66/13	139/9 141/11 141/12	judgmental [1]

<p>J</p> <p>judgmental... [1] 249/15</p> <p>Julie [3] 61/4 155/11 172/8</p> <p>Julie Fogarty [3] 61/4 155/11 172/8</p> <p>July [13] 16/19 20/9 20/15 20/22 33/19 65/10 65/19 67/15 153/16 153/16 153/20 156/24 220/5</p> <p>jump [1] 191/23</p> <p>June [3] 1/10 134/22 135/5</p> <p>June 2005 [1] 135/5</p> <p>junior [1] 97/14</p> <p>just [152] 1/19 2/10 2/20 3/20 6/12 9/7 11/23 12/8 19/2 19/5 19/24 19/24 20/22 20/23 22/6 23/9 23/18 23/20 25/5 25/10 25/11 29/17 31/10 33/7 34/8 35/9 35/10 35/11 35/13 35/14 35/18 36/12 40/8 41/11 41/14 46/11 46/20 51/25 52/3 57/17 58/7 59/22 60/4 60/15 64/10 64/20 64/21 65/25 68/15 68/16 72/1 72/13 73/9 73/13 74/18 75/1 75/6 75/11 75/12 76/1 77/22 77/25 78/18 81/6 82/9 84/25 88/7 91/8 92/15 93/14 95/5 97/8 98/20 99/8 99/18 100/12 101/13 101/22 102/23 108/14 109/14 110/5 110/23 110/25 114/14 115/13 116/19 119/16 124/4 125/11 126/25 130/20 131/18 131/21 136/12 137/12 139/17 141/18 143/16 144/7 147/15 150/9 150/14 150/20 152/13 153/12 164/4 167/13 168/16 168/16 175/13 175/14 175/22 179/18 181/9 181/13 183/20 184/6 197/15 199/1 199/15 200/3 201/3 209/10 211/10 212/20 213/19 216/19 217/15 217/21 219/18 219/24 228/19 230/18 232/7 235/13 245/8 245/21 245/22 247/11 255/15 255/21 256/8 256/16 256/25 257/14 259/9</p>	<p>259/10 259/17 262/1 262/7 262/16</p> <p>justice [5] 74/23 246/11 257/21 264/6 264/13</p> <p>justify [2] 12/5 219/17</p> <hr/> <p>K</p> <p>Karen [28] 16/25 16/25 22/2 29/14 33/20 34/3 34/24 35/12 42/4 42/4 42/22 43/6 43/12 44/8 47/9 49/3 52/19 63/4 67/19 67/20 180/7 180/20 191/5 196/14 196/22 196/25 197/11 224/16</p> <p>Karen Rees [22] 22/2 29/14 33/20 34/3 34/24 42/4 42/4 42/22 43/6 44/8 47/9 49/3 63/4 67/19 180/7 180/20 191/5 196/14 196/22 196/25 197/11 224/16</p> <p>Karen Townsend [2] 16/25 16/25</p> <p>Karen's [1] 52/9</p> <p>Kathryn [1] 35/12</p> <p>keen [1] 52/6</p> <p>keep [11] 17/12 17/18 31/19 49/5 56/14 57/6 61/17 160/15 161/8 188/7 210/10</p> <p>keeping [1] 17/17</p> <p>Kelly [27] 9/23 13/3 13/12 14/20 15/7 20/10 20/16 28/13 28/22 29/14 41/25 42/1 65/11 65/20 71/22 72/14 72/15 72/22 93/8 97/25 102/10 192/16 192/24 193/11 193/18 194/1 194/9</p> <p>Kelly's [1] 15/11</p> <p>Kennedy [5] 255/10 255/12 255/13 257/23 264/12</p> <p>kept [3] 17/11 61/17 72/7</p> <p>key [4] 72/6 156/12 187/10 229/24</p> <p>kill [2] 225/13 225/18</p> <p>killed [2] 250/2 259/2</p> <p>killer [10] 132/20 246/13 247/22 248/1 248/5 248/7 248/10 252/14 252/25 253/3</p> <p>killing [1] 202/20</p> <p>Killingback [6] 141/8 153/19 160/13 165/13</p>	<p>172/7 178/7</p> <p>kills [1] 198/3</p> <p>kind [31] 8/5 8/21 62/20 70/25 78/10 87/2 136/9 136/9 145/5 153/22 155/1 156/19 160/6 160/7 164/22 165/2 166/7 166/25 176/18 177/6 179/22 181/23 194/13 198/21 218/18 245/14 245/21 258/20 258/23 260/23 261/5</p> <p>kinds [1] 80/24</p> <p>knew [36] 7/13 7/14 22/16 35/14 40/14 46/19 48/3 52/15 58/2 59/2 67/22 75/13 103/9 106/10 106/13 148/4 159/11 166/1 181/23 183/2 183/11 183/24 184/7 184/18 189/25 192/2 193/9 208/14 209/11 213/20 216/17 221/21 221/23 222/7 233/4 243/21</p> <p>know [265]</p> <p>knowing [3] 25/22 51/23 122/22</p> <p>knowledge [18] 14/10 64/2 77/19 80/22 92/4 99/13 102/8 102/10 102/18 102/20 102/23 103/8 133/18 138/18 173/15 180/5 183/16 242/18</p> <p>knowledgeable [2] 94/25 118/21</p> <p>known [11] 11/13 47/22 48/6 52/22 64/12 85/20 87/18 127/15 142/16 151/23 258/18</p> <hr/> <p>L</p> <p>lack [2] 47/14 157/3</p> <p>Lady [18] 1/3 64/25 74/22 74/23 76/3 76/25 114/11 134/1 134/13 200/23 255/9 255/10 255/14 256/9 257/20 257/21 264/6 264/13</p> <p>Lambie [1] 62/10</p> <p>lane [1] 196/12</p> <p>LANGDALE [10] 1/8 25/10 53/5 65/1 76/12 134/20 201/8 262/25 264/4 264/10</p> <p>language [4] 140/9 142/19 170/25 237/25</p> <p>large [1] 78/11</p> <p>largely [2] 184/10 260/22</p>	<p>last [14] 23/6 43/3 64/16 78/3 142/13 146/10 168/17 171/18 201/11 205/3 224/3 227/13 227/22 241/21</p> <p>late [1] 47/18</p> <p>later [12] 5/17 6/2 30/9 32/22 54/4 65/12 68/15 73/5 151/20 169/13 204/25 235/3</p> <p>latter [1] 7/10</p> <p>launched [1] 27/4</p> <p>law [1] 248/19</p> <p>lawyer [1] 143/20</p> <p>lead [4] 20/1 104/13 112/23 180/11</p> <p>leader [1] 136/19</p> <p>leadership [10] 135/18 135/23 136/2 136/4 138/25 164/9 164/10 164/12 168/20 193/2</p> <p>leading [4] 99/19 136/25 167/5 227/16</p> <p>leads [1] 177/1</p> <p>leaflets [1] 2/25</p> <p>learned [2] 18/10 256/6</p> <p>learning [5] 2/23 50/20 135/25 135/25 136/21</p> <p>learnt [1] 71/17</p> <p>least [11] 65/22 67/11 72/19 180/1 180/2 182/3 197/9 217/14 231/6 253/20 259/25</p> <p>leave [3] 68/10 141/14 224/8</p> <p>leaving [3] 24/25 55/16 55/17</p> <p>led [12] 17/6 23/1 92/15 112/6 156/1 167/4 168/6 208/12 221/8 226/21 246/16 253/6</p> <p>left [4] 36/3 105/22 106/22 224/10</p> <p>Legal [1] 13/8</p> <p>lens [1] 31/4</p> <p>less [4] 99/6 165/6 186/2 198/13</p> <p>lesser [1] 220/23</p> <p>let [5] 1/19 27/3 187/22 198/22 210/5</p> <p>let's [22] 38/16 42/20 58/3 97/5 126/1 147/9 179/6 179/18 182/23 184/22 187/23 188/7 200/1 209/1 210/19 210/21 212/15 215/24 222/9 226/7 226/10 247/4</p> <p>Letby [151] 16/9 18/1</p>	<p>20/7 21/4 21/20 22/1 22/17 23/1 23/22 28/14 29/8 33/11 33/20 37/13 43/5 44/10 44/12 44/19 44/23 45/8 46/13 48/23 50/17 53/21 58/10 66/14 66/22 67/13 67/18 68/1 68/4 69/23 72/10 73/21 74/8 74/9 74/14 75/7 78/21 79/15 81/20 82/11 84/11 86/23 88/9 88/10 89/3 89/19 90/2 94/6 97/17 98/8 98/20 99/3 99/20 100/5 102/1 102/3 102/18 105/9 106/3 106/14 106/19 107/9 109/10 112/18 120/6 120/10 120/21 121/8 121/11 122/1 122/14 123/8 124/1 124/2 125/11 125/18 127/5 127/16 128/10 128/12 128/16 130/5 131/25 132/8 132/14 133/7 133/22 147/6 147/18 169/8 177/10 178/1 179/7 179/8 180/8 180/12 181/18 182/6 182/11 184/13 187/17 188/5 189/21 190/8 191/1 191/6 191/8 191/9 192/5 192/11 197/17 202/2 206/4 208/1 209/16 210/16 210/17 215/21 217/12 219/2 226/21 226/23 233/22 234/3 235/24 236/4 236/18 238/14 239/1 241/15 241/24 244/17 246/4 246/10 248/4 248/7 248/9 248/20 249/17 250/2 250/13 251/10 251/25 252/14 252/19 252/25 256/5 257/3 259/2</p> <p>Letby's [18] 16/18 58/6 65/16 68/7 80/11 84/22 85/10 123/19 177/2 182/19 184/4 203/9 218/9 238/19 239/17 242/9 253/6 259/19</p> <p>letter [12] 26/15 26/15 27/9 33/19 42/21 57/24 205/1 205/11 205/14 205/19 254/21 254/22</p> <p>letting [1] 36/12</p> <p>level [10] 30/7 35/7 35/18 50/25 60/25 78/18 79/22 116/24</p>
--	---	--	---	---

L	listen [5] 86/17 127/1 194/5 260/21 260/23 listened [2] 86/6 183/17 listening [3] 19/3 140/8 140/13 literally [3] 60/25 149/21 155/23 little [12] 41/22 61/12 69/15 77/23 78/22 80/19 81/6 82/9 84/25 102/18 119/14 171/15 LL [21] 40/16 177/17 183/1 183/11 183/22 191/2 191/2 193/13 196/17 197/1 198/3 201/21 220/10 220/11 220/14 220/21 224/8 224/10 227/21 233/12 235/18 LL's [3] 111/5 223/5 229/12 Lloyd [1] 165/16 load [1] 6/5 local [3] 9/24 70/11 245/1 log [1] 14/6 logged [7] 13/14 13/15 13/17 13/18 14/5 57/25 58/1 long [9] 7/11 24/8 25/2 78/1 127/11 136/5 243/11 261/17 263/2 longer [1] 134/4 look [65] 1/21 12/1 17/7 17/24 18/4 22/7 24/10 25/15 28/7 33/9 33/9 33/17 38/18 42/20 42/20 48/22 49/3 52/7 53/11 55/3 71/20 74/10 75/6 91/9 91/13 101/8 102/11 103/20 109/18 137/9 145/4 145/21 148/17 148/22 151/5 152/9 155/5 155/8 162/1 166/6 169/12 178/2 181/22 181/25 183/4 186/11 200/1 207/21 209/10 210/21 211/10 212/20 222/9 224/2 229/1 229/6 229/25 230/12 230/24 231/7 238/18 247/14 249/10 259/12 259/14 looked [18] 5/9 19/19 20/23 46/12 48/10 48/24 91/3 91/4 97/12 97/14 102/9 124/18 144/25 174/2 185/3 229/21 231/3 245/6 looking [49] 3/14 5/21 10/10 12/17 22/20 42/10 43/13 49/16 49/17 89/11 97/12 97/15 99/10 105/14 111/17 122/16 127/16 139/22 150/9 152/5 154/11 155/9 155/12 155/13 156/10 164/12 166/16 174/17 179/19 179/21 183/12 183/25 186/4 187/9 188/12 194/8 198/15 204/16 208/1 208/7 216/18 218/8 218/19 222/1 228/2 229/5 231/6 238/6 259/10 looks [12] 11/6 24/7 48/23 55/10 63/13 70/7 124/23 137/17 147/14 156/6 176/14 220/4 lose [2] 252/15 252/19 losing [1] 246/18 loss [3] 44/6 157/17 185/5 lost [3] 157/24 203/22 226/10 lot [34] 4/16 5/8 5/13 5/14 6/21 7/11 30/14 33/6 46/22 49/24 51/2 58/20 64/9 66/17 70/13 101/9 101/10 101/10 102/10 114/4 171/6 171/7 171/7 191/9 192/4 198/13 198/21 210/25 211/3 211/11 211/13 211/17 217/18 244/17 lot's [1] 261/17 lots [6] 22/7 22/9 30/19 30/20 143/25 147/15 love [1] 52/10 loved [2] 70/17 226/10 lovely [2] 52/10 62/23 low [2] 30/7 60/25 Lucy [175] 21/20 22/1 22/3 22/17 23/1 23/6 26/21 26/21 29/8 29/17 33/20 37/13 38/12 38/13 39/10 42/22 43/10 43/23 44/6 44/10 44/12 44/23 45/15 46/4 46/13 46/18 46/19 47/9 47/10 48/23 50/17 51/6 55/2 58/10 60/21 64/7 64/10 65/16 66/14 66/22 67/13 67/18 68/1 68/4 68/7 69/23 72/10 73/21 74/8 74/9 74/14 75/7 77/4 77/9 81/20 84/11 84/22 85/10 86/23 88/9 89/19 94/6 97/17 98/1 98/8 98/20 99/3 102/18 109/10 120/6 120/10 120/21 121/8 121/11 122/1 122/14 123/8 123/19 124/1 124/2 125/18 127/5 127/16 128/10 128/12 128/16 130/5 131/25 132/8 132/14 133/7 133/22 147/18 169/8 173/16 177/2 181/14 181/15 184/13 185/8 185/22 187/17 188/5 189/19 190/4 190/25 191/9 192/5 193/6 195/18 197/17 201/22 206/4 206/9 209/16 210/16 210/17 210/23 213/2 215/21 216/14 217/12 218/9 218/12 219/2 225/6 226/21 227/10 228/21 228/21 228/22 230/8 230/20 231/12 231/20 232/17 232/20 233/22 234/3 234/17 234/24 235/6 235/6 235/8 235/24 236/4 238/14 238/19 239/1 239/17 241/15 244/17 245/4 245/11 246/4 246/10 248/4 248/7 248/9 248/20 250/2 250/13 251/10 251/25 252/14 252/19 252/25 253/6 256/5 257/3 258/3 259/2 259/19 260/5 264/7 Lucy Letby [100] 21/20 22/1 22/17 23/1 29/8 33/20 37/13 44/10 44/12 44/23 46/13 48/23 50/17 58/10 66/14 66/22 67/13 67/18 68/1 68/4 69/23 72/10 73/21 74/8 74/9 74/14 75/7 81/20 84/11 86/23 88/9 89/19 94/6 97/17 98/8 98/20 99/3 102/18 109/10 120/6 120/10 120/21 121/8 121/11 122/1 122/14 123/8 124/1 124/2 125/18 127/5 127/16 128/10 128/12 128/16 130/5 131/25 132/8 132/14 133/7 133/22 147/18 169/8 184/13 187/17 188/5 191/9 192/5 197/17 206/4 209/16 210/16 210/17 215/21 217/12 219/2 226/21 233/22 234/3 236/4 238/14 239/1 241/15 244/17 246/4 246/10 248/4 248/7 248/9 248/20 250/2 250/13 251/10 251/25 252/14 252/19 252/25 256/5 257/3 259/2 Lucy Letby's [11] 65/16 68/7 84/22 85/10 123/19 177/2 218/9 238/19 239/17 253/6 259/19 Lucy Sementa [12] 206/9 228/21 228/22 232/17 232/20 234/24 235/8 235/24 245/4 245/11 258/3 260/5 Lucy Sementa's [1] 230/20 Lucy's [5] 27/5 27/18 35/4 233/14 246/23 lunch [1] 116/12 luncheon [1] 116/16
M	MacLaughlan [3] 23/16 23/23 40/2 made [39] 22/24 29/3 32/4 33/12 33/14 47/16 48/3 49/10 54/2 54/6 64/13 67/21 69/5 71/3 77/10 80/10 84/16 88/12 101/4 102/21 106/8 110/12 110/17 120/4 123/3 123/6 146/8 146/24 147/3 199/21 204/7 215/4 220/8 222/13 234/11 235/12 247/7 251/23 252/20 main [1] 59/5 maintain [2] 138/17 138/21 major [1] 153/22 majority [1] 151/13 make [35] 11/13 27/20 37/19 37/20 37/22 43/25 47/23 50/25 56/20 60/3 64/18 64/19 71/5 82/17 83/1 89/5 94/4 102/21 103/15 105/11 110/14 136/19 138/7 146/19 162/1 182/8 188/16 196/1 204/12 207/18 222/12 233/3 241/9 249/11 254/13 maker [3] 108/7 240/15 241/12 makes [4] 56/3 85/17 126/13 195/4

M	123/24 124/7 124/12 124/14 124/16 125/9 126/19 128/16 129/13 130/8 130/22 131/13 140/24 142/4 146/5 149/24	191/2 191/17 194/13 196/12 199/5 199/21 205/6 205/22 206/10 206/25 206/25 209/14 216/21 217/4 217/5 228/25 230/3 241/13 241/22 244/7 245/9 245/12 245/17 245/20 250/21 250/21 251/6 254/8 254/13 255/6 256/19 258/21 258/21 260/18 261/7	65/24 66/6 66/20 67/11 68/7 70/10 72/5 72/25 73/2 73/10 74/9 87/2 91/19 93/13 97/24 98/1 98/18 155/1 157/1 158/16 162/23 163/11 169/23 170/14 171/19 171/20 172/2 173/9 173/12 173/19 174/2 174/7 174/13 174/24 176/10 176/13 190/6 191/10 191/21 197/2 206/11 206/18 207/2 217/23 240/1 240/4 241/4 244/9 245/18 246/12	mentioned [21] 16/9 21/4 40/5 60/22 64/4 73/24 74/2 80/19 81/4 81/16 85/9 115/25 127/19 166/4 167/12 167/13 170/7 197/3 213/4 213/25 259/19 mentioning [1] 65/16 mentions [1] 260/11 merely [1] 93/24 Merseyside [1] 8/2 message [20] 25/15 50/18 50/22 51/13 52/19 53/10 55/5 55/23 57/8 59/12 59/14 60/23 61/22 62/3 62/19 64/16 64/17 70/23 70/24 70/25 messed [1] 24/4 messages [14] 30/23 42/5 43/12 46/23 50/16 51/6 58/3 61/15 61/17 69/21 69/22 70/22 71/13 156/12 messaging [2] 35/17 46/7 met [18] 22/1 29/7 34/15 52/18 67/18 90/24 90/25 92/22 94/6 94/12 98/25 105/20 124/17 188/12 190/5 190/11 195/17 259/19 methadone [2] 161/18 161/23 middle [5] 96/7 119/16 119/17 185/23 229/8 midnight [4] 97/11 149/6 151/1 151/10 might [103] 3/3 3/19 4/9 5/15 7/21 7/21 7/22 9/13 9/15 17/21 25/11 27/18 27/23 27/23 37/25 41/4 55/16 63/12 69/17 73/1 82/20 83/20 84/6 84/7 84/7 84/8 86/12 87/20 89/12 90/23 92/23 93/21 94/2 94/4 94/10 94/19 99/7 104/4 109/20 109/21 109/21 110/14 110/14 115/4 115/11 127/4 128/1 128/24 132/2 136/21 140/17 142/16 142/21 143/21 145/5 151/11 152/3 157/14 160/20 161/7 161/22 164/12 164/14 165/1 167/21 178/23 183/13 186/8 187/1 195/1 197/10 198/17 203/16
making [17] 69/8 71/7 89/9 115/14 118/5 120/9 120/19 120/21 121/25 125/15 147/6 168/21 175/6 189/6 197/8 202/18 211/9 malice [1] 153/11 man [1] 142/24 manage [1] 234/1 managed [4] 227/3 233/16 236/15 238/9 management [6] 6/5 47/12 59/15 78/3 135/6 223/4 manager [10] 30/22 82/17 82/24 108/25 112/1 117/15 129/19 169/9 245/2 245/19 managers [6] 9/6 10/16 78/8 110/3 135/23 194/13 managing [2] 5/22 137/1 Mancini [3] 23/16 23/23 40/2 mandatory [1] 139/11 manifest [2] 144/2 181/21 manner [3] 138/20 153/9 253/25 manoeuvres [2] 95/14 207/12 many [20] 18/13 18/21 27/8 61/9 72/23 79/11 79/24 85/1 101/23 116/13 140/2 149/22 149/25 156/3 171/14 171/17 183/11 183/24 188/23 188/25 March [6] 54/13 64/13 135/5 148/16 149/16 157/15 marked [1] 173/17 marks [1] 220/5 mastermind [1] 62/23 material [15] 30/12 31/5 38/5 118/2 126/9 126/22 183/12 184/1 184/8 184/17 184/18 184/19 195/11 196/3 214/9 materials [1] 127/11 matter [11] 3/17 6/19 86/25 89/10 103/16 136/23 141/16 155/21 205/7 247/4 261/13 matters [23] 33/25 78/9 121/17 121/20 121/22 122/18 123/17	may [66] 1/3 1/4 1/17 4/12 4/13 10/14 10/15 22/25 24/18 33/25 42/10 45/5 50/16 58/10 59/13 60/22 64/25 66/2 74/5 75/1 76/3 77/11 80/10 82/22 83/14 85/14 86/2 88/17 90/2 92/3 92/12 93/1 93/23 101/3 114/13 118/9 119/18 123/13 126/1 132/24 133/21 134/13 138/1 165/6 173/3 184/22 195/2 196/15 197/4 200/24 204/1 205/7 206/19 216/18 216/18 224/8 224/10 224/11 224/12 225/7 230/19 230/20 233/12 249/16 253/17 259/8 maybe [25] 30/5 50/8 52/2 55/21 61/10 64/21 69/17 136/2 136/6 137/5 145/10 154/8 168/13 170/21 199/21 205/24 214/23 228/21 229/25 235/3 238/25 242/25 245/19 258/22 262/4 McCormack [3] 54/22 198/5 202/24 McMahon [1] 152/15 me [116] 1/18 1/19 2/20 3/24 5/10 5/12 5/16 6/14 6/18 7/10 7/14 9/13 24/12 27/14 28/2 34/14 34/15 40/9 40/13 43/23 46/5 46/21 52/3 53/19 53/24 55/16 57/12 58/9 58/24 60/22 61/3 61/7 61/17 62/20 67/6 67/21 69/11 69/18 70/13 70/15 77/15 80/5 82/24 85/9 86/6 86/14 88/23 90/16 93/13 96/16 99/7 99/12 101/19 102/12 105/6 107/4 107/13 109/18 109/18 115/20 116/3 119/25 121/13 125/5 127/25 130/12 143/15 143/20 143/23 161/15 164/8 166/7 167/20 168/22 169/10 174/14 178/20 178/25 189/5 190/14 191/1	meal [2] 63/8 63/10 mean [39] 3/23 6/6 8/25 12/20 18/12 24/24 42/4 45/9 56/23 76/1 93/5 99/13 108/12 125/2 128/25 130/19 136/12 136/13 136/19 141/18 141/19 143/11 143/13 150/3 164/4 171/13 175/15 175/16 177/5 198/12 217/16 217/21 223/21 225/23 227/6 247/7 249/6 256/12 262/5 means [5] 12/19 55/17 64/3 141/16 141/22 meant [6] 56/23 57/3 75/11 147/1 150/3 166/22 meantime [1] 192/21 mechanisms [1] 146/3 Media [1] 156/12 mediated [1] 227/17 mediation [3] 57/3 236/17 238/8 medical [11] 72/6 72/16 97/15 99/10 99/12 144/20 149/11 157/17 168/20 186/5 186/7 Medicines [1] 135/6 meet [11] 9/2 9/4 22/3 38/19 140/12 152/18 188/12 189/15 189/20 197/19 236/24 meeting [101] 10/7 13/10 15/5 15/5 16/5 16/7 16/12 16/19 16/24 17/3 17/25 18/1 18/5 18/17 18/19 18/24 20/9 20/15 20/23 20/25 21/7 22/4 22/5 23/6 24/25 26/22 27/8 29/13 29/15 34/10 38/11 39/7 42/3 43/2 43/4 46/15 46/16 46/16 47/14 50/3 50/8 50/9 50/9 57/9 57/18 57/23 64/5 65/10 65/11 65/16 65/19	meetings [40] 8/16 8/25 9/1 9/2 11/4 11/4 12/24 13/5 13/25 14/9 15/9 15/16 18/21 61/20 61/21 70/9 72/23 73/4 73/6 81/2 101/9 117/17 164/13 167/12 170/8 170/9 170/16 171/6 171/7 171/14 171/17 219/5 223/9 223/15 238/2 239/20 242/18 252/17 252/18 254/15 Mel [3] 249/20 249/20 249/22 Mel Taylor [1] 249/20 Melius [2] 173/23 173/24 member [30] 3/9 4/21 4/22 4/24 7/19 12/25 15/23 26/1 27/17 27/19 27/21 27/25 29/1 29/20 36/1 36/2 36/15 43/17 58/15 59/6 61/8 70/13 72/3 81/18 130/18 154/18 189/6 260/17 260/17 261/1 member's [2] 27/1 28/5 members [23] 5/19 7/6 7/10 9/6 15/18 24/5 24/18 28/1 33/3 38/11 58/12 58/19 67/25 72/11 113/5 143/1 156/22 156/23 156/25 157/4 190/9 193/2 250/20 memberships [1] 135/14 memories [1] 260/16 memory [8] 18/12 50/9 83/13 92/25 97/10 148/22 230/25 261/11 mention [7] 14/4 84/21 170/13 173/10 178/17 215/7 247/21	

M	8/4 15/6 22/10 23/12 24/6 27/17 28/1 28/4 28/20 32/2 32/9 35/18 39/13 42/17 45/24 51/4 52/2 59/24 62/8 64/7 66/3 70/9 70/10 70/12 73/10 73/24 76/13 79/3 81/6 83/10 83/13 83/14 83/23 84/23 84/25 85/6 90/20 91/1 98/17 98/19 102/8 102/10 103/20 104/14 107/2 110/19 114/12 123/22 129/1 131/16 136/16 140/7 143/13 145/25 153/18 162/1 164/22 169/11 170/18 172/15 179/3 186/1 186/7 186/25 195/15 195/17 196/9 196/14 206/17 211/17 219/6 219/17 224/14 228/6 228/6 233/2 234/21 251/6 252/6 255/9 255/16 258/7 258/8 258/17	Mr Andrew [1] 13/2 Mr Baker [4] 245/25 246/1 246/2 264/11 Mr Bershadski [1] 76/24 Mr Chambers [1] 154/23 Mr Cross [4] 168/13 173/9 175/22 175/24 Mr Green [1] 114/22 Mr Griffiths [1] 1/6 Mr Harvey [6] 158/20 169/23 170/2 170/6 201/25 202/11 Mr Harvey's [1] 201/9 Mr Kennedy [5] 255/10 255/12 255/13 257/23 264/12 Mr Letby [1] 53/21 Mr Mancini [1] 40/2 Mr McCormack [1] 198/5 Mr Sharghy [2] 65/2 74/25 Mr Suter [2] 138/7 141/7 Mrs [29] 1/3 1/7 1/9 9/20 13/3 13/3 19/4 23/13 23/15 46/4 64/24 65/4 70/21 71/21 74/5 74/21 76/14 76/16 141/8 153/19 160/13 163/3 163/6 163/8 163/10 165/13 172/7 178/7 264/3 Mrs Griffiths [13] 1/3 1/9 9/20 19/4 23/13 23/15 64/24 70/21 71/21 74/5 74/21 76/14 76/16 Mrs Hodkinson [2] 13/3 46/4 Mrs Kelly [1] 13/3 Mrs Killingback [6] 141/8 153/19 160/13 165/13 172/7 178/7 Mrs Millward [1] 163/3 Mrs Rees [1] 163/6 Mrs Williams [1] 163/10 MS [36] 1/8 13/12 25/10 40/2 48/21 48/21 53/5 65/1 65/11 65/11 65/20 65/20 76/12 77/1 77/2 77/4 77/10 77/22 114/12 116/18 119/13 134/20 189/22 192/16 193/11 193/18 194/1 194/9 199/2 201/8 259/24 260/19 262/25 264/4	264/7 264/10 Ms Cooper [1] 189/22 Ms Hodkinson [2] 65/11 65/20 Ms Kelly [7] 65/11 65/20 192/16 193/11 193/18 194/1 194/9 MS LANGDALE [10] 1/8 25/10 53/5 65/1 76/12 134/20 201/8 262/25 264/4 264/10 MS LUCY SEMENTA [2] 77/4 264/7 Ms MacLaughlan [1] 40/2 Ms Powell [1] 48/21 Ms Powell's [1] 199/2 Ms Rees [1] 48/21 Ms Sementa [9] 77/1 77/2 77/10 77/22 114/12 116/18 119/13 259/24 260/19 much [21] 4/7 15/18 24/6 73/9 74/24 76/15 88/24 95/16 95/22 98/14 105/22 114/6 134/3 156/25 189/1 238/21 250/20 255/6 257/22 263/1 263/4 multi [1] 78/6 multiple [3] 56/5 68/20 79/7 murder [2] 50/20 222/24 murdered [1] 219/2 murderer [3] 132/25 198/6 202/25 murdering [7] 129/7 191/14 209/20 210/1 215/12 223/13 246/5 must [23] 12/4 16/22 21/3 21/7 31/17 48/6 58/24 60/21 64/22 65/22 92/11 139/3 139/24 143/8 144/11 155/17 162/10 164/5 174/4 174/5 183/10 253/15 262/2 mustn't [2] 31/18 155/20 my [147] 1/3 4/17 5/19 6/1 6/17 7/25 13/24 19/6 26/22 27/24 28/5 29/23 32/9 32/24 33/15 35/3 36/2 39/6 40/6 40/8 45/4 47/23 50/8 50/8 51/3 51/7 51/9 57/20 59/21 61/19 61/20 62/23 64/25 69/16 70/5 70/12 70/25 72/3 74/22 74/22 76/3	76/11 76/25 78/2 78/12 79/9 79/14 81/1 82/14 82/15 82/15 84/5 84/9 85/14 86/14 90/4 105/1 105/13 107/10 111/24 111/25 114/11 118/10 118/11 118/12 118/13 119/25 122/2 122/3 124/8 127/20 128/2 128/23 129/18 129/18 131/17 134/1 134/13 136/6 136/15 137/18 141/11 143/1 143/14 143/15 143/17 145/4 145/9 152/7 153/2 156/1 164/23 166/18 167/16 167/19 169/1 171/14 171/16 172/1 172/19 172/22 173/21 174/2 174/3 174/6 176/9 179/10 184/21 186/19 187/12 187/15 188/19 189/4 191/19 196/12 198/22 200/13 200/23 202/7 203/22 205/7 212/10 216/25 218/14 218/15 221/5 222/25 223/15 230/2 230/8 241/6 241/16 242/5 242/18 244/24 245/19 245/24 249/1 252/17 255/4 255/6 255/9 255/10 255/14 256/6 256/9 257/20 my Lady [13] 64/25 74/22 76/3 76/25 114/11 134/1 134/13 200/23 255/9 255/10 255/14 256/9 257/20 myself [12] 24/14 24/15 29/14 29/17 35/12 71/16 93/15 102/8 188/14 218/3 218/12 230/8
			N	
			naivety [1] 50/8 name [4] 16/9 65/17 77/7 184/4 name's [1] 230/8 named [5] 81/20 97/18 156/14 198/16 202/19 names [3] 171/20 250/9 254/19 narrow [1] 4/19 narrow-minded [1] 4/19 national [1] 78/6 natural [1] 207/17 naturally [1] 164/23 nature [9] 23/17 61/20 65/23 80/2 81/7	

N	85/20 87/18 92/21 94/11 101/19 114/5 170/13 180/19 190/22 195/23 221/10 242/16 242/17 242/18 248/9 248/11 251/24 new [5] 11/2 49/23 102/13 210/13 225/11 news [1] 59/17 next [40] 2/10 10/9 19/17 43/1 43/15 50/22 55/15 58/5 66/13 77/1 94/3 119/21 138/5 145/20 152/12 152/14 153/14 157/6 160/13 162/20 165/9 171/20 174/18 176/10 181/14 182/23 184/22 187/23 188/7 192/14 193/11 201/9 208/9 228/24 229/1 231/11 234/6 237/1 250/1 250/7 NHS [5] 77/23 78/13 78/14 135/18 243/11 nice [7] 24/5 44/24 44/24 116/2 188/1 188/4 249/22 Nichol [1] 35/23 night [9] 98/3 98/11 101/25 102/1 112/20 112/21 121/19 123/23 123/23 nights [4] 98/1 98/10 99/5 104/1 nine [8] 96/9 96/14 97/11 98/6 138/11 138/12 149/5 156/2 NNU [11] 33/16 33/18 34/9 111/6 150/2 153/23 163/1 224/8 226/24 229/12 241/25 no [243] 3/22 3/24 10/8 10/21 11/21 12/16 15/14 15/20 17/15 18/6 18/12 18/18 18/24 21/19 23/25 24/22 25/1 25/4 32/13 34/21 34/23 35/13 35/20 36/3 36/13 37/2 37/7 37/22 37/24 40/12 41/8 42/13 43/14 43/25 44/13 44/15 45/1 45/19 45/25 48/18 50/12 51/13 52/9 53/17 55/9 55/13 55/25 56/4 56/23 56/25 58/16 63/2 64/15 64/15 64/23 66/9 68/7 69/6 69/13 70/4 71/10 76/7 76/13 79/24 80/23 81/24 82/2 82/14 85/20	86/20 88/10 89/23 90/6 92/5 95/20 95/20 97/10 97/16 98/2 98/10 99/12 103/18 104/12 105/9 105/13 105/24 111/3 113/2 113/20 115/6 116/9 117/4 118/3 118/4 120/2 120/19 120/23 121/3 121/6 121/14 122/9 122/12 122/15 123/1 124/17 126/18 127/20 128/5 128/12 128/13 128/13 128/15 129/16 132/9 133/11 133/12 133/25 134/3 136/15 140/25 141/21 142/12 145/13 147/13 149/3 150/1 151/12 151/21 152/1 155/19 156/3 157/17 158/6 158/12 160/25 161/22 162/5 162/9 164/6 164/6 165/4 167/11 168/11 170/13 171/5 173/14 173/22 173/22 174/1 175/18 175/20 176/17 177/22 178/14 178/17 178/22 179/23 179/23 180/12 181/15 182/17 182/22 183/22 185/18 186/20 188/6 188/7 191/11 191/12 192/12 192/18 192/21 192/25 193/3 193/15 195/13 195/24 197/12 197/16 199/12 202/13 202/19 203/1 206/14 209/15 210/10 210/10 211/2 211/12 211/24 212/2 213/17 213/17 213/18 215/3 215/23 216/9 216/10 216/20 216/21 216/22 216/25 218/6 218/25 219/10 219/11 219/11 219/12 221/3 221/12 221/16 221/20 224/1 225/22 227/12 229/7 230/16 231/22 231/23 232/19 232/19 233/20 233/21 237/21 238/16 239/19 239/21 243/14 245/5 245/5 248/11 252/1 253/22 254/22 255/8 255/9 256/7 257/12 258/1 258/2 259/7 260/19 262/24 no one [4] 34/23 156/3 178/14 197/12 nobody [7] 41/15 45/25 59/23 59/24 205/15 228/21 245/4 nod [2] 150/15	160/23 nodding [1] 21/8 Nods [34] 13/11 20/17 35/24 44/25 52/13 64/4 68/19 69/2 73/22 78/24 79/18 84/24 91/17 91/25 94/17 104/9 112/22 121/23 130/6 141/2 142/5 143/24 150/22 159/23 160/22 163/14 183/8 206/21 207/6 208/16 227/5 242/11 246/7 256/2 non [4] 13/2 80/8 158/23 214/20 non-committal [1] 214/20 non-degrading [1] 158/23 Non-Executive [1] 13/2 none [7] 32/2 73/9 95/13 99/9 110/4 121/4 207/11 noon [1] 162/23 nor [2] 120/4 220/8 normal [9] 20/5 34/18 55/9 84/15 85/15 143/5 168/7 191/22 253/11 normally [3] 30/21 33/3 215/5 North [1] 7/25 North-West [1] 7/25 not [354] note [7] 73/4 73/5 75/7 96/6 175/6 201/25 262/1 noted [2] 92/7 206/16 notes [24] 16/13 19/8 19/13 19/14 19/16 19/18 19/20 19/23 20/2 23/11 65/14 73/9 73/11 95/9 128/2 128/19 155/3 172/2 175/14 176/10 177/9 237/2 237/11 240/4 notetaker [1] 65/10 nothing [22] 13/24 24/22 29/2 29/21 29/24 44/20 50/15 51/4 51/12 54/12 54/19 54/19 57/6 57/22 72/9 80/20 162/4 162/8 174/13 220/13 235/25 258/8 notice [4] 29/16 143/1 207/2 230/14 noticed [1] 150/18 notify [1] 9/13 notion [1] 66/6 notwithstanding [2] 132/23 133/20	November [14] 1/1 71/23 72/22 97/3 98/5 98/12 173/11 174/23 176/1 212/5 212/25 220/3 228/17 263/10 November 2016 [2] 72/22 174/23 now [94] 7/14 7/17 14/2 18/16 19/4 20/6 22/12 26/15 26/20 32/17 33/13 36/2 51/23 54/3 54/8 55/11 63/15 67/10 76/16 77/15 81/3 81/10 82/4 82/13 84/11 84/21 88/7 88/14 91/13 95/5 95/16 100/11 100/22 105/2 105/14 105/15 105/19 107/11 109/16 111/13 115/24 117/3 118/12 122/23 124/23 126/1 126/8 127/23 131/19 134/5 134/8 145/18 145/19 148/7 148/19 150/9 150/23 151/5 157/2 168/1 174/7 177/8 178/2 185/25 186/25 189/21 197/25 198/8 200/1 212/24 218/2 218/10 219/23 221/17 223/12 227/25 228/2 229/25 230/23 234/13 235/9 241/1 243/15 243/15 246/19 247/14 249/23 253/15 254/12 259/17 260/11 260/15 263/5 263/6 number [37] 7/16 15/22 32/16 34/5 35/8 53/6 55/4 58/25 65/8 85/5 86/19 86/22 86/24 94/7 96/8 101/18 107/3 125/6 129/22 135/14 140/11 146/6 148/12 153/1 156/15 168/4 171/16 179/24 183/3 189/8 202/15 212/13 220/12 235/12 246/6 248/16 248/16 numbers [1] 96/11 nurse [17] 1/23 20/19 21/4 34/7 97/18 129/6 186/6 186/8 186/21 192/19 192/19 197/22 197/22 197/25 203/3 223/4 251/19 Nurse T [3] 34/7 197/22 197/25 nurses [15] 6/8 45/1 62/10 89/22 139/17 144/19 186/15 186/16 194/13 203/14 203/24
----------	--	--	--	---

<p>N</p> <p>nurses... [4] 236/23 251/3 252/5 252/6</p> <p>nurses' [1] 193/6</p> <p>nursing [10] 45/16 72/16 104/2 113/5 113/6 149/8 149/11 193/2 251/6 251/11</p> <p>Nye [1] 135/18</p> <p>Nye Bevan [1] 135/18</p>	<p>240/23</p> <p>offer [3] 108/9 255/21 256/8</p> <p>offered [3] 151/17 151/24 255/16</p> <p>offering [1] 52/24</p> <p>office [17] 6/23 22/2 29/24 30/1 30/7 31/8 32/1 60/9 61/18 61/19 62/14 62/18 67/18 70/12 70/14 81/14 168/9</p> <p>officer [11] 14/8 46/18 85/18 85/24 108/14 116/22 119/2 121/9 189/12 237/24 257/16</p> <p>officers [5] 5/25 8/1 32/9 37/8 70/8</p> <p>offices [1] 30/4</p> <p>officially [4] 32/3 32/10 33/1 114/5</p> <p>often [18] 7/19 11/11 15/6 27/17 28/1 28/4 42/11 59/10 61/19 84/6 88/1 88/19 94/3 101/11 108/17 126/24 126/25 171/1</p> <p>Oh [2] 175/8 243/2</p> <p>ok [1] 165/1</p> <p>okay [44] 8/13 40/10 42/14 57/9 66/5 71/2 74/24 75/25 82/4 91/6 96/1 97/5 120/3 128/3 128/6 137/25 143/4 144/5 145/11 146/17 147/10 147/14 148/8 148/10 153/4 153/7 156/5 162/4 169/3 169/22 178/6 181/19 182/7 190/1 192/6 192/13 195/6 199/6 215/25 225/5 229/1 233/6 245/22 254/24</p> <p>old [1] 165/14</p> <p>older [4] 186/1 186/25 187/4 187/7</p> <p>OMG [1] 55/15</p> <p>omission [2] 122/17 122/22</p> <p>on [343]</p> <p>once [7] 23/2 36/6 42/2 62/14 109/17 161/9 222/19</p> <p>one [114] 3/9 3/25 8/1 9/6 11/3 12/1 12/25 13/16 14/6 15/3 15/19 16/3 21/1 22/1 27/14 28/21 30/23 34/23 42/25 43/1 44/13 44/14 46/11 50/22 53/9 58/5 63/24 65/15 67/6 70/22 71/19 72/23 73/24</p>	<p>75/1 77/16 79/7 79/9 79/13 79/20 80/20 81/14 84/23 85/7 85/9 91/14 96/15 103/7 107/1 107/3 107/17 107/22 108/2 109/3 109/9 114/14 115/7 116/19 125/9 126/12 131/18 140/21 143/9 145/4 148/11 150/16 152/14 152/14 155/17 156/3 156/14 161/9 161/10 163/23 169/11 172/15 177/9 177/13 178/14 178/18 180/15 180/25 181/3 186/12 188/18 188/21 189/2 190/6 191/20 196/14 197/12 208/9 211/18 212/16 212/16 212/21 212/21 217/22 217/22 219/19 220/2 224/13 229/24 233/8 241/10 243/5 251/17 255/15 258/3 258/5 259/25 260/7 260/14 261/19 262/8</p> <p>ones [4] 35/11 57/1 72/19 208/14</p> <p>ongoing [5] 137/19 152/9 202/4 210/11 227/8</p> <p>online [1] 7/18</p> <p>only [32] 7/3 8/18 14/18 17/21 18/24 39/4 51/8 51/9 55/2 55/20 61/15 63/6 65/13 71/17 76/11 80/19 100/17 107/10 115/19 122/4 126/14 126/16 126/21 137/8 142/2 185/3 205/18 208/7 213/7 217/7 225/12 245/11</p> <p>only representative [1] 7/3</p> <p>open [20] 94/21 100/15 107/11 112/14 112/24 144/14 149/18 214/4 214/7 214/16 214/25 215/1 215/9 216/5 216/7 216/11 239/11 239/18 251/6 254/4</p> <p>opening [1] 177/19</p> <p>openness [1] 47/14</p> <p>operated [1] 78/6</p> <p>opinion [8] 45/7 103/7 111/25 166/9 166/10 166/11 166/12 204/15</p> <p>opportunity [13] 77/12 130/7 200/4 217/24 218/1 218/2</p>	<p>219/25 226/24 255/16 255/22 256/8 256/17 256/20</p> <p>opposed [2] 73/23 189/18</p> <p>option [2] 40/22 41/14</p> <p>or [305]</p> <p>oral [1] 200/20</p> <p>orally [1] 18/13</p> <p>ordeal [1] 227/21</p> <p>order [6] 81/10 82/20 84/1 105/11 126/9 248/5</p> <p>ordinarily [2] 101/8 262/12</p> <p>ordinary [1] 23/20</p> <p>organisation [12] 9/10 23/7 28/5 41/16 78/5 78/6 136/20 137/14 164/11 179/14 179/15 205/9</p> <p>original [3] 177/20 249/4 249/7</p> <p>originated [1] 220/24</p> <p>other [74] 9/15 17/7 19/3 32/9 34/8 35/13 36/3 36/13 36/21 43/20 56/9 58/12 61/20 70/8 70/13 70/15 72/25 73/19 78/8 85/7 85/21 93/6 93/7 94/7 96/17 98/25 99/9 102/7 104/1 104/3 107/1 107/4 110/17 113/1 113/1 113/5 114/2 115/21 115/22 117/24 117/25 128/11 138/8 146/3 161/9 170/7 177/13 179/20 180/15 183/25 184/12 187/18 191/13 193/2 193/6 194/23 198/17 199/8 199/17 200/4 201/13 202/1 202/5 210/6 210/15 210/15 212/21 214/15 228/24 232/1 241/10 244/17 244/22 251/4</p> <p>others [18] 5/2 9/8 34/6 42/5 52/6 71/22 73/1 73/23 138/15 139/4 140/5 143/13 191/1 197/9 200/25 221/21 223/23 246/6</p> <p>others' [1] 23/12</p> <p>otherwise [3] 21/15 159/13 193/4</p> <p>ought [1] 116/11</p> <p>our [20] 7/24 9/4 22/2 25/25 27/1 29/1 31/8 62/14 77/1 80/19 135/17 137/8 137/8 144/3 144/22 165/21</p>	<p>187/12 197/1 211/4 261/2</p> <p>out [102] 3/24 9/23 10/11 10/23 11/4 11/7 11/14 12/3 12/23 14/23 20/8 23/19 24/10 25/15 32/17 42/21 43/2 45/15 45/15 46/5 46/8 46/11 46/14 46/20 47/5 51/14 57/13 57/21 57/25 58/1 58/24 61/19 64/10 69/5 77/15 79/1 79/4 79/11 79/12 90/13 92/23 100/24 109/13 111/8 121/1 121/18 123/25 124/12 130/22 130/25 143/15 145/5 148/9 148/22 149/1 151/2 152/6 153/3 161/23 163/23 164/4 165/1 168/7 177/1 178/15 182/2 183/1 183/10 183/21 193/13 194/16 194/22 194/22 198/23 198/25 199/19 201/21 206/8 207/9 208/18 209/6 210/20 218/13 219/16 222/5 222/23 223/10 224/25 227/9 228/9 229/3 229/16 230/12 240/1 240/5 240/14 246/13 254/23 255/21 256/25 260/22 262/22</p> <p>outcome [7] 54/25 174/16 191/12 208/6 238/7 238/13 242/16</p> <p>outcomes [1] 186/2</p> <p>outgoing [1] 164/21</p> <p>outline [2] 43/19 233/15</p> <p>outlines [1] 65/23</p> <p>outlining [1] 90/7</p> <p>outpatient [2] 151/12 203/4</p> <p>outpatients [1] 197/23</p> <p>outrageous [1] 191/24</p> <p>outset [2] 4/7 228/15</p> <p>outside [4] 15/5 26/13 88/22 143/17</p> <p>outstanding [2] 137/3 238/11</p> <p>over [40] 3/1 7/2 8/8 8/25 14/1 19/16 24/8 24/16 25/2 32/22 34/5 41/22 44/4 46/3 53/6 60/1 60/6 73/16 97/8 103/7 109/18 127/13 128/7 142/13 151/7 152/24 153/1 156/13</p>
---	---	--	--	---

O over... [12] 160/3 161/2 169/24 171/17 178/19 191/23 193/11 199/18 205/11 206/22 220/20 237/1 overleaf [1] 10/9 oversee [1] 8/22 overview [1] 5/4 own [6] 23/24 102/20 128/25 132/22 141/11 192/22	207/8 210/21 212/18 212/25 216/3 216/12 218/11 220/2 220/4 220/6 220/20 223/1 224/2 226/22 227/13 228/18 229/2 231/11 233/1 234/6 235/11 235/15 236/11 237/1 237/1 237/3 241/22 255/20 page 0011 [1] 235/15 page 0015 [1] 236/11 page 1 [26] 9/18 9/21 10/25 12/24 15/25 23/12 23/14 27/7 42/21 43/1 43/16 45/17 46/3 47/7 49/2 74/11 137/11 148/11 148/18 152/12 153/15 173/10 188/8 206/7 235/11 241/22 page 10 [3] 139/25 141/8 202/14 page 11 [2] 55/5 159/25 Page 12 [2] 55/23 143/7 Page 13 [2] 57/8 143/25 page 14 [1] 114/17 page 15 [1] 144/11 page 165 [1] 205/1 page 17 [3] 58/3 189/21 237/1 page 178 [2] 110/6 220/2 page 18 [2] 39/9 190/3 page 183 [1] 220/4 page 187 [1] 220/6 Page 19 [1] 59/12 page 190 [1] 223/1 page 192 [1] 224/2 page 193 [1] 226/22 page 194 [1] 227/13 page 2 [8] 11/8 11/24 23/14 43/7 48/23 148/22 153/16 206/22 page 208 [1] 228/18 page 21 [1] 192/15 page 213 [1] 255/20 page 218 [1] 119/13 page 22 [1] 193/11 page 221 [2] 110/25 229/2 page 225 [1] 233/1 page 28 [1] 60/19 page 29 [2] 61/22 195/9 page 3 [9] 9/21 13/10 16/3 25/9 28/7 28/8 45/13 50/18 127/13 page 30 [2] 10/10 195/10	Page 31 [1] 62/19 page 33 [2] 196/15 218/11 page 35 [3] 156/10 196/15 196/19 page 37 [1] 197/20 page 38 [1] 197/20 page 39 [1] 63/13 page 42 [1] 63/25 page 43 [2] 64/16 184/24 page 44 [1] 185/1 page 45 [1] 185/23 page 47 [2] 95/8 207/8 page 48 [3] 96/5 210/21 212/25 page 49 [1] 96/8 page 5 [3] 128/7 177/10 177/13 page 51 [2] 97/6 216/3 page 52 [1] 97/8 page 53 [1] 216/12 page 59 [1] 169/13 page 6 [3] 162/24 179/7 179/7 page 63 [1] 199/3 page 7 [4] 53/8 148/24 150/9 181/25 page 83 [1] 165/17 page 84 [1] 165/13 page 9 [2] 53/10 201/10 pages [1] 163/3 pages 12 [1] 163/3 pain [1] 52/24 pains [1] 157/16 pair [1] 109/19 PALS [1] 60/24 panel [3] 127/15 127/22 127/25 paper [2] 163/2 163/4 paragraph [36] 4/25 20/14 22/11 26/19 28/12 29/6 33/10 33/21 41/18 47/8 67/1 67/3 72/2 73/14 77/16 104/8 131/22 136/24 168/3 168/12 174/18 181/8 181/9 188/6 201/11 205/5 207/9 208/9 209/13 219/19 224/3 229/8 231/11 247/14 249/13 250/18 paragraph 1 [1] 181/8 paragraph 108 [1] 247/14 paragraph 13 [1] 136/24 paragraph 175 [1] 250/18 paragraph 19 [1]	20/14 paragraph 2 [1] 205/5 paragraph 3 [1] 231/11 paragraph 4 [1] 4/25 Paragraph 40 [1] 104/8 paragraph 41 [1] 22/11 paragraph 43 [1] 67/1 paragraph 45 [1] 131/22 Paragraph 49 [1] 29/6 paragraph 56 [1] 28/12 paragraph 8 [1] 77/16 paragraph 89 [1] 249/13 paragraphs [1] 40/16 Pardon [4] 8/6 11/17 39/20 116/5 parents [24] 43/18 44/1 44/3 58/6 58/11 58/23 84/22 85/10 85/16 85/24 87/4 87/22 90/1 152/19 156/12 157/4 190/5 190/8 190/10 190/20 226/9 255/1 259/20 260/1 parents' [1] 43/20 Park [3] 29/8 68/5 68/15 parked [1] 218/18 part [57] 19/9 24/15 30/3 36/24 39/6 51/22 66/7 66/22 78/3 78/11 80/12 81/13 82/6 84/3 88/1 91/15 93/22 94/16 97/13 106/13 106/17 107/14 108/13 108/18 111/25 114/17 117/5 118/13 120/8 122/17 122/17 123/4 124/10 126/20 136/8 144/22 151/24 164/10 165/10 176/9 176/10 189/17 205/6 222/21 228/8 236/10 239/12 239/16 240/2 240/6 244/22 248/20 252/22 252/23 253/9 254/18 258/4 Part 1 [1] 176/10 part-time [1] 136/8 participants [2] 65/16 134/2 particular [19] 57/20 66/20 81/18 83/4 84/7 91/7 92/16 102/3	110/23 111/4 152/18 160/9 180/14 221/13 221/14 229/11 257/9 261/11 262/13 particularly [19] 33/7 86/16 88/2 90/24 93/2 118/7 126/23 127/7 139/5 141/22 142/9 145/13 145/14 164/18 164/21 247/17 247/19 253/25 254/15 partisan [1] 4/14 partly [1] 244/7 partner [1] 9/24 partners [1] 58/18 partnership [5] 9/5 15/16 138/15 139/3 140/5 parts [1] 229/24 partway [1] 108/25 party [3] 105/9 111/3 229/7 pass [1] 109/19 passage [2] 111/13 111/15 passed [2] 87/3 186/15 passing [2] 204/8 245/18 past [2] 76/20 201/4 patch [1] 8/2 pathological [1] 219/12 pathology [2] 6/2 6/23 patient [18] 2/11 3/20 5/5 6/19 10/12 10/17 15/24 30/1 32/17 70/1 79/25 136/13 136/16 136/23 162/22 186/15 189/12 243/12 patients [17] 4/5 6/7 6/8 6/24 10/15 12/15 48/2 48/8 142/10 144/3 150/18 156/13 159/5 184/14 224/8 233/10 234/5 pattern [4] 150/19 150/23 150/25 151/3 patterns [2] 222/15 222/16 Pause [2] 10/13 243/25 Pausing [2] 190/8 191/5 peer [1] 18/7 pen [1] 232/13 pending [1] 48/11 penny [1] 39/12 penultimate [5] 53/9 73/13 143/9 179/9 185/1 people [107] 6/6 7/7 7/12 7/15 14/7 14/25
---	--	---	---	--

P	85/24 87/1 87/20 87/22 87/25 89/15 103/9 104/18 117/19 138/14 140/4 140/7 147/16 164/22 181/2 189/6 190/11 202/19 240/8 260/21 261/5 person's [1] 138/21 person-centred [2] 138/14 140/4 personal [13] 15/11 33/22 44/1 44/6 44/15 44/18 75/16 81/15 81/23 144/7 153/2 180/9 180/13 personally [5] 70/15 115/21 122/7 155/24 245/13 perspective [11] 3/15 4/8 25/24 79/8 80/1 89/13 101/11 108/5 108/20 152/7 251/4 pertinent [3] 92/12 206/19 259/2 Pharmaceutical [5] 135/10 135/11 135/12 137/13 137/17 pharmacist [3] 137/8 137/15 152/17 pharmacy [14] 6/2 135/5 135/6 137/10 137/16 137/23 138/10 138/12 139/3 139/24 140/10 143/7 159/6 161/4 phone [8] 17/1 59/2 69/1 85/17 86/19 86/24 87/22 149/9 phoning [1] 197/14 phrase [4] 11/15 92/20 217/3 238/24 phrased [1] 233/5 pick [12] 1/19 7/2 7/4 7/6 30/10 116/19 118/17 131/21 140/17 160/7 210/6 224/23 picked [4] 151/3 151/15 194/24 243/3 picking [1] 142/20 picture [4] 4/15 94/8 226/8 226/9 piece [2] 150/11 240/17 pieces [2] 193/3 204/16 pilot's [1] 186/13 place [19] 20/25 31/8 56/12 72/6 72/25 78/19 80/8 83/20 85/23 90/21 99/24 104/2 114/7 131/17 135/18 146/4 157/7 231/22 233/22	places [1] 253/24 plan [7] 9/14 51/20 117/4 163/3 163/5 172/2 233/15 planning [3] 47/20 55/19 104/16 plans [1] 60/13 play [26] 11/25 16/10 16/16 24/15 82/12 152/10 153/23 154/4 159/8 161/8 161/20 169/24 170/12 173/18 176/21 202/9 202/9 204/2 208/19 208/21 209/7 209/17 217/25 233/21 233/22 243/21 please [54] 1/5 9/17 33/18 35/21 38/16 47/7 50/17 58/3 61/22 62/19 63/18 64/16 73/25 77/8 77/22 89/4 91/11 95/7 96/3 110/5 110/22 119/12 119/13 126/3 127/13 131/18 134/13 134/14 148/11 148/17 148/24 152/12 153/14 160/13 162/24 165/9 165/13 169/12 185/15 192/14 197/20 203/23 205/1 207/8 212/10 212/19 223/1 231/11 234/6 235/14 241/22 247/15 249/13 257/14 plenty [2] 34/8 106/25 pm [9] 76/23 116/15 116/17 134/8 134/10 134/12 201/5 201/7 263/8 pms [1] 41/21 point [64] 1/18 21/4 25/5 26/2 26/7 28/24 30/15 36/22 39/15 44/10 45/22 46/17 49/12 57/13 58/11 68/25 72/21 78/23 81/9 83/18 90/12 90/18 93/23 94/6 94/9 95/2 101/1 103/14 103/22 103/24 105/6 107/13 112/9 115/4 116/7 117/14 129/12 139/11 145/4 150/20 151/2 159/2 161/1 163/12 178/20 191/6 191/10 193/25 201/1 202/2 208/20 209/15 218/9 218/25 225/22 239/9 239/22 243/23 250/7 254/25 255/15 255/19 256/10 258/19 pointed [3] 44/18 77/15 90/13	points [12] 14/6 27/16 80/20 111/1 115/16 125/1 143/9 144/13 238/19 249/11 251/23 251/25 poison [1] 162/7 police [114] 37/14 37/15 37/17 37/19 37/20 37/25 38/1 38/5 38/7 40/17 40/18 40/19 40/23 41/2 44/8 46/1 48/15 54/14 59/22 59/22 75/10 75/19 75/22 75/24 76/5 104/7 104/11 104/20 104/21 104/24 104/25 105/11 106/6 106/19 131/23 132/3 132/7 132/15 132/21 132/23 133/11 133/20 153/21 153/22 154/6 154/25 159/11 159/17 160/1 172/9 172/22 172/23 172/25 173/7 173/13 173/14 173/16 173/22 174/22 175/4 175/4 175/18 175/19 176/5 176/7 176/8 179/14 179/18 179/18 180/2 180/7 183/5 185/7 185/20 188/17 193/17 193/20 193/22 195/22 196/4 196/25 197/4 197/8 197/12 197/16 201/18 201/20 209/1 217/18 218/11 218/23 219/18 219/20 219/22 225/7 225/9 225/25 226/17 228/14 231/18 235/17 235/25 236/5 236/5 236/8 236/10 242/21 242/23 243/1 243/4 247/4 247/10 248/14 248/18 policeman [1] 173/3 policies [15] 9/9 9/17 78/19 78/25 79/5 100/24 101/6 102/20 108/13 132/19 132/22 133/19 137/7 147/15 261/2 policy [34] 9/20 10/7 79/1 79/2 82/18 83/20 89/9 111/9 121/2 144/25 145/18 145/20 146/9 146/11 146/13 146/14 146/16 147/4 147/12 147/14 147/23 147/25 177/15 177/16 207/1 227/19 227/20 229/4 229/16 229/21 230/13 234/10 234/11 234/22 poor [2] 51/7 152/11	popular [1] 11/14 portion [1] 119/16 posed [3] 123/12 125/5 241/16 position [24] 4/23 8/18 20/12 31/6 34/9 40/19 49/6 56/21 71/12 118/10 123/9 129/5 129/8 132/5 149/19 216/25 222/5 224/10 236/4 238/6 246/21 249/4 249/7 249/9 positions [1] 135/23 possession [2] 180/5 242/22 possibilities [6] 210/25 211/3 211/11 211/13 211/17 217/22 possibility [1] 107/4 possible [21] 19/12 25/17 25/20 28/20 47/3 57/24 67/20 89/3 89/18 90/17 94/1 94/10 94/23 117/7 125/20 132/20 138/5 158/13 158/24 189/17 247/5 possibly [15] 2/20 3/5 41/6 41/7 54/13 62/18 70/25 71/4 159/21 184/20 196/5 216/14 227/18 234/9 259/25 possibly March [1] 54/13 postmortem [2] 149/4 166/25 potential [7] 24/8 79/22 132/25 135/23 152/10 156/1 168/23 potentially [19] 22/25 29/18 29/19 29/21 31/6 32/2 40/14 56/15 57/2 66/10 67/8 71/8 104/15 133/14 170/23 191/14 192/1 208/4 253/5 Powell [29] 45/5 48/21 50/5 96/18 97/12 97/16 149/7 159/24 165/11 165/16 165/19 167/7 184/3 184/19 192/18 197/19 200/2 200/8 200/19 202/25 211/19 212/8 212/22 222/5 249/24 250/5 250/8 250/11 250/25 Powell's [1] 199/2 powered [1] 13/4 practice [11] 51/15 51/18 56/1 56/4 82/14 82/15 82/16 152/11
----------	---	--	---	---

P	pretty [5] 77/16 169/4 174/21 231/1 238/21 prevented [1] 34/25 previous [4] 185/25 186/23 212/18 252/1 previously [1] 96/17 principles [1] 133/18 prior [10] 77/25 80/18 81/5 93/10 98/1 98/18 102/19 126/17 185/4 233/14 privacy [1] 138/22 private [10] 75/13 114/4 211/1 211/3 211/6 211/11 211/23 213/20 214/1 214/22 privately [1] 223/20 privy [2] 173/1 253/16 probability [2] 202/9 231/16 probable [1] 233/11 probably [13] 9/2 19/8 54/14 64/20 67/19 70/10 71/24 74/1 78/12 86/10 89/8 92/20 229/24 probed [1] 244/5 probing [1] 118/19 problem [10] 1/19 45/2 80/15 153/13 205/23 205/25 219/9 254/2 262/2 262/7 procedure [4] 22/15 146/1 146/19 239/14 procedures [2] 146/3 146/4 proceedings [2] 215/21 256/5 proceeds [1] 248/12 process [59] 57/15 82/12 83/19 83/24 84/3 87/14 88/1 88/23 88/24 89/11 90/20 91/4 91/16 92/5 94/3 94/11 94/22 103/19 116/25 119/19 120/9 151/25 158/3 165/11 179/4 179/25 189/18 196/13 198/22 198/25 214/23 215/4 230/2 236/10 238/14 240/2 243/6 243/17 243/20 243/24 244/20 245/4 245/10 246/10 246/11 246/14 248/5 248/8 252/8 252/10 253/8 253/9 253/14 253/14 254/19 255/4 261/8 262/11 262/11 processes [1] 4/2 produced [5] 45/25 50/2 73/5 113/6 239/4 profession [1]	139/22 professional [22] 1/21 70/1 71/5 89/8 118/8 119/1 119/6 119/11 127/9 135/15 137/18 137/20 138/17 138/19 138/20 143/8 153/8 153/12 164/1 178/10 186/5 253/25 professionally [3] 183/1 183/11 183/21 professionals [10] 137/10 138/10 138/12 139/3 139/24 140/10 143/8 143/14 143/25 149/22 professions [1] 144/20 Professor [5] 4/1 140/22 150/11 194/6 243/6 Professor Dixon-Woods [2] 4/1 243/6 Professor Dixon-Woods' [1] 194/6 proffered [2] 111/9 229/17 programme [3] 50/19 135/19 157/6 promoting [2] 9/19 10/2 promptly [1] 10/17 proof [2] 141/20 219/7 proper [3] 38/2 49/10 209/24 properly [3] 14/14 56/2 196/10 proportion [1] 153/3 protect [4] 10/3 139/10 201/20 201/22 protected [1] 147/1 protection [1] 3/21 proud [2] 54/3 54/5 prove [2] 248/4 248/7 provide [16] 64/2 82/24 92/7 105/10 109/19 137/13 137/19 138/14 144/15 182/25 183/10 205/6 206/15 252/13 254/4 256/9 provided [10] 1/9 96/17 111/19 120/24 121/4 123/14 134/21 206/25 207/2 231/21 provides [1] 222/11 providing [4] 58/20 141/11 141/12 251/12 provisions [4] 56/12 100/23 101/2 103/15 proximity [1] 210/17 prudent [1] 233/13	psychological [6] 140/23 140/25 141/4 141/9 142/8 142/17 public [4] 136/1 146/9 204/12 253/24 pull [2] 108/8 117/15 pulled [2] 43/17 108/22 pulling [1] 114/9 punitive [1] 141/15 purpose [10] 12/7 17/2 17/4 19/22 22/13 25/23 33/23 85/2 103/19 160/12 purposes [1] 135/17 put [30] 7/24 29/23 31/7 37/1 39/5 54/16 54/17 55/20 56/12 57/5 61/6 61/16 69/16 70/12 71/11 84/8 90/20 90/20 144/15 157/7 162/6 162/7 167/16 171/20 184/19 192/1 212/15 220/1 246/14 247/1 puts [2] 27/15 42/6 putting [3] 184/17 184/18 208/4	64/23 65/3 65/4 65/6 65/9 66/22 69/7 74/22 74/23 75/2 76/13 77/5 82/6 82/22 82/25 83/1 83/22 87/1 88/7 88/10 88/16 88/23 89/2 89/6 89/14 91/7 92/6 108/21 109/12 110/23 113/25 114/12 116/20 118/20 121/2 134/1 134/2 134/20 140/8 178/1 181/20 187/13 194/21 206/15 215/10 223/17 232/21 235/13 241/7 241/16 245/24 245/25 246/2 246/3 255/9 255/11 255/13 257/21 264/4 264/5 264/6 264/8 264/10 264/11 264/12 264/13 quickly [1] 73/13 quiet [1] 61/12 quieter [2] 151/9 151/10 quite [29] 16/15 23/3 28/20 35/2 37/18 44/13 60/3 62/4 62/18 66/17 67/20 68/23 70/13 74/2 76/8 81/9 84/15 85/11 115/24 124/23 126/24 133/2 157/6 164/14 191/21 196/12 242/12 254/9 261/16 quizzing [1] 61/23 quote [1] 250/19 quotes [1] 250/23
		Q		
		QSPEC [5] 163/1 167/13 170/7 170/9 170/14 qualified [5] 1/22 135/4 152/7 177/4 196/10 quality [2] 136/20 162/22 quantified [1] 101/7 quarter [2] 9/4 116/14 quarterly [2] 8/15 9/2 quarters [1] 128/8 queries [1] 87/1 question [40] 25/12 32/11 33/9 57/17 75/1 76/5 76/11 83/4 89/4 104/16 104/22 115/5 119/4 120/23 123/12 123/16 123/19 125/4 125/5 132/7 142/14 160/16 175/20 180/19 183/19 184/15 184/15 185/15 186/19 189/4 203/23 216/20 218/3 220/5 221/13 225/2 236/8 239/8 239/14 240/24 questioned [2] 191/1 196/24 questioning [2] 88/15 95/21 questions [70] 1/8 23/10 23/21 59/18		
		R		
		radiology [2] 6/3 6/23 raise [14] 6/8 14/8 32/1 127/12 131/17 144/13 177/16 177/19 182/24 204/11 222/23 222/23 248/20 254/14 raised [45] 6/14 10/16 13/13 13/23 14/7 14/16 15/8 20/19 31/2 33/7 33/22 34/14 38/10 47/13 56/25 59/11 65/21 66/1 68/9 80/6 101/21 106/10 108/23 111/3 111/7 125/1 131/13 147/18 147/23 163/17 169/8 169/24 177/15 178/8 187/16 196/24 206/4 207/21 228/11 229/10 229/14 234/14 243/6 244/16 255/2 raises [1] 56/15 raising [11] 10/11 11/2 11/8 11/9 13/12		

R	reaction [5] 68/7 68/24 69/12 191/21 203/9 read [36] 3/2 10/12 26/19 42/22 42/25 43/2 43/6 45/15 47/5 51/3 57/23 77/12 113/12 125/21 127/23 146/14 146/16 146/22 149/18 149/24 166/1 170/17 171/9 178/6 189/17 200/3 206/7 210/15 215/6 224/25 225/23 235/2 237/18 255/21 257/2 257/3 reader [1] 124/13 reading [4] 27/3 150/23 174/21 188/19 reads [2] 111/2 120/3 real [3] 80/22 166/17 244/7 realised [2] 21/3 43/20 Realistically [1] 117/10 reality [3] 52/16 52/17 240/20 really [57] 13/24 17/1 23/20 31/5 36/24 41/24 44/13 44/16 45/6 45/10 49/14 50/24 51/25 52/25 55/7 68/6 75/12 75/17 87/7 88/4 103/16 140/15 142/4 143/3 143/15 143/17 144/17 145/15 155/16 160/6 160/16 162/10 164/5 164/17 170/10 170/25 174/6 188/24 191/19 198/19 200/14 203/20 209/19 215/18 216/21 217/11 217/15 226/17 237/12 238/2 238/3 238/21 241/5 254/8 260/8 260/25 261/14 realms [1] 107/4 reason [14] 18/3 39/2 44/15 70/21 82/14 90/13 133/12 151/22 160/8 180/8 197/14 199/12 200/8 254/10 reasonable [10] 12/4 69/7 113/25 122/3 122/4 160/17 209/4 222/22 231/24 241/20 reasonably [1] 143/6 reasons [9] 80/11 102/2 107/3 107/5 107/11 125/24 142/21 187/1 209/2 reassurance [4] 41/10 73/16 73/16 95/2	recall [55] 3/23 11/21 14/12 14/13 15/12 16/11 17/8 17/10 17/15 17/22 17/24 18/18 23/25 24/21 39/4 40/5 50/7 59/9 64/6 65/14 65/24 66/4 67/6 72/25 74/1 75/12 75/17 81/9 81/20 81/21 82/14 83/21 86/9 87/11 88/18 96/10 111/14 111/17 115/24 119/20 119/24 120/1 126/11 127/20 128/4 136/22 145/17 167/23 168/18 186/15 191/23 204/22 236/9 237/11 248/6 recalled [1] 18/19 recap [1] 66/18 receive [1] 200/7 received [9] 94/18 103/2 108/22 126/15 126/16 149/13 174/20 205/2 242/3 receiving [3] 87/21 117/23 149/14 recent [1] 12/2 recognise [6] 9/25 131/24 142/2 143/10 169/20 215/11 recognised [1] 188/11 recollect [2] 38/21 174/7 recollection [12] 13/24 19/6 19/6 65/12 66/5 85/14 96/1 136/6 136/15 172/19 174/1 191/20 recommend [5] 103/4 104/20 104/24 234/20 248/24 recommendation [4] 24/13 102/22 199/21 227/14 recommendations [2] 110/14 226/22 recommended [2] 133/19 169/24 recommending [1] 253/19 record [3] 24/12 28/6 63/17 recorded [6] 113/8 128/9 129/21 129/24 168/6 237/11 recording [1] 175/8 red [6] 43/16 174/13 174/14 184/4 195/13 237/15 redeploy [1] 231/12 redeployed [5] 33/13 61/9 62/5 89/12 127/5	redeployment [7] 33/24 80/11 90/14 92/2 125/24 201/23 224/14 Rees [24] 22/2 29/14 33/20 34/3 34/24 42/4 42/4 42/22 43/6 44/8 47/9 48/21 49/3 63/4 67/19 163/6 180/7 180/20 191/5 196/14 196/22 196/25 197/11 224/16 refer [6] 7/23 52/8 173/18 204/12 212/10 249/15 reference [23] 23/12 26/24 49/6 60/3 76/2 76/4 91/23 114/4 114/21 127/22 139/4 168/11 169/20 184/23 196/6 202/18 208/9 212/13 216/10 220/10 229/22 234/11 249/19 referenced [3] 60/22 109/23 113/8 references [2] 30/23 131/8 referencing [1] 131/5 referral [11] 7/24 63/15 63/16 64/6 64/13 101/4 102/5 103/5 103/16 105/12 219/17 referrals [3] 64/11 102/11 102/21 referred [4] 16/19 42/17 60/20 144/17 referring [6] 39/17 42/11 63/14 64/5 71/8 257/8 refined [1] 229/4 reflect [4] 105/2 122/3 202/16 227/25 reflected [9] 4/12 4/16 51/10 71/18 112/4 131/16 223/7 238/5 241/5 Reflecting [1] 243/15 reflection [9] 49/17 50/11 105/13 118/15 122/16 122/22 131/12 243/19 246/20 reflections [1] 49/22 reflective [1] 253/10 reflects [1] 122/4 refresh [1] 148/22 refuse [1] 222/2 refutes [2] 111/3 229/7 regarding [9] 39/15 66/21 67/25 68/1 72/6 73/20 152/20 227/3 234/17 Regardless [1]	238/13 regards [10] 40/17 65/9 70/1 75/10 75/19 75/22 128/10 131/22 204/10 218/12 region [3] 7/24 7/25 78/5 regional [1] 94/24 Register [1] 5/22 registered [2] 1/22 135/9 registration [2] 137/18 137/23 regret [4] 51/5 51/22 229/25 241/1 regularly [1] 74/2 reiterated [4] 111/11 111/22 114/19 229/18 rejected [1] 200/10 related [5] 84/18 86/5 89/10 90/14 252/24 relates [3] 91/20 92/2 206/11 relating [12] 34/1 79/15 82/19 88/11 89/2 90/9 109/3 120/5 120/20 121/7 121/10 220/9 relation [9] 11/22 17/12 26/25 60/14 93/17 108/2 114/14 143/11 256/9 relations [2] 78/8 79/8 relationship [5] 44/11 164/18 180/10 191/2 258/20 relationships [3] 45/5 75/16 164/1 relatively [2] 163/22 180/16 relay [1] 115/18 relayed [1] 130/9 relaying [1] 100/12 release [2] 136/9 136/10 released [1] 263/5 relevant [9] 12/20 90/11 92/8 94/12 109/7 120/15 160/20 206/17 222/16 reliant [1] 80/25 relied [1] 203/2 religious [1] 144/7 reluctance [1] 93/1 rely [4] 103/12 167/7 167/8 170/2 relying [1] 242/8 remain [1] 116/22 remember [61] 7/4 16/9 16/13 16/15 17/14 18/1 18/2 18/16 19/14 28/18 28/19 28/19 40/3 44/14 46/8
----------	--	--	--	--

<p>R</p> <p>remember... [46] 47/25 48/22 55/11 62/25 75/14 83/7 149/14 149/17 149/20 150/7 153/24 154/4 154/10 154/18 155/16 156/19 157/1 157/2 160/6 160/9 167/25 172/18 173/19 174/6 175/9 188/10 188/23 190/14 200/12 200/14 204/24 218/23 229/5 230/1 230/7 230/15 230/21 231/10 232/5 233/17 235/1 258/5 260/7 260/8 260/10 261/14</p> <p>reminders [1] 12/18 reminding [1] 42/5 remorseful [1] 71/15 removal [1] 80/7 remove [2] 220/21 226/7</p> <p>removed [12] 29/23 56/14 61/25 106/14 106/19 113/10 181/24 225/19 225/21 231/18 244/20 250/9</p> <p>rep [15] 2/6 2/12 60/7 60/8 70/11 181/5 189/12 191/22 216/22 221/12 237/19 261/2 262/10 262/12 262/14</p> <p>repeat [6] 26/6 89/4 104/22 119/4 185/15 239/15</p> <p>Repeated [1] 220/10 repeating [1] 195/11 rephrasing [1] 83/3 replaced [1] 161/24 replied [2] 67/9 163/8 reply [1] 91/20 report [79] 21/24 25/6 71/25 72/7 72/8 73/21 74/3 74/7 74/10 74/15 74/18 74/20 74/20 90/7 108/22 109/13 109/15 109/17 109/22 110/5 110/7 110/11 110/11 110/22 111/14 112/2 112/7 113/22 114/8 116/19 117/11 118/1 118/24 119/8 119/12 119/20 119/25 120/19 122/2 122/8 122/11 122/20 122/23 124/7 124/8 124/13 124/14 125/16 125/17 126/24 127/7 130/11 130/25 131/1 131/8 131/15 148/15 148/17 149/15 152/4</p>	<p>163/7 167/20 168/22 193/24 194/19 210/16 219/23 228/16 229/14 232/11 232/14 232/23 237/2 240/22 241/8 247/21 249/1 249/6 257/2</p> <p>reported [6] 32/21 163/3 179/14 191/2 234/15 234/18</p> <p>reports [3] 73/17 227/3 233/20</p> <p>representation [2] 32/23 207/1</p> <p>representative [20] 2/21 2/22 2/23 2/24 7/3 8/19 13/7 20/10 20/16 49/23 61/8 70/3 70/7 177/14 182/18 205/10 205/13 205/15 205/20 262/6</p> <p>representatives [3] 74/8 261/22 261/25</p> <p>represented [2] 18/5 94/24</p> <p>representing [7] 32/3 32/10 33/1 37/8 44/2 46/18 70/9</p> <p>reps [5] 94/24 217/4 217/6 244/8 254/8</p> <p>reputation [5] 132/14 132/24 133/13 133/17 133/21</p> <p>reputations [3] 131/25 132/8 132/19</p> <p>request [6] 4/17 56/5 56/6 159/19 160/17 162/13</p> <p>requested [1] 221/14 require [3] 157/14 207/17 254/4</p> <p>required [8] 92/3 108/13 118/22 137/18 142/3 143/14 210/8 234/22</p> <p>requirements [1] 138/12</p> <p>requires [1] 210/1</p> <p>research [2] 3/1 230/5</p> <p>resolved [2] 152/21 153/9</p> <p>resources [2] 209/25 217/19</p> <p>respect [7] 138/21 144/1 144/6 238/17 238/18 261/21 262/3</p> <p>respects [1] 238/23</p> <p>respond [3] 10/1 198/8 226/5</p> <p>responded [2] 95/13 207/11</p> <p>responding [2] 140/13 207/16</p>	<p>responds [1] 97/23 response [9] 62/3 120/24 152/17 157/11 181/15 234/1 249/22 250/3 253/11</p> <p>responses [1] 244/9</p> <p>responsibilities [2] 48/1 178/10</p> <p>responsibility [12] 6/9 6/11 10/1 10/3 139/9 139/19 139/20 164/11 177/3 230/10 232/8 232/16</p> <p>responsible [6] 14/15 137/22 137/23 188/2 230/9 252/1</p> <p>rest [4] 104/2 182/5 182/10 240/19</p> <p>restrictions [2] 56/1 56/4</p> <p>result [5] 153/11 163/18 227/14 243/2 246/25</p> <p>resulted [2] 101/20 156/21</p> <p>results [2] 166/25 219/12</p> <p>resuscitation [4] 95/14 207/12 207/17 226/5</p> <p>retail [2] 77/25 78/2</p> <p>retain [1] 160/12</p> <p>retained [1] 158/21</p> <p>retired [1] 63/4</p> <p>retirement [1] 63/11</p> <p>retiral [1] 257/2</p> <p>retrieved [2] 159/3 159/5</p> <p>retrospect [3] 164/17 175/21 221/19</p> <p>retrospective [2] 13/16 31/4</p> <p>return [11] 47/20 55/25 56/2 178/16 196/17 197/25 226/24 227/2 233/14 238/9 242/5</p> <p>returned [2] 233/23 246/17</p> <p>reverse [2] 35/2 194/10</p> <p>review [59] 9/9 16/1 17/3 17/4 17/5 17/6 18/6 18/7 20/3 21/24 22/6 22/9 22/13 22/20 23/2 25/22 26/9 26/20 31/12 31/13 32/6 33/5 33/13 34/1 34/2 39/10 50/2 50/8 62/6 62/8 64/17 82/25 97/13 97/14 98/1 110/18 113/4 126/25 148/15 149/7 150/2 151/18 157/15 163/5 163/13</p>	<p>163/15 166/19 166/20 166/23 167/6 168/19 168/24 169/25 172/8 192/22 193/24 197/24 208/12 241/23</p> <p>reviewed [3] 33/4 149/5 207/22</p> <p>reviewers [2] 23/23 39/14</p> <p>reviewing [2] 81/22 104/3</p> <p>reviews [16] 50/4 148/15 167/11 187/12 196/10 200/7 202/7 202/12 210/11 218/8 225/24 239/3 239/6 242/8 242/12 242/17</p> <p>Reynolds [2] 150/16 222/14</p> <p>right [73] 4/20 8/13 21/3 22/19 22/22 25/6 27/21 29/20 31/25 32/13 34/13 35/21 38/20 54/3 74/17 81/10 82/7 84/13 87/7 88/12 89/15 89/17 89/24 90/3 98/12 100/6 100/9 106/11 106/15 106/20 107/14 107/18 118/2 120/16 126/5 129/23 130/2 130/20 133/16 137/21 144/15 146/17 147/5 150/14 151/22 159/20 161/25 164/20 168/5 168/24 173/6 176/14 182/11 182/24 188/15 190/19 193/8 198/11 198/18 200/21 212/24 217/13 221/25 225/4 225/16 233/19 237/4 238/24 244/1 244/15 245/2 256/18 257/1</p> <p>rightly [1] 260/22</p> <p>rights [3] 3/12 4/23 37/19</p> <p>ring [4] 7/15 7/16 7/19 58/9</p> <p>ringing [2] 58/6 261/7</p> <p>rise [8] 95/11 95/17 95/22 96/13 96/19 130/13 207/10 263/6</p> <p>risk [33] 2/11 4/25 5/4 5/22 5/22 6/5 15/24 20/1 30/1 30/9 30/10 30/11 30/12 31/11 32/17 55/17 61/3 61/5 61/13 61/14 61/15 61/16 67/17 90/22 103/15 103/17 125/17 132/23 140/25 141/14 189/12 208/4 211/8</p>	<p>risks [1] 5/21</p> <p>RJ [5] 202/17 202/21 220/23 227/17 234/16</p> <p>RJ's [1] 198/1</p> <p>role [48] 2/12 2/13 3/7 3/8 4/8 4/14 5/8 5/9 5/10 6/17 10/22 20/10 20/16 27/24 31/17 31/25 32/9 57/14 57/21 61/20 78/12 79/6 79/14 80/5 80/9 82/10 82/12 84/5 86/14 89/12 108/4 108/7 108/19 109/14 112/1 117/14 118/13 118/16 118/18 125/21 125/23 129/18 129/18 137/14 187/11 187/12 222/20 257/24</p> <p>roles [2] 5/20 164/12</p> <p>room [15] 14/3 16/14 16/15 19/7 19/9 40/7 68/10 87/25 127/1 153/21 153/25 155/2 155/23 216/17 237/24</p> <p>rotas [1] 179/21</p> <p>rough [1] 262/1</p> <p>round [7] 2/16 26/13 54/14 55/18 63/5 180/15 232/1</p> <p>route [4] 36/8 196/8 247/9 247/10</p> <p>routine [1] 58/20</p> <p>Royal [6] 21/21 21/24 22/5 22/6 135/9 135/11</p> <p>Royal College [4] 21/21 21/24 22/5 22/6</p> <p>rugby [1] 143/3</p> <p>Rule [5] 4/17 148/4 173/21 187/14 232/21</p> <p>Rule 9 [5] 4/17 148/4 173/21 187/14 232/21</p> <p>rumour [1] 31/13</p> <p>run [3] 83/14 134/9 145/7</p> <p>rung [1] 58/24</p> <p>rushing [1] 257/13</p> <p>Ruth [3] 5/2 19/25 61/25</p> <p>Ruth Millward [1] 5/2</p> <hr/> <p>S</p> <p>S drive [1] 30/25</p> <p>sad [1] 258/23</p> <p>sadly [1] 132/1</p> <p>safe [4] 4/18 133/22 141/12 158/23</p> <p>safeguard [3] 139/5 139/10 144/1</p> <p>safeguarding [25] 3/18 9/19 9/24 10/2 30/6 63/14 63/16 64/1 100/23 101/2 101/4</p>
--	---	---	--	--

S	199/23 201/16 203/3 203/8 203/24 207/14 209/4 209/18 209/22 211/7 213/25 216/12 217/15 217/21 219/19 219/21 221/1 221/7 222/1 222/2 222/4 226/15 227/7 229/4 234/8 234/18 235/6 235/7 235/21 235/22 237/10 237/12 237/13 239/3 239/6 239/24 239/24 240/15 241/5 244/21 244/24 247/12 249/1 249/2 251/24 252/18 253/6 253/24 254/25 255/25 255/25 256/6 256/7 257/3 258/3 258/15 260/5 260/19 262/1	121/13 121/20 124/25 125/10 128/17 129/14 130/1 130/7 130/23 131/4 131/21 131/23 136/24 141/9 143/14 143/16 143/18 144/14 145/10 147/17 148/2 151/15 154/1 156/9 157/16 160/5 163/24 165/1 166/10 167/22 168/5 168/16 170/25 172/11 172/13 172/15 172/17 172/24 173/4 173/14 174/23 175/8 175/15 176/24 180/11 180/20 185/1 187/6 187/24 188/1 189/13 190/6 190/13 191/15 193/23 197/24 199/9 200/15 200/16 203/11 204/18 208/20 209/8 209/16 209/19 210/1 210/2 210/14 211/11 211/25 213/7 213/15 213/18 213/24 215/12 215/19 216/13 216/22 217/24 219/1 224/20 224/24 225/6 226/22 227/1 228/2 232/2 232/2 232/8 233/5 235/15 236/14 237/7 237/20 239/6 239/17 241/1 241/2 241/7 243/16 243/19 243/23 243/23 245/6 246/10 247/17 249/2 249/19 252/6 253/2 253/22 254/1 255/16 256/10 256/14 256/20 257/14 258/16 258/17 260/21 260/25 262/3 263/6	262/23 says [52] 14/12 24/11 25/15 25/15 33/17 51/13 51/17 53/23 60/1 60/13 75/8 77/17 97/9 121/15 139/25 145/24 150/2 150/5 165/19 175/14 175/17 176/5 176/10 179/12 181/9 181/25 182/1 182/6 182/23 190/3 190/19 190/23 193/14 193/18 194/1 194/9 198/2 201/11 211/10 212/14 213/19 216/21 216/21 216/22 216/25 221/16 229/6 234/13 235/20 235/24 235/24 236/16 SB [16] 57/10 57/19 111/4 182/24 185/4 187/25 191/2 192/22 198/3 220/22 221/10 227/17 227/23 229/11 231/17 234/16 SB/LL [1] 191/2 scan [1] 23/14 scapegoat [1] 33/14 scenario [2] 248/3 253/21 scene [1] 235/18 scheme [1] 198/12 scientist [1] 100/9 scope [4] 88/21 121/2 234/19 255/4 screen [14] 1/18 9/18 26/15 33/10 53/6 95/7 96/3 109/16 126/3 131/19 138/1 138/5 200/1 212/15 scrutinised [1] 240/20 second [10] 33/21 33/21 85/12 87/16 109/19 110/19 220/2 224/23 227/6 228/16 secondly [3] 73/23 128/22 224/10 secret [1] 31/19 section [12] 10/9 11/8 111/1 119/20 119/21 120/2 120/18 121/24 229/6 229/8 229/20 233/2 section 5 [1] 10/9 sections [1] 252/2 sector [1] 77/25 see [108] 1/22 10/11 10/25 11/8 12/25 26/19 27/7 27/7 28/7 28/8 35/1 41/17 41/21 43/12 44/21 45/17 51/15 55/15 61/14 64/11 64/14 70/7	70/23 70/24 71/13 73/21 73/21 74/3 74/18 74/19 81/3 81/25 82/14 86/11 87/24 91/21 93/18 95/10 95/14 96/3 97/9 102/24 103/11 109/7 109/11 114/11 116/10 126/12 127/14 129/3 129/6 135/3 138/6 138/8 138/11 143/4 144/12 146/6 148/25 151/16 151/25 152/16 152/23 155/8 156/13 157/10 158/19 158/20 160/1 160/1 161/19 163/1 164/24 165/12 165/14 165/19 174/18 176/10 177/24 177/25 182/21 183/5 185/19 188/2 190/19 192/17 195/9 196/19 198/16 200/23 201/10 202/14 205/5 206/8 206/22 212/22 216/10 219/25 220/4 220/6 236/5 239/6 242/17 243/23 246/22 247/9 250/14 254/18 seeing [7] 149/20 150/7 171/21 200/12 200/14 210/17 245/20 seem [7] 26/24 56/5 56/6 57/15 69/4 115/14 207/23 seemed [7] 23/19 23/20 41/15 127/18 158/9 160/17 182/10 seems [9] 67/10 69/22 76/8 127/14 157/6 175/11 185/3 198/13 250/15 seen [30] 5/9 16/4 25/6 33/7 36/22 38/22 38/23 43/19 43/20 59/14 71/15 71/15 71/25 74/7 106/9 125/17 138/2 148/21 152/4 167/13 169/21 177/23 193/5 200/18 211/23 211/25 214/1 235/12 240/4 254/14 self [1] 143/5 Sementa [25] 77/1 77/2 77/4 77/9 77/10 77/22 114/12 116/18 119/13 181/15 206/9 228/21 228/22 232/17 232/20 234/24 235/8 235/24 245/4 245/11 258/3 259/24 260/5 260/19 264/7 Sementa's [1] 230/20 send [11] 28/2 33/5
----------	---	---	---	--

S	68/8 69/4 71/4 79/17 83/10 126/19 154/12 179/13 seriously [1] 10/17 seriousness [3] 11/12 26/8 79/22 service [1] 137/24 session [2] 139/14 263/2 set [26] 9/8 15/9 15/19 20/8 29/13 121/18 123/25 130/22 130/25 148/9 153/20 155/1 156/6 156/21 172/2 179/22 183/1 183/10 183/21 194/16 194/22 194/22 219/16 222/5 223/10 251/22 set-up [3] 153/20 156/6 156/21 sets [4] 11/14 12/3 148/22 207/9 setting [10] 9/23 14/15 15/13 42/21 114/8 122/6 124/12 149/1 208/18 209/6 several [3] 36/2 194/21 227/7 severity [1] 71/2 shall [7] 23/11 42/20 47/1 47/2 55/20 201/2 212/11 shame [1] 194/14 share [8] 36/20 46/5 74/4 86/15 114/8 141/24 176/15 207/1 shared [2] 113/10 220/14 shares [1] 237/17 Sharghy [4] 65/2 65/3 74/25 264/5 sharing [3] 142/10 143/3 244/6 she [295] she's [24] 46/7 47/14 49/8 52/9 52/18 53/13 53/23 61/16 61/22 123/12 123/21 178/15 181/2 181/10 186/22 188/12 190/9 195/11 198/9 200/20 210/1 210/4 210/5 210/18 shift [6] 5/13 97/17 98/8 112/19 113/8 123/23 shifted [1] 112/20 shifts [3] 99/4 101/25 102/1 Shipman [2] 150/17 150/21 shock [1] 192/3 shocked [1] 18/14 short [6] 29/16 76/22 134/11 178/19 201/6	207/2 shorter [1] 116/12 shorthand [1] 200/25 shortly [1] 68/10 should [67] 13/18 14/16 25/15 36/1 36/23 38/1 40/19 47/23 48/3 48/13 48/14 48/15 49/11 49/18 49/19 52/4 56/21 70/2 72/8 84/9 90/19 91/3 104/7 104/19 104/23 105/3 105/5 123/6 131/12 132/23 133/19 141/24 143/19 144/8 156/4 172/3 172/9 173/6 179/19 180/2 181/19 181/20 190/24 195/4 195/22 197/17 207/3 219/20 219/22 222/2 226/23 227/2 228/14 230/22 234/8 240/22 244/12 244/13 244/25 247/10 248/25 249/3 249/5 249/8 254/25 255/16 262/23 shouldn't [6] 29/4 59/5 133/20 159/16 227/10 261/8 show [3] 214/10 215/1 218/20 showed [1] 223/4 shown [1] 145/12 shows [1] 165/22 shut [1] 197/4 Sian [16] 16/13 19/7 19/16 19/18 19/24 20/1 155/9 159/19 160/16 172/5 172/15 176/24 195/9 195/10 209/4 250/24 Sian Williams [9] 16/13 155/9 159/19 160/16 172/5 176/24 195/10 209/4 250/24 side [13] 2/8 2/13 8/15 8/17 8/18 10/6 13/7 14/17 15/15 15/23 36/7 136/2 166/8 sift [1] 149/24 sighted [3] 38/1 55/10 196/2 signal [1] 52/9 significant [6] 81/2 119/6 119/10 220/12 223/4 234/14 significantly [1] 83/10 Silver [12] 81/11 81/23 153/21 153/24 154/17 155/22 156/20 171/19 183/2 208/25	216/17 243/21 similar [1] 128/22 simply [3] 123/8 143/11 157/18 since [15] 4/13 4/17 21/17 36/4 52/25 77/24 80/4 157/15 161/5 162/10 171/11 173/9 174/2 228/7 261/18 singled [2] 178/15 193/13 Sir [1] 35/23 Sir Duncan Nichol [1] 35/23 sit [8] 22/4 22/19 77/6 101/9 126/25 134/17 150/21 175/14 site [1] 190/12 sitting [7] 13/5 13/9 16/14 87/25 179/15 228/2 230/24 situation [31] 7/20 27/9 50/24 58/17 61/24 86/13 88/5 101/12 103/2 105/3 132/4 145/16 156/7 164/16 173/5 179/10 180/3 184/20 188/15 194/14 223/5 223/7 223/17 224/6 224/7 228/13 234/1 237/19 243/20 244/25 250/21 situations [2] 80/24 260/20 six [7] 3/5 97/11 149/5 150/25 151/1 163/6 200/5 six months [1] 3/5 size [1] 108/17 skills [7] 138/18 140/15 140/16 142/3 142/18 143/6 205/20 slightly [2] 134/4 254/20 sluggish [1] 119/15 small [2] 16/15 163/22 smoking [2] 169/20 170/12 snippets [1] 55/2 so [410] social [3] 33/24 34/3 34/4 Society [2] 135/10 135/12 soft [5] 140/15 140/16 142/18 143/6 205/20 soften [2] 170/21 170/21 softer [1] 136/2 solely [1] 244/15 solve [3] 23/2 23/4	187/17 some [117] 1/17 2/25 5/23 16/13 16/22 19/8 19/16 20/2 25/19 28/21 30/10 38/5 40/17 44/21 50/20 50/23 53/2 58/10 61/2 61/13 61/15 62/21 68/25 72/19 75/2 75/9 75/21 77/24 80/1 81/4 81/9 81/17 82/5 83/13 88/7 91/6 91/9 92/3 92/6 92/12 93/1 93/22 93/23 94/20 98/25 99/5 99/23 101/8 101/16 103/16 107/8 107/21 108/9 110/3 110/4 110/17 111/18 111/19 115/16 115/22 129/1 130/16 135/25 135/25 136/3 139/11 146/18 149/2 155/2 156/3 158/2 159/2 159/3 162/17 163/16 166/7 167/4 167/20 168/19 169/7 170/5 173/3 178/25 183/16 186/2 187/13 188/16 194/23 195/2 202/17 204/16 206/14 209/14 215/10 221/22 223/15 223/18 223/22 223/24 229/25 232/23 237/25 238/17 238/20 238/23 240/1 241/16 241/17 244/25 245/25 249/10 249/16 251/13 253/23 260/16 262/13 262/14 somebody [41] 2/16 10/22 15/3 21/12 30/6 31/15 31/15 32/18 38/3 52/18 56/15 58/14 66/11 67/20 69/18 84/6 86/13 86/15 88/3 93/18 100/13 101/3 101/13 104/25 107/2 115/25 116/1 119/6 137/15 162/6 164/24 189/5 191/15 203/3 203/12 204/11 204/13 218/13 222/19 222/24 254/25 somebody's [8] 6/19 67/20 85/16 88/5 101/11 101/11 101/19 248/1 someone [25] 18/22 26/4 31/16 34/24 51/15 141/24 160/19 161/22 164/4 171/24 175/14 191/16 194/10 203/9 203/20 207/5 215/6 217/2 223/13 225/17 231/7 244/13
----------	--	--	--	---

S	136/4 144/8 156/21 157/12 166/6 166/17 170/13 174/8 179/3 181/5 191/23 191/24 203/21 218/17 225/11 226/20 227/12 240/18 245/22 248/21 248/22 253/11 253/25 sorts [1] 170/15 sounded [1] 188/20 Sounds [1] 63/3 source [6] 249/23 250/4 250/11 251/18 252/4 254/19 space [2] 141/12 164/14 spaces [1] 48/24 sparks [1] 186/12 speak [48] 2/19 5/18 10/11 10/23 11/3 11/4 11/20 12/7 12/8 12/18 12/23 14/23 24/20 32/17 39/3 40/12 52/14 57/13 57/20 57/25 58/1 79/1 79/4 79/11 79/12 84/16 85/18 86/13 87/7 87/10 89/18 97/1 100/23 111/8 112/1 138/23 141/13 144/11 145/3 159/24 189/11 202/17 202/21 222/23 228/9 229/3 229/16 230/12 speaking [8] 16/25 93/6 114/21 140/24 144/24 144/25 145/5 192/11 speaks [1] 140/13 specialist [1] 245/1 specific [15] 8/20 80/20 104/18 104/18 115/18 136/18 136/22 139/15 152/5 186/9 186/10 187/3 202/19 221/13 226/3 specifically [13] 74/14 81/21 83/22 90/25 99/25 142/8 154/18 167/4 225/2 230/1 231/17 232/5 235/1 speculate [5] 213/7 213/12 217/1 217/4 221/2 speculating [1] 17/21 speculation [1] 177/5 sphere [1] 78/1 spike [10] 80/16 81/2 98/6 98/7 103/25 112/18 121/18 123/21 124/22 157/11 spillover [1] 90/22 spirit [1] 251/7	split [1] 135/10 spoke [27] 32/14 32/20 59/10 68/4 68/5 68/22 84/12 84/22 85/1 85/4 85/4 91/15 93/8 93/8 96/24 97/2 99/9 103/8 112/14 115/17 140/22 170/25 203/5 222/14 223/19 229/3 245/8 spoken [7] 12/12 39/6 53/21 53/23 58/17 90/10 96/16 spokesperson [2] 8/21 9/7 spreadsheet [2] 14/4 14/5 stable [1] 208/12 staff [52] 2/8 2/13 3/4 3/10 7/7 7/19 8/15 8/17 8/18 9/15 10/6 10/14 10/16 13/7 14/17 15/15 15/23 18/23 22/9 36/1 36/7 36/15 45/10 46/11 46/14 67/25 79/25 80/25 81/19 97/12 97/15 99/5 104/2 113/7 130/18 146/1 149/11 151/13 155/13 179/20 190/9 192/23 195/21 205/9 224/12 250/20 251/6 251/11 260/17 261/1 262/13 262/14 Staff-Side [11] 2/8 2/13 8/15 8/17 8/18 10/6 13/7 14/17 15/15 15/23 36/7 staffing [5] 22/15 22/18 50/4 155/9 172/8 stage [11] 48/10 92/11 92/17 92/21 93/20 95/16 150/24 180/7 180/22 231/8 258/5 stages [1] 180/13 stalls [1] 2/17 stand [8] 2/19 3/24 68/24 147/16 255/23 256/11 256/13 257/18 standard [3] 140/12 143/25 254/22 standards [5] 137/10 137/24 138/10 139/1 139/22 stands [1] 2/18 start [9] 7/14 76/20 77/22 116/13 120/7 134/8 165/12 177/9 188/15 started [9] 3/2 7/2 7/4 39/12 42/3 47/25	51/5 52/1 53/16 starting [4] 30/10 31/13 80/18 97/25 starts [2] 94/8 228/18 state [2] 205/5 232/24 stated [1] 250/10 statement [50] 1/10 1/16 6/1 20/8 20/14 22/11 28/12 29/6 32/24 40/6 43/2 43/18 43/21 44/1 44/8 45/15 47/5 59/21 67/2 69/16 77/11 77/13 77/18 82/4 84/21 88/9 94/13 104/6 105/2 105/7 121/21 124/25 125/9 131/22 134/22 134/23 135/4 167/16 167/20 167/25 168/3 172/22 198/1 212/10 244/24 247/15 247/25 249/11 249/12 251/17 statements [3] 230/14 231/21 241/6 states [1] 34/22 station [2] 37/18 37/19 statistically [1] 151/8 statistics [1] 151/9 status [1] 208/7 statutory [1] 9/24 stay [6] 54/18 63/17 88/21 162/16 196/6 196/12 stayed [1] 24/1 step [2] 102/4 246/8 Stephen [46] 13/3 93/7 94/15 95/7 97/1 97/6 97/8 97/14 97/23 98/5 99/17 100/4 105/8 107/14 108/1 115/25 116/8 117/5 117/12 117/24 118/6 118/9 118/25 119/3 119/7 121/18 122/19 123/3 123/18 123/24 124/18 128/18 129/14 130/23 173/2 177/18 182/3 183/20 184/6 184/11 197/3 249/17 249/20 249/22 250/8 252/2 Stephen Brearey [37] 93/7 94/15 95/7 97/1 97/8 97/14 97/23 98/5 99/17 100/4 105/8 108/1 115/25 116/8 117/5 117/12 117/24 118/9 119/3 119/7 121/18 122/19 123/3 123/18 123/24 124/18 128/18 129/14 130/23 182/3 183/20 184/6	184/11 249/17 249/20 250/8 252/2 Stephen Brearey' [1] 177/18 Stephen Brearey's [5] 97/6 107/14 118/6 118/25 249/22 Stephen Cross [3] 13/3 173/2 197/3 steps [1] 106/8 Steve [6] 185/2 221/5 221/16 244/6 250/3 251/24 Steve Brearey [4] 221/5 221/16 244/6 251/24 Steve Brearey's [1] 250/3 steward [4] 2/22 3/7 3/8 5/14 stick [1] 83/12 still [6] 36/16 53/5 54/11 108/16 113/12 118/10 stop [2] 33/24 116/11 stopped [6] 55/20 55/21 101/25 112/19 121/19 123/22 store [2] 158/23 159/6 stored [3] 17/13 159/5 208/17 storing [1] 159/8 story [1] 250/22 straight [4] 48/15 78/17 185/6 213/11 strange [3] 69/12 69/15 69/19 stray [2] 176/18 187/17 strayed [2] 120/9 120/21 strays [1] 187/19 strength [2] 112/15 240/19 stressful [1] 245/13 strict [1] 60/15 strong [4] 235/4 236/19 247/18 247/19 strongly [5] 44/22 106/7 171/1 191/17 196/23 struck [1] 192/3 structure [2] 241/13 241/15 structured [3] 49/8 166/6 196/10 struggle [1] 86/11 struggling [2] 156/18 164/25 stuff [2] 198/21 244/17 style [1] 164/23 subject [6] 10/18
----------	---	--	---	---

S	210/22 221/7 230/20 233/21 249/16 suggestions [2] 75/16 241/17 suggests [2] 197/9 211/17 suit [1] 61/10 summaries [1] 148/14 summarising [1] 177/25 summary [3] 116/25 158/9 222/8 summoned [1] 154/14 superseded [1] 156/3 supervised [1] 178/13 supervising [2] 143/12 231/14 support [43] 5/24 7/21 9/15 16/12 20/1 20/11 21/5 21/6 21/12 23/6 29/14 30/5 32/9 33/8 33/9 33/22 34/8 35/7 38/12 45/18 46/25 48/18 48/25 52/7 52/19 52/24 54/9 55/25 58/21 64/2 66/2 70/6 80/6 115/19 129/19 179/4 205/23 220/13 231/23 245/3 245/9 245/11 262/2 supportable [2] 238/22 238/22 supported [3] 58/10 70/14 190/4 supporter [1] 78/4 supporting [10] 26/18 32/18 34/25 37/7 43/12 44/2 46/18 189/6 222/24 234/2 supportive [8] 44/22 45/8 53/19 73/10 164/2 242/7 245/21 261/5 supports [1] 3/9 suppose [17] 18/21 21/17 78/4 90/15 92/21 94/23 96/17 101/17 105/1 115/11 115/16 115/18 117/7 125/4 144/2 238/12 259/8 supposed [4] 5/5 54/23 74/16 241/9 sure [54] 7/18 29/17 31/2 42/19 46/10 56/20 57/19 76/6 82/17 85/3 89/5 89/9 92/25 93/4 93/16 99/20 111/20 136/20 138/7 139/13 142/16	146/19 154/4 157/8 159/13 159/14 161/13 167/3 169/4 169/17 172/25 174/23 177/5 179/24 182/13 183/19 184/9 184/12 185/21 193/9 197/11 204/8 212/4 217/14 217/17 217/17 228/9 231/1 240/20 242/22 244/18 251/20 256/12 260/12 surely [3] 65/22 106/22 108/12 surmise [1] 39/5 surmised [1] 173/2 surmising [2] 64/20 75/14 surprise [1] 58/22 surprised [11] 69/4 87/17 92/24 94/14 95/1 95/1 98/16 180/6 260/4 260/6 261/15 surprising [1] 47/1 surrounding [4] 92/4 107/22 160/4 234/17 suspect [3] 68/17 208/21 209/19 suspected [3] 164/25 208/19 243/21 suspension [1] 227/17 suspicion [15] 12/14 38/4 56/19 59/24 62/9 141/19 159/7 160/18 161/14 161/15 161/22 176/21 216/16 219/15 242/13 suspensions [8] 16/7 16/10 16/16 17/9 22/17 62/12 62/13 183/6 suspicious [11] 16/6 17/18 62/11 150/17 162/4 204/2 207/15 209/6 216/19 219/5 222/19 Suter [2] 138/7 141/7 sworn [7] 1/4 1/7 77/4 134/16 264/3 264/7 264/9 system [3] 30/17 64/2 119/14	101/13 101/14 102/4 103/4 103/23 110/3 110/4 116/12 134/7 139/4 140/2 145/5 148/6 151/19 156/14 161/6 163/6 175/14 185/8 191/23 195/7 196/14 201/2 201/20 209/2 216/24 217/2 217/6 217/25 218/2 223/21 224/21 228/19 230/10 232/8 232/15 240/14 243/11 246/8 248/22 255/22 256/10 260/20 262/13 take-away [1] 81/1 taken [23] 6/12 11/23 69/21 99/24 102/1 106/5 114/7 123/23 128/25 134/4 161/23 166/2 171/11 177/12 208/15 211/7 211/14 219/19 223/8 233/22 240/5 241/21 247/10 takes [1] 234/20 taking [20] 6/5 18/4 19/22 24/10 25/15 39/24 43/17 59/7 72/25 81/5 85/23 132/2 153/15 159/8 160/4 183/2 188/8 189/22 211/15 259/23 talk [8] 6/14 31/22 55/23 62/10 82/19 193/20 216/11 260/25 talked [7] 22/5 31/24 62/13 96/19 99/3 100/1 193/21 talking [20] 2/20 14/9 31/18 75/7 81/15 114/25 120/25 124/21 129/3 129/9 129/9 133/5 138/6 176/22 186/9 193/17 202/20 203/9 226/2 226/3 talks [1] 4/1 tampered [2] 210/18 226/20 tandem [1] 227/3 tangible [1] 103/12 tape [1] 218/20 targeting [1] 188/5 task [4] 81/22 82/1 171/25 238/10 tasked [1] 155/12 tasks [2] 171/20 183/4 taxing [1] 85/8 Taylor [2] 249/20 249/21 team [45] 5/1 5/5 5/6 5/19 7/22 30/1 30/3 30/9 30/12 38/11 45/16 60/25 61/3	72/12 80/20 111/4 111/11 111/22 113/5 113/6 114/19 115/3 115/15 115/17 137/3 143/1 143/3 154/19 163/9 163/19 166/6 182/5 182/11 193/2 210/23 223/3 223/4 223/6 224/4 229/11 229/17 229/19 236/13 236/24 248/17 teams [1] 166/15 technically [1] 179/2 telephone [2] 7/16 259/25 tell [44] 2/11 19/2 19/18 20/7 24/12 28/11 28/12 29/11 41/17 57/11 58/7 60/4 66/12 67/22 67/22 77/25 81/6 82/9 82/13 100/17 135/21 141/24 142/3 153/20 153/21 159/11 161/15 162/25 169/14 169/18 170/10 171/11 172/14 181/2 181/12 188/21 195/20 205/16 205/21 211/23 214/10 219/4 228/25 241/13 telling [13] 52/3 54/9 80/25 96/13 128/15 162/14 168/24 184/25 186/16 201/25 202/24 209/12 211/5 tells [6] 101/13 182/11 182/12 196/22 202/14 205/22 ten [1] 64/25 tend [1] 84/16 tense [3] 107/15 109/2 119/2 term [5] 55/6 124/5 127/25 128/24 142/12 terminating [1] 247/23 termination [1] 186/2 terms [36] 6/4 9/12 9/17 12/19 13/4 26/24 68/22 79/22 83/10 89/9 95/18 97/10 128/10 128/21 140/15 156/5 171/14 174/14 196/6 198/14 198/14 205/23 207/24 228/10 228/14 230/2 234/1 234/2 242/24 243/17 244/1 244/9 244/20 245/9 248/21 261/8 test [3] 185/12 187/2 199/1 testing [3] 17/13 17/19 17/20 text [7] 30/23 51/6
----------	---	--	--	--

T	111/24 113/15 113/15 114/9 114/21 117/7 117/16 117/17 118/19 118/20 120/13 120/17 121/15 122/9 123/16 124/4 124/11 124/15 125/20 125/22 128/2 129/8 130/20 132/10 132/11 135/8 135/13 138/13 140/21 142/12 144/21 144/24 155/7 159/4 166/17 169/16 176/7 182/12 191/20 192/10 193/8 194/14 206/16 209/19 215/14 229/13 231/9 233/8 235/3 235/7 235/22 237/6 240/8 247/24 248/2 248/23 249/1 251/14 254/22 259/15 260/22 261/11 theatre [1] 186/14 their [79] 2/19 3/4 3/12 3/12 4/23 4/23 6/6 8/22 19/6 27/19 27/21 34/23 39/14 43/24 44/15 58/18 58/18 58/18 74/4 84/18 86/7 86/7 91/7 91/10 93/10 93/13 93/14 93/22 104/3 106/10 107/7 108/18 112/2 112/2 112/15 113/23 123/25 123/25 138/17 140/6 141/13 141/15 143/5 143/8 143/10 144/1 150/19 171/15 185/8 190/15 190/21 205/3 205/16 205/24 214/17 217/4 218/8 222/20 223/7 223/8 234/17 237/8 237/14 237/24 239/20 244/6 244/9 246/18 247/21 251/7 252/15 252/19 253/25 254/8 260/23 261/1 261/21 261/25 262/3 them [131] 13/17 18/4 19/16 19/19 23/24 24/20 32/15 32/21 36/14 36/16 36/20 37/9 40/23 42/5 44/14 44/21 48/2 54/2 54/3 54/17 54/21 58/20 59/7 59/10 60/5 61/10 61/12 67/6 71/15 72/20 81/7 81/8 82/18 82/19 82/22 82/25 83/19 83/19 85/4 85/19 85/25 86/10 87/7 87/8 89/16 90/3 93/10 93/24 94/16 95/2 98/18	98/18 98/22 99/10 99/19 99/25 101/17 104/10 104/14 104/17 104/25 105/20 106/2 107/13 109/11 110/4 110/16 112/2 113/14 113/17 113/23 114/8 117/16 131/3 132/13 137/11 137/19 139/2 141/14 143/4 158/6 159/5 159/8 160/3 160/4 161/2 161/8 165/1 170/17 171/4 171/9 171/9 171/10 175/5 175/13 177/9 180/11 180/15 185/7 185/20 185/22 187/4 190/11 194/3 194/23 197/15 207/5 211/15 213/22 214/22 215/16 216/8 217/3 223/18 226/10 226/10 227/11 232/3 232/16 236/20 236/24 238/21 246/19 253/2 253/4 254/2 254/5 260/8 260/23 261/8 262/6 thematic [3] 148/15 150/2 157/15 themes [2] 148/24 149/1 themselves [6] 57/1 106/6 143/2 218/5 224/6 238/11 then [87] 2/25 5/16 6/2 6/13 6/20 8/1 18/10 20/25 23/14 24/11 28/2 30/9 32/8 32/21 32/22 38/5 38/7 49/20 53/10 53/25 57/6 58/1 58/5 58/6 59/23 60/4 61/14 62/15 62/22 67/15 67/18 67/25 68/13 73/1 81/16 82/21 91/4 92/10 97/21 97/22 103/15 103/25 104/20 110/15 116/11 118/12 120/18 121/8 130/16 134/8 136/3 142/17 145/11 148/17 148/24 164/25 165/17 170/3 172/20 181/23 181/23 192/14 193/16 197/17 197/19 198/2 203/4 207/2 211/8 215/22 216/23 216/25 218/14 226/20 228/7 233/23 233/25 250/18 250/25 253/7 255/22 256/6 256/7 256/10 260/25 261/18 262/3 theoretical [1] 135/24	there [388] there's [15] 28/3 66/1 87/8 87/19 103/17 106/25 121/6 121/10 138/11 140/25 143/2 172/1 213/13 228/16 255/15 thereabouts [1] 155/14 thereafter [1] 68/11 therefore [4] 15/22 33/1 117/10 256/24 these [54] 10/16 11/16 11/18 11/19 13/1 13/9 14/9 14/16 18/2 37/20 57/2 67/25 68/1 73/4 87/21 95/9 95/13 96/23 99/8 111/7 122/20 124/16 128/2 128/19 130/8 149/8 149/11 152/2 152/8 157/19 160/8 160/20 180/11 183/5 183/13 183/14 187/1 195/25 197/24 198/16 199/23 203/14 203/24 205/18 208/11 213/9 214/17 215/8 216/19 219/2 222/10 226/9 229/14 251/16 they [435] they're [1] 237/19 they've [1] 262/7 thing [38] 11/10 11/11 17/16 43/3 78/11 85/15 87/2 109/11 109/24 129/2 132/13 133/16 133/22 136/4 143/17 165/2 167/1 170/14 182/13 184/11 185/3 191/15 191/20 191/25 193/7 203/11 209/19 222/25 225/11 225/16 226/20 240/18 244/15 245/2 245/14 245/23 248/14 261/20 things [59] 15/19 17/7 40/17 50/6 69/17 75/9 75/22 94/4 101/10 104/1 104/4 105/23 113/11 124/3 132/16 133/8 138/23 142/21 142/22 142/22 144/12 144/14 144/15 144/15 150/13 153/5 156/2 156/3 156/7 158/9 158/14 166/8 168/23 170/6 170/12 171/1 171/16 177/6 179/21 180/11 186/12 188/1 195/2 198/11 198/12 199/23 213/7 213/12 215/20 244/3	251/22 253/6 253/15 253/23 254/3 256/4 258/3 258/6 259/9 think [376] thinking [17] 26/4 47/21 51/20 52/10 59/17 62/11 64/21 140/18 165/18 165/23 209/1 218/20 218/21 224/19 230/1 233/19 237/4 thinking April [1] 47/21 thinks [5] 24/9 181/3 203/20 210/18 245/2 third [8] 47/8 110/19 181/25 188/19 189/2 213/1 223/1 236/11 thirds [1] 128/8 THIRLWALL [4] 74/23 257/21 264/6 264/13 this [355] thorough [2] 10/18 242/1 thoroughly [1] 131/16 those [110] 11/6 13/5 13/25 15/9 15/13 17/17 18/9 18/14 26/13 44/19 44/21 45/2 48/5 48/7 50/6 53/11 64/18 65/23 67/16 69/4 69/8 69/22 71/7 71/13 72/10 72/19 74/21 80/2 80/24 81/1 81/7 81/13 81/14 85/2 85/9 90/11 90/14 98/22 99/14 100/1 100/3 101/2 101/6 101/9 104/18 105/4 108/11 112/15 112/19 113/10 114/6 121/20 121/21 122/25 123/3 123/24 124/3 124/6 124/9 124/12 124/13 124/19 130/17 131/6 131/7 132/16 133/7 139/1 142/20 144/19 146/10 148/10 158/14 159/8 160/19 166/3 166/8 168/23 170/6 170/15 176/21 177/2 177/4 177/6 198/9 198/10 198/11 202/7 202/12 203/2 203/18 203/21 213/21 214/14 226/10 230/3 238/2 238/20 241/18 242/12 242/16 243/20 245/24 246/5 246/17 251/18 252/18 253/1 253/6 260/20 though [10] 24/7
----------	--	---	--	--

T	8/12 8/13 8/25 9/1 10/12 12/12 13/20 16/11 16/17 18/4 22/16 23/14 24/9 24/19 25/3 25/19 28/18 30/9 31/1 32/3 35/7 37/4 37/23 44/23 47/10 47/19 49/15 49/23 50/12 50/25 53/17 54/9 54/14 55/10 55/18 56/7 56/8 56/15 57/7 61/5 62/5 63/5 69/19 70/15 70/20 71/18 78/20 79/7 79/9 79/20 80/10 80/16 85/12 86/14 87/16 87/18 89/22 90/2 96/10 97/17 98/9 100/18 100/21 100/22 102/25 103/22 104/4 105/4 105/6 105/17 105/25 107/13 107/20 108/24 113/15 114/11 115/20 124/19 124/24 125/3 126/25 130/21 136/8 146/14 147/2 147/12 151/16 152/24 153/6 154/3 155/10 155/25 156/5 157/9 157/10 158/15 158/22 167/18 169/13 171/15 174/2 174/22 177/7 177/12 192/23 193/5 193/9 194/15 200/3 200/23 202/4 208/1 219/10 225/22 226/16 228/8 228/10 228/12 239/2 242/7 242/25 243/11 243/17 244/1 244/15 244/18 251/5 252/16 253/18 254/12 260/17 261/17	139/7 148/14 154/17 184/17 184/18 184/19 241/12 tokenism [1] 238/17 told [45] 28/13 33/16 34/11 34/15 38/12 39/10 39/13 44/9 45/24 48/17 53/13 55/2 56/9 56/16 61/25 65/22 75/23 93/1 99/18 100/8 101/22 102/17 104/1 112/5 112/21 113/5 128/18 168/22 180/7 185/7 185/12 185/17 188/17 191/1 195/17 196/3 199/1 199/5 199/8 199/10 206/13 208/25 219/5 229/21 249/20 tomorrow [1] 263/6 tone [5] 23/17 43/7 140/9 234/23 237/25 toned [1] 234/7 Tony [5] 26/16 26/17 26/18 32/22 72/14 Tony Chambers [1] 72/14 Tony Millea [2] 26/18 32/22 too [9] 19/11 61/12 116/13 171/13 171/14 171/15 173/7 176/18 202/16 took [23] 2/25 7/22 19/14 28/21 32/22 73/8 73/10 86/5 100/17 100/20 109/8 135/17 189/16 191/20 192/4 202/3 208/6 209/1 211/4 212/7 231/22 243/17 249/7 top [12] 39/9 97/19 126/7 144/18 160/14 165/19 192/17 193/12 195/10 235/15 236/11 237/3 topic [4] 114/14 131/18 136/18 176/23 topics [1] 116/19 totality [2] 69/22 98/15 touched [1] 28/11 touches [1] 194/21 towards [7] 16/14 53/16 95/24 97/19 127/14 131/23 153/11 Townsend [2] 16/25 16/25 TPN [4] 158/21 159/3 159/3 208/14 track [2] 109/25 110/15 trade [16] 2/15 5/16 8/19 8/20 8/22 8/23	9/3 36/7 36/9 94/24 147/24 205/9 205/12 205/15 244/8 261/1 trail [1] 32/13 train [1] 203/22 trained [2] 78/8 195/15 trainees [1] 202/18 training [7] 3/5 3/17 3/18 80/24 139/12 142/6 186/12 transcript [5] 204/24 214/14 235/13 237/18 255/20 transcripts [2] 237/15 238/1 transparent [1] 172/3 trauma [1] 52/23 Treat [1] 144/1 treated [2] 191/1 197/1 treatment [4] 10/15 141/15 186/2 224/12 trial [2] 210/16 246/14 triangulate [1] 199/7 triangulated [1] 193/1 trick [1] 54/1 tried [4] 56/12 61/17 174/6 199/7 trigger [2] 225/9 225/12 triggered [3] 242/24 243/4 246/24 triplets [7] 18/15 32/7 32/8 97/22 158/17 185/5 208/10 trouble [1] 185/2 true [12] 1/14 62/4 77/18 134/23 184/9 191/16 203/11 203/12 203/16 209/20 224/5 242/2 truly [1] 51/4 trust [61] 5/15 7/3 7/11 9/3 10/4 12/12 13/4 14/22 23/7 26/25 29/22 35/12 38/10 41/19 43/24 46/19 49/18 57/1 106/11 108/17 111/8 119/18 123/13 131/25 132/8 132/14 132/20 132/24 133/14 133/17 133/21 136/25 142/7 146/4 146/24 147/3 172/1 178/10 178/11 179/9 190/4 190/24 190/25 195/1 223/3 224/4 227/18 227/19 227/24 228/14 231/20 233/25 234/20 242/4 244/14 248/16 254/13 254/23	255/5 256/22 258/21 Trust's [5] 146/8 229/16 230/12 234/9 234/10 trusted [1] 87/13 truth [4] 170/21 170/22 171/12 238/3 try [2] 31/19 146/18 trying [19] 19/5 35/1 83/17 105/1 110/21 111/25 125/4 132/9 133/4 164/15 175/15 187/17 196/8 224/20 225/6 245/8 246/15 260/22 261/5 tube [1] 210/18 tubes [1] 221/8 Tuesday [1] 57/12 turn [7] 28/13 29/7 67/2 95/5 110/5 119/12 259/17 turned [2] 194/12 246/13 twice [1] 85/3 twisting [1] 221/8 two [68] 5/16 7/1 8/4 8/7 9/6 16/5 17/13 18/12 18/14 18/15 24/5 24/17 51/18 55/22 64/18 68/16 70/8 72/5 78/23 80/20 91/15 96/8 96/14 97/21 98/6 103/3 103/11 112/13 115/16 128/8 136/7 139/13 146/10 152/2 158/16 158/17 166/5 166/8 166/15 166/15 177/4 185/5 186/14 186/14 187/11 188/18 188/18 188/20 189/1 196/9 199/17 205/18 208/9 210/11 214/14 214/17 216/19 217/7 218/7 219/24 224/25 225/3 227/8 237/5 259/25 260/6 260/13 260/14 two days [2] 8/4 8/7 two days' [1] 5/16 two weeks [1] 72/5 two years [3] 78/23 136/7 139/13 two-thirds [1] 128/8 type [3] 27/19 189/2 195/11 types [1] 2/22 typical [1] 189/4 typically [1] 82/5
though... [9] 48/23 63/14 71/19 83/21 90/12 147/14 157/22 181/10 239/11 thought [59] 3/2 5/15 17/4 17/19 18/6 18/17 20/5 35/10 35/11 35/12 35/14 36/20 37/5 38/7 38/8 40/13 49/14 51/2 66/10 66/12 69/15 74/19 83/5 100/5 104/6 104/19 104/23 105/7 110/13 130/1 130/17 146/22 172/9 179/23 179/24 194/24 195/22 201/16 202/5 203/22 204/1 205/19 217/10 225/17 230/2 234/8 235/3 238/2 241/13 241/15 244/1 244/14 253/23 254/8 254/9 260/13 260/14 261/16 262/1 thoughts [1] 84/9 threat [5] 141/1 193/16 201/13 201/18 231/22 threatened [4] 106/18 175/4 232/4 254/11 three [18] 2/21 5/11 18/15 35/13 35/14 96/8 96/14 97/24 98/6 128/8 158/17 188/18 188/20 189/1 199/18 208/13 217/7 237/6 three days [1] 5/11 three months [1] 208/13 three quarters [1] 128/8 threefold [1] 98/7 through [36] 1/16 6/10 7/24 26/3 36/15 58/4 61/21 64/22 69/20 77/12 96/5 108/25 111/7 118/17 134/9 138/6 144/3 148/6 148/21 152/13 155/2 155/24 156/4 174/2 189/22 189/24 208/23 209/11 216/10 220/6 220/18 229/15 229/17 245/14 251/22 256/8 throughout [1] 247/25 Thursday [1] 263/10 Tighe [1] 43/2 time [139] 5/7 5/10 5/14 7/2 7/11 7/18 8/9	8/12 8/13 8/25 9/1 10/12 12/12 13/20 16/11 16/17 18/4 22/16 23/14 24/9 24/19 25/3 25/19 28/18 30/9 31/1 32/3 35/7 37/4 37/23 44/23 47/10 47/19 49/15 49/23 50/12 50/25 53/17 54/9 54/14 55/10 55/18 56/7 56/8 56/15 57/7 61/5 62/5 63/5 69/19 70/15 70/20 71/18 78/20 79/7 79/9 79/20 80/10 80/16 85/12 86/14 87/16 87/18 89/22 90/2 96/10 97/17 98/9 100/18 100/21 100/22 102/25 103/22 104/4 105/4 105/6 105/17 105/25 107/13 107/20 108/24 113/15 114/11 115/20 124/19 124/24 125/3 126/25 130/21 136/8 146/14 147/2 147/12 151/16 152/24 153/6 154/3 155/10 155/25 156/5 157/9 157/10 158/15 158/22 167/18 169/13 171/15 174/2 174/22 177/7 177/12 192/23 193/5 193/9 194/15 200/3 200/23 202/4 208/1 219/10 225/22 226/16 228/8 228/10 228/12 239/2 242/7 242/25 243/11 243/17 244/1 244/15 244/18 251/5 252/16 253/18 254/12 260/17 261/17 timeline [1] 215/25 timely [2] 95/14 207/12 times [12] 14/4 22/1 23/22 85/1 85/5 110/19 148/5 153/1 183/2 218/12 220/11 227/7 timescales [1] 163/10 timing [2] 121/19 149/4 tips [2] 50/21 50/23 tiptoe [1] 26/13 TM [4] 177/14 179/12 182/23 183/18 today [7] 46/6 77/13 124/19 124/20 187/14 215/11 228/2 together [14] 27/15 43/17 81/12 108/8 108/23 114/9 117/15	139/7 148/14 154/17 184/17 184/18 184/19 241/12 tokenism [1] 238/17 told [45] 28/13 33/16 34/11 34/15 38/12 39/10 39/13 44/9 45/24 48/17 53/13 55/2 56/9 56/16 61/25 65/22 75/23 93/1 99/18 100/8 101/22 102/17 104/1 112/5 112/21 113/5 128/18 168/22 180/7 185/7 185/12 185/17 188/17 191/1 195/17 196/3 199/1 199/5 199/8 199/10 206/13 208/25 219/5 229/21 249/20 tomorrow [1] 263/6 tone [5] 23/17 43/7 140/9 234/23 237/25 toned [1] 234/7 Tony [5] 26/16 26/17 26/18 32/22 72/14 Tony Chambers [1] 72/14 Tony Millea [2] 26/18 32/22 too [9] 19/11 61/12 116/13 171/13 171/14 171/15 173/7 176/18 202/16 took [23] 2/25 7/22 19/14 28/21 32/22 73/8 73/10 86/5 100/17 100/20 109/8 135/17 189/16 191/20 192/4 202/3 208/6 209/1 211/4 212/7 231/22 243/17 249/7 top [12] 39/9 97/19 126/7 144/18 160/14 165/19 192/17 193/12 195/10 235/15 236/11 237/3 topic [4] 114/14 131/18 136/18 176/23 topics [1] 116/19 totality [2] 69/22 98/15 touched [1] 28/11 touches [1] 194/21 towards [7] 16/14 53/16 95/24 97/19 127/14 131/23 153/11 Townsend [2] 16/25 16/25 TPN [4] 158/21 159/3 159/3 208/14 track [2] 109/25 110/15 trade [16] 2/15 5/16 8/19 8/20 8/22 8/23	9/3 36/7 36/9 94/24 147/24 205/9 205/12 205/15 244/8 261/1 trail [1] 32/13 train [1] 203/22 trained [2] 78/8 195/15 trainees [1] 202/18 training [7] 3/5 3/17 3/18 80/24 139/12 142/6 186/12 transcript [5] 204/24 214/14 235/13 237/18 255/20 transcripts [2] 237/15 238/1 transparent [1] 172/3 trauma [1] 52/23 Treat [1] 144/1 treated [2] 191/1 197/1 treatment [4] 10/15 141/15 186/2 224/12 trial [2] 210/16 246/14 triangulate [1] 199/7 triangulated [1] 193/1 trick [1] 54/1 tried [4] 56/12 61/17 174/6 199/7 trigger [2] 225/9 225/12 triggered [3] 242/24 243/4 246/24 triplets [7] 18/15 32/7 32/8 97/22 158/17 185/5 208/10 trouble [1] 185/2 true [12] 1/14 62/4 77/18 134/23 184/9 191/16 203/11 203/12 203/16 209/20 224/5 242/2 truly [1] 51/4 trust [61] 5/15 7/3 7/11 9/3 10/4 12/12 13/4 14/22 23/7 26/25 29/22 35/12 38/10 41/19 43/24 46/19 49/18 57/1 106/11 108/17 111/8 119/18 123/13 131/25 132/8 132/14 132/20 132/24 133/14 133/17 133/21 136/25 142/7 146/4 146/24 147/3 172/1 178/10 178/11 179/9 190/4 190/24 190/25 195/1 223/3 224/4 227/18 227/19 227/24 228/14 231/20 233/25 234/20 242/4 244/14 248/16 254/13 254/23	255/5 256/22 258/21 Trust's [5] 146/8 229/16 230/12 234/9 234/10 trusted [1] 87/13 truth [4] 170/21 170/22 171/12 238/3 try [2] 31/19 146/18 trying [19] 19/5 35/1 83/17 105/1 110/21 111/25 125/4 132/9 133/4 164/15 175/15 187/17 196/8 224/20 225/6 245/8 246/15 260/22 261/5 tube [1] 210/18 tubes [1] 221/8 Tuesday [1] 57/12 turn [7] 28/13 29/7 67/2 95/5 110/5 119/12 259/17 turned [2] 194/12 246/13 twice [1] 85/3 twisting [1] 221/8 two [68] 5/16 7/1 8/4 8/7 9/6 16/5 17/13 18/12 18/14 18/15 24/5 24/17 51/18 55/22 64/18 68/16 70/8 72/5 78/23 80/20 91/15 96/8 96/14 97/21 98/6 103/3 103/11 112/13 115/16 128/8 136/7 139/13 146/10 152/2 158/16 158/17 166/5 166/8 166/15 166/15 177/4 185/5 186/14 186/14 187/11 188/18 188/18 188/20 189/1 196/9 199/17 205/18 208/9 210/11 214/14 214/17 216/19 217/7 218/7 219/24 224/25 225/3 227/8 237/5 259/25 260/6 260/13 260/14 two days [2] 8/4 8/7 two days' [1] 5/16 two weeks [1] 72/5 two years [3] 78/23 136/7 139/13 two-thirds [1] 128/8 type [3] 27/19 189/2 195/11 types [1] 2/22 typical [1] 189/4 typically [1] 82/5
				U
				ulterior [1] 107/8 ultimately [5] 84/5 205/7 224/11 224/12 232/15

<p>U</p> <p>unacceptable [3] 27/1 73/15 190/21</p> <p>unaware [3] 182/3 182/4 182/6</p> <p>uncomfortable [3] 22/22 185/7 201/12</p> <p>under [26] 8/3 14/23 54/10 57/25 58/1 59/23 68/15 78/23 91/4 139/2 139/24 145/22 146/1 146/8 146/12 146/24 147/3 147/23 147/23 160/16 177/15 177/16 227/18 227/19 234/9 248/19</p> <p>underlying [11] 79/23 88/11 89/6 90/9 90/10 90/21 109/4 120/10 120/15 140/18 198/13</p> <p>underneath [2] 111/1 155/8</p> <p>understand [34] 11/11 11/16 11/18 12/7 19/5 21/23 35/6 35/7 42/19 44/7 69/3 84/17 127/21 137/11 146/25 163/15 166/22 183/19 193/23 200/9 207/13 209/9 219/15 219/18 232/11 246/22 251/20 252/9 252/12 253/1 254/10 256/12 258/25 261/23</p> <p>understanding [10] 5/20 13/20 44/17 45/3 45/4 144/9 146/18 160/21 169/1 176/9</p> <p>understands [1] 63/15</p> <p>understood [14] 14/22 22/7 22/20 29/18 66/19 82/17 82/18 155/14 158/25 163/16 170/1 191/4 241/11 260/24</p> <p>undertake [3] 22/13 178/13 178/14</p> <p>undertaken [4] 23/16 50/4 87/14 234/19</p> <p>undertaking [3] 21/25 81/25 99/4</p> <p>undertone [1] 114/6</p> <p>undertook [1] 20/3</p> <p>unexpected [19] 38/3 43/5 101/24 123/20 148/6 155/12 157/16 157/16 157/19 158/5 158/14 183/6 183/14 186/4 186/8 187/3 207/15 226/3 226/14</p>	<p>unexpectedly [4] 18/16 21/14 56/18 149/2</p> <p>unexplained [2] 101/24 123/21</p> <p>unfamiliar [1] 50/10</p> <p>unfortunately [2] 233/11 233/24</p> <p>unfounded [2] 45/21 242/2</p> <p>union [25] 5/16 6/17 6/25 8/8 8/19 8/20 36/7 60/7 60/8 94/24 147/24 191/22 205/9 205/13 205/15 221/12 237/19 244/8 254/8 261/2 261/22 261/25 262/10 262/12 262/14</p> <p>union representative [3] 8/19 205/13 205/15</p> <p>unions [6] 2/15 8/22 8/24 9/3 9/15 36/9</p> <p>unique [1] 101/18</p> <p>unit [69] 2/3 13/25 20/20 22/14 24/7 29/1 35/15 38/14 45/10 47/21 48/19 50/13 50/14 53/14 54/12 56/10 56/14 60/2 62/17 66/7 68/21 80/16 81/17 98/21 99/14 99/21 106/14 106/20 107/6 109/10 125/7 130/14 131/9 157/12 159/2 163/18 168/19 168/20 181/24 185/24 187/25 192/20 196/17 196/24 197/4 197/25 198/23 199/20 202/21 208/7 220/21 224/6 225/7 225/10 225/17 227/10 227/10 233/10 233/12 233/14 233/23 233/25 234/3 234/5 238/9 238/15 239/1 242/5 246/17</p> <p>unit' [1] 197/25</p> <p>unit's [1] 227/4</p> <p>unless [7] 17/19 118/3 164/24 207/1 209/20 233/2 238/15</p> <p>unlikely [2] 151/8 175/11</p> <p>unprecedented [1] 49/25</p> <p>unprofessional [1] 51/7</p> <p>unquestionable [1] 86/3</p> <p>unreasonable [2] 94/9 113/15</p> <p>unstable [1] 195/17</p> <p>unsurprisingly [1]</p>	<p>205/12</p> <p>unthinkable [1] 224/7</p> <p>until [15] 2/3 18/19 43/19 45/6 72/8 80/21 87/9 94/11 127/18 135/10 152/20 206/25 260/9 263/6 263/9</p> <p>untrue [1] 45/21</p> <p>untruthful [1] 239/11</p> <p>unusual [8] 36/10 58/17 61/7 80/1 80/2 85/6 108/19 156/6</p> <p>unwritten [1] 231/22</p> <p>up [95] 1/20 7/2 7/4 7/6 8/4 8/11 8/12 9/18 11/3 11/20 12/8 12/8 12/18 27/19 28/13 29/7 29/13 30/10 33/5 38/18 41/5 49/3 49/6 51/19 60/10 67/2 68/24 77/3 78/12 79/7 85/17 91/11 95/5 110/5 116/4 116/6 116/19 119/12 129/13 131/21 135/17 138/23 140/17 140/24 141/13 142/21 143/12 144/11 144/24 144/25 145/3 145/5 150/18 151/3 151/15 151/19 152/14 153/1 153/20 155/1 156/6 156/21 160/8 163/6 169/16 179/22 182/1 184/12 189/11 191/10 194/18 194/19 194/24 202/14 210/6 210/14 212/9 212/21 218/20 218/25 220/1 223/1 224/23 230/12 230/22 230/24 231/7 237/7 238/7 241/17 243/3 254/4 255/22 256/10 260/15</p> <p>upheld [4] 46/2 226/23 241/18 248/23</p> <p>upon [1] 28/11</p> <p>upset [12] 36/13 41/22 42/6 47/14 68/9 69/14 71/16 133/14 192/7 223/16 223/20 223/20</p> <p>upsetting [1] 203/10</p> <p>us [54] 1/13 2/11 6/12 15/3 19/2 19/18 20/7 23/18 28/11 28/12 29/11 35/11 35/14 58/7 58/10 70/13 73/9 75/23 77/25 81/6 81/15 82/9 84/25 102/17 102/25 106/5 112/13 113/2 115/2 115/18 129/11 130/9 131/11 132/11</p>	<p>133/5 133/9 133/10 135/21 144/21 148/21 150/12 153/15 162/14 162/25 167/24 169/18 188/21 189/9 194/6 199/8 199/10 210/14 229/21 262/16</p> <p>use [11] 127/25 138/17 138/19 140/10 140/15 141/18 142/12 142/19 143/8 170/11 247/24</p> <p>used [7] 14/19 34/23 79/5 79/14 86/14 185/21 217/3</p> <p>Using [1] 205/20</p> <p>usual [13] 33/24 58/16 58/16 80/8 82/14 82/15 82/16 82/24 86/20 93/15 109/18 110/18 261/12</p> <p>usually [6] 109/25 129/2 144/18 153/8 153/9 262/5</p> <p>V</p> <p>vaguely [1] 40/5</p> <p>valuable [1] 99/13</p> <p>value [1] 204/9</p> <p>valued [1] 141/16</p> <p>values [2] 179/9 227/24</p> <p>varied [1] 82/21</p> <p>various [7] 42/12 43/12 135/15 136/4 137/6 139/1 148/5</p> <p>vast [1] 151/13</p> <p>verbal [2] 33/6 117/17</p> <p>verbatim [2] 128/20 238/1</p> <p>version [5] 110/11 141/11 174/20 228/16 228/24</p> <p>versions [1] 219/24</p> <p>very [87] 4/2 4/13 15/18 19/15 23/10 28/21 38/1 39/16 44/9 45/6 45/7 45/8 50/11 53/19 59/10 61/17 61/18 68/9 68/14 70/19 73/8 73/10 74/24 75/13 76/15 79/6 80/2 80/18 80/25 86/20 88/1 88/3 88/19 88/24 94/25 95/10 99/4 102/17 103/6 103/10 105/22 108/17 114/6 121/16 128/17 130/8 134/3 140/22 144/22 148/1 155/25 161/1 165/22 170/16 170/23 170/24 171/21 180/1 185/7 185/9</p>	<p>189/1 191/17 193/19 194/1 194/10 194/10 196/6 196/23 198/22 204/19 207/9 223/16 237/13 243/7 244/8 245/13 249/15 255/14 257/19 257/20 257/22 261/2 261/4 263/1 263/2 263/2 263/4</p> <p>via [3] 30/21 52/19 53/24</p> <p>victimised [1] 33/14</p> <p>view [27] 3/25 26/2 26/7 28/25 39/24 90/4 107/10 116/24 121/9 153/2 166/18 171/14 186/5 186/6 198/22 199/4 216/14 220/17 222/25 224/15 224/15 247/18 247/19 253/14 255/6 261/24 262/13</p> <p>viewed [2] 69/17 203/18</p> <p>views [2] 112/6 117/1</p> <p>visible [1] 165/2</p> <p>visibly [2] 223/16 223/20</p> <p>visit [1] 2/17</p> <p>visiting [1] 193/6</p> <p>voice [1] 140/9</p> <p>voiced [1] 185/4</p> <p>volumes [1] 161/17</p> <p>Voted [1] 2/8</p> <p>vulnerable [1] 139/5</p> <p>W</p> <p>wait [2] 193/24 240/8</p> <p>waiting [2] 163/4 163/20</p> <p>walk [2] 68/25 153/10</p> <p>walked [1] 215/13</p> <p>walking [1] 25/21</p> <p>want [40] 7/21 35/18 36/11 37/15 37/16 37/21 40/16 40/18 48/9 56/1 59/17 75/9 75/21 82/20 86/15 107/5 117/8 119/16 131/21 167/24 173/15 175/13 177/19 177/24 185/13 187/2 195/1 200/3 219/6 224/23 232/7 233/2 234/24 236/21 246/8 256/8 256/14 259/10 261/20 262/22</p> <p>wanted [26] 6/16 36/14 36/16 37/17 41/2 48/11 54/21 56/20 57/25 64/7 68/25 75/6 76/4 107/2 116/19 133/2 139/7 178/1 185/9 196/4 214/3 219/6 233/5</p>
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W	207/16 213/1 215/5 232/1 238/22 241/10 243/17 247/1 248/23 249/15 253/17 ways [2] 140/3 140/11 we [433] we'd [1] 112/11 we'll [1] 74/4 we've [1] 124/18 wearing [3] 32/16 56/4 189/8 Weatherley [23] 116/23 117/4 117/13 117/23 118/5 123/1 126/4 126/9 126/13 126/21 127/14 127/18 127/22 128/15 204/20 204/22 235/10 235/20 236/18 236/22 237/6 240/12 241/9 Weatherley's [1] 241/19 website [1] 63/19 Wednesday [2] 1/1 55/15 week [14] 5/11 8/5 8/7 20/22 21/1 38/11 38/12 48/19 50/12 65/12 68/15 69/13 149/21 235/3 weekend [1] 41/22 weekly [6] 29/12 45/24 48/17 64/4 72/23 73/6 weeks [6] 3/2 33/12 36/2 72/5 208/8 242/6 welfare [8] 9/19 10/2 39/24 41/20 41/24 42/2 42/8 42/15 well [101] 6/11 8/9 15/2 17/17 21/2 27/5 31/7 34/20 39/15 39/18 42/14 44/13 45/23 53/22 54/10 55/3 55/7 56/12 57/17 58/5 58/7 58/13 69/8 76/3 91/6 93/23 95/21 97/5 100/4 102/17 103/10 105/17 106/10 109/2 109/21 111/21 112/5 113/17 121/5 121/16 122/2 122/7 122/24 123/17 123/19 124/25 125/9 126/1 127/21 129/21 130/4 130/8 132/12 132/17 140/6 148/19 150/5 155/17 166/21 167/16 173/3 173/22 175/3 177/20 177/23 178/6 180/17 180/20 180/22 181/14 181/22 183/20 189/16 190/8 191/7	194/20 195/5 199/17 200/20 202/16 207/15 211/7 211/13 225/22 226/16 228/24 238/20 240/16 240/19 241/6 247/1 247/7 248/12 249/4 249/6 251/16 253/19 254/1 256/6 256/16 257/19 well-being [3] 39/15 39/18 140/6 well-presented [1] 109/21 went [19] 8/12 9/1 19/7 23/5 23/8 55/6 55/7 56/18 68/17 86/23 91/9 104/13 104/17 118/2 155/2 194/7 242/19 242/23 250/2 were [381] weren't [41] 15/13 17/2 19/2 21/21 44/2 46/1 56/8 56/16 56/20 58/23 98/7 99/12 99/17 99/20 100/2 107/11 112/24 113/18 114/7 114/25 123/14 129/25 130/25 159/9 172/23 172/25 174/23 176/20 198/20 206/2 212/1 214/24 214/25 217/14 221/1 223/18 225/25 239/16 244/6 248/18 251/11 West [1] 7/25 what [370] what's [22] 5/4 5/5 31/14 40/11 40/21 52/12 58/5 60/1 60/2 83/18 92/22 94/11 96/1 101/5 152/3 162/17 162/18 163/24 170/10 181/4 211/18 239/22 whatever [6] 18/3 39/5 44/15 57/18 176/1 238/25 WhatsApp [4] 25/14 34/6 34/24 52/19 when [150] 5/7 5/18 7/6 13/21 13/22 17/25 18/9 19/1 22/2 22/20 23/5 23/22 24/20 28/17 29/25 30/11 31/16 32/14 34/15 35/22 36/8 39/22 40/2 41/9 42/25 45/6 48/2 49/11 54/14 54/19 55/15 55/18 65/20 66/13 67/22 68/4 68/7 68/13 69/13 71/8 71/13 73/15 73/20 81/11 83/5 83/6 85/25	86/13 88/15 90/6 90/18 90/23 98/25 99/18 101/25 102/21 103/25 105/2 107/25 110/18 111/10 111/22 112/20 112/20 113/12 114/18 114/25 115/17 121/24 122/10 122/19 123/23 124/17 124/20 127/23 129/9 131/5 132/6 133/4 137/4 138/23 138/23 139/8 139/15 140/24 141/18 141/22 143/17 144/11 144/12 144/13 144/14 144/15 149/13 149/16 150/12 151/5 151/23 166/1 167/17 168/8 169/16 169/22 170/15 170/17 171/3 171/9 172/3 172/6 172/7 172/13 172/17 174/19 174/23 177/6 178/15 179/17 183/9 183/9 183/17 186/4 190/9 191/13 192/10 194/9 194/19 195/21 197/23 201/18 203/8 207/17 208/4 213/25 215/24 217/6 217/23 217/24 224/19 229/18 232/8 234/4 235/2 237/18 242/14 242/20 243/1 257/2 257/3 260/5 260/5 where [59] 2/15 3/18 4/5 4/8 6/9 10/19 14/4 15/4 15/18 16/5 18/22 21/12 23/13 27/18 30/19 46/12 47/25 48/1 49/10 54/19 61/9 67/5 72/25 88/22 93/24 101/10 101/15 101/19 104/17 107/1 107/15 119/1 128/1 129/3 133/3 142/23 146/2 166/17 167/24 176/10 177/25 191/10 199/9 224/7 224/11 228/18 230/22 230/24 240/8 242/24 243/20 248/3 249/11 254/16 255/15 255/23 256/11 256/13 257/18 where perhaps [1] 255/15 Where's [1] 196/18 whether [53] 13/12 13/15 13/17 14/2 14/24 15/5 19/3 22/21 36/25 40/7 44/11 46/15 47/23 63/5 63/16 75/14 75/15 83/17 88/18 100/4	100/13 103/17 105/15 106/18 108/10 110/20 111/14 119/20 119/21 130/12 145/5 153/23 156/21 157/12 162/6 169/18 174/23 179/23 194/8 198/11 198/23 213/13 214/24 216/4 216/7 218/14 222/3 236/7 239/17 241/18 241/19 248/9 259/2 which [71] 5/16 9/11 13/23 22/18 30/17 30/19 33/3 33/25 44/14 61/20 62/1 63/13 63/23 75/5 77/16 78/5 85/6 87/25 92/2 93/14 94/20 99/5 108/22 109/18 110/17 111/1 112/6 112/10 113/7 115/24 116/20 117/25 119/19 121/1 129/19 131/10 139/25 145/16 154/18 155/25 161/15 161/23 168/3 168/19 170/25 177/20 179/5 189/18 191/14 193/7 194/8 200/9 200/10 210/10 212/25 217/20 221/12 222/12 222/23 224/13 225/19 227/17 228/11 242/23 253/11 257/25 258/5 259/5 259/13 259/13 261/20 while [10] 38/17 38/19 60/21 81/11 137/12 138/6 149/10 163/4 178/19 238/9 whilst [5] 6/24 14/6 14/12 61/18 201/21 whistle [2] 11/10 248/25 whistleblower [1] 252/9 whistleblowing [8] 11/9 11/14 14/24 146/8 146/25 147/3 156/1 193/20 who [103] 4/1 6/8 7/13 7/22 8/1 10/22 13/1 14/15 14/23 15/9 20/19 21/5 27/15 32/10 34/7 39/17 39/19 39/21 41/24 43/9 44/21 46/18 52/18 58/10 60/9 61/4 62/11 66/2 71/12 72/10 72/13 72/17 81/8 82/19 84/2 85/17 89/22 90/2 91/14 92/3 92/12 93/19 94/24 96/17 96/19 96/23 96/23 102/10 103/17
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<p>W</p> <p>who... [54] 111/14 113/8 118/5 118/7 119/6 132/1 137/15 150/16 152/6 154/14 155/13 156/16 161/15 165/5 165/7 167/2 167/3 167/7 167/8 168/15 169/3 172/3 178/14 179/19 181/2 183/6 184/3 187/2 199/15 199/18 203/2 208/3 208/11 208/12 214/16 218/13 226/4 226/9 228/20 229/1 230/5 232/13 235/21 240/8 241/9 242/23 245/2 245/15 246/12 246/14 248/25 250/20 251/18 261/5</p> <p>who's [8] 32/18 69/8 84/16 91/24 93/18 147/16 171/24 206/1</p> <p>whole [8] 24/7 31/17 79/9 96/4 102/2 109/4 123/2 242/4</p> <p>why [92] 16/23 17/17 22/23 41/11 44/7 47/11 47/13 69/8 72/3 72/20 76/5 84/9 89/11 93/3 98/19 98/23 99/2 99/2 99/16 99/23 102/2 102/3 102/19 104/10 104/20 104/24 107/5 109/2 109/4 109/10 111/21 112/17 112/23 113/21 121/24 123/18 124/1 124/6 126/16 127/5 129/17 130/10 130/22 131/3 140/18 142/21 150/13 152/13 159/14 160/4 164/7 170/15 175/3 177/2 178/15 178/15 179/13 179/14 179/17 180/20 181/4 181/12 185/19 193/13 196/24 204/4 205/25 207/21 208/18 209/15 210/10 211/10 212/3 213/24 214/12 216/15 218/2 222/18 225/19 230/3 231/8 231/8 231/24 244/6 244/20 247/9 247/9 251/20 252/9 252/12 254/11 261/24</p> <p>Why's [1] 31/9</p> <p>wide [1] 135/24</p> <p>widely [1] 62/12</p> <p>wider [3] 9/10 30/3 143/16</p> <p>wife [1] 186/13</p> <p>will [67] 1/19 7/20</p>	<p>9/18 10/17 13/22 23/2 23/2 24/13 27/3 40/23 50/16 51/19 51/20 54/2 54/3 55/16 57/11 61/6 62/21 63/17 63/19 76/17 76/20 92/5 92/6 92/7 92/9 103/19 116/11 116/13 134/8 138/4 138/7 138/8 146/1 146/14 146/16 146/22 147/5 151/23 154/16 172/21 189/24 190/22 194/5 195/5 196/5 197/4 199/24 200/18 201/3 204/25 205/6 206/7 206/14 206/16 206/17 212/16 218/20 220/1 233/11 236/24 240/20 242/5 242/6 252/14 263/6</p> <p>Williams [11] 16/13 155/9 159/19 160/16 163/10 172/5 176/24 195/9 195/10 209/4 250/24</p> <p>willing [1] 99/4</p> <p>window [1] 238/25</p> <p>wise [1] 79/11</p> <p>wish [9] 10/15 119/17 123/12 177/16 237/13 241/5 244/3 244/5 256/20</p> <p>wished [1] 231/19</p> <p>wishes [3] 27/10 45/15 255/17</p> <p>witch [3] 185/11 185/14 185/21</p> <p>within [32] 4/6 22/14 23/8 35/11 37/18 49/24 80/19 88/9 88/21 92/8 96/6 106/18 113/22 116/25 117/25 118/24 119/8 124/14 125/15 127/6 132/22 133/19 137/7 142/7 143/22 164/11 169/17 175/25 243/10 248/16 249/12 254/13</p> <p>without [7] 58/14 150/25 175/12 201/12 222/24 227/11 231/6</p> <p>witness [13] 67/1 77/1 84/7 92/12 92/17 93/21 93/25 115/24 129/1 206/18 247/15 247/25 251/17</p> <p>witnessed [1] 119/10</p> <p>witnesses [9] 89/18 90/11 90/25 94/7 96/17 115/23 120/14 131/11 196/1</p> <p>wives [1] 58/18</p> <p>Women's [2] 19/25</p>	<p>62/1</p> <p>won't [2] 195/7 218/20</p> <p>wonder [1] 25/11</p> <p>wondered [2] 75/11 76/1</p> <p>Woods [4] 4/1 140/22 150/12 243/6</p> <p>Woods' [1] 194/6</p> <p>word [4] 4/20 40/9 40/9 185/21</p> <p>wording [1] 46/5</p> <p>words [8] 27/19 34/23 34/23 35/4 92/16 140/10 172/18 198/17</p> <p>work [39] 5/13 5/14 5/16 5/22 5/23 6/25 7/5 7/6 7/8 8/5 8/8 8/12 8/23 30/10 30/11 33/23 50/4 60/18 60/19 60/23 61/3 61/14 61/15 61/16 78/5 80/8 99/5 107/2 107/5 107/9 138/15 139/3 177/16 201/22 204/2 204/16 210/6 236/21 261/2</p> <p>worked [10] 1/25 2/3 77/23 78/1 182/2 184/7 185/24 186/22 189/11 239/13</p> <p>working [12] 5/12 15/24 20/19 49/11 54/19 54/19 60/24 78/10 139/7 140/4 248/21 258/19</p> <p>workplace [1] 49/25</p> <p>worried [14] 12/8 12/14 17/2 41/24 42/2 58/7 64/1 133/16 141/23 163/25 166/2 203/16 218/4 225/13</p> <p>worries [1] 142/10</p> <p>worry [5] 49/12 74/2 178/7 197/10 197/15</p> <p>worrying [3] 142/4 164/5 214/2</p> <p>worth [1] 62/23</p> <p>worthy [1] 194/24</p> <p>would [282]</p> <p>wouldn't [23] 6/12 17/18 24/19 34/18 41/13 45/11 47/1 47/3 47/4 52/22 61/7 108/24 110/13 119/24 122/3 122/8 124/3 159/13 164/23 207/18 211/9 214/4 225/16</p> <p>wrestling [1] 183/3</p> <p>write [6] 35/3 46/14 47/1 92/15 175/15 230/5</p> <p>writer [2] 200/25</p>	<p>229/14</p> <p>writes [1] 45/18</p> <p>writing [9] 18/13 45/18 56/2 119/25 230/15 232/6 232/23 233/17 236/25</p> <p>written [9] 57/25 117/18 119/23 170/16 170/20 176/1 200/20 215/7 230/17</p> <p>wrong [18] 19/1 50/15 85/14 132/18 138/24 139/17 144/12 144/14 144/16 144/23 150/13 186/17 187/15 188/3 214/24 241/2 241/2 248/2</p> <p>wrongdoing [13] 12/6 120/6 120/21 121/7 121/11 121/25 123/7 123/20 125/16 130/5 152/10 220/9 220/10</p> <p>wrongly [1] 260/22</p> <p>wrote [3] 119/22 220/15 224/19</p> <hr/> <p>Y</p> <p>year [8] 53/17 96/8 96/9 96/14 137/3 137/20 139/13 145/8</p> <p>years [18] 3/23 7/10 51/11 78/3 78/12 78/23 136/7 139/13 142/13 142/13 156/2 171/18 185/24 185/25 186/22 186/23 224/18 258/19</p> <p>yes [382]</p> <p>yesterday [2] 54/1 172/6</p> <p>yet [4] 72/9 157/5 192/6 216/20</p> <p>you [1583]</p> <p>you'll [1] 74/3</p> <p>you're [1] 165/1</p> <p>you've [1] 78/1</p> <p>your [153] 1/21 2/10 2/18 4/8 4/21 4/22 4/24 5/4 6/4 6/25 8/8 10/12 13/20 14/15 15/18 20/8 20/10 20/14 20/16 21/8 22/11 25/23 26/2 26/7 26/16 28/12 29/6 30/1 30/22 32/16 33/22 38/17 41/3 42/21 44/16 45/3 48/2 48/9 49/22 49/23 54/2 55/25 56/1 56/4 57/13 58/25 59/5 59/6 60/13 61/23 62/3 65/9 65/12 65/14 66/5 66/13 66/19 67/1 70/1 74/6</p>	<p>75/2 77/7 77/13 77/18 78/18 82/4 82/10 83/13 84/21 88/9 89/1 90/7 94/13 94/15 96/1 102/20 103/24 104/6 105/7 106/1 109/13 109/14 115/5 116/24 117/1 120/7 120/7 121/20 122/17 122/20 124/7 124/25 125/9 127/17 128/3 128/25 131/22 132/6 132/22 133/18 135/3 136/20 136/24 139/22 142/18 142/19 143/17 143/22 147/12 148/4 148/22 154/6 162/16 163/24 167/25 168/3 188/19 189/2 192/10 192/15 200/15 200/18 203/8 203/15 203/25 205/20 208/17 215/7 218/11 220/17 224/15 227/14 228/20 231/9 232/11 232/14 234/23 237/2 237/2 240/22 240/22 245/3 247/1 247/15 249/4 249/7 249/10 249/12 251/17 254/2 257/4 257/24 261/24</p> <p>yours [1] 23/12</p> <p>yourself [13] 13/3 22/16 34/5 71/11 92/14 104/21 104/25 110/12 118/1 128/6 183/11 192/11 206/20</p> <p>Yvonne [12] 44/22 184/23 184/25 185/12 185/17 187/19 195/12 250/16 250/23 250/24 250/25 251/1</p> <p>Yvonne Griffiths [4] 250/23 250/24 250/25 251/1</p> <hr/> <p>Z</p> <p>ZA [1] 16/18</p>
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