Tuesday 16th May 2023
Direct Examination of Lucy Letby regarding Babies L & M
by Ben Myers KC

Q. Moving on to [Babies L & M], which is a period of a little under 2 months, February through to April 2016, again you're working in the unit still?

A. Yes, full-time.

Q. Full-time. Which shifts?

A. A mixture of days and nights.

Q. What was it you wanted to achieve for the babies that you're looking after over this period?

A. To provide the best care possible.

Q. Because over this five-month period or so, we've picked out here four babies.

A. Yes.

Q. But how many in fact would you have been looking after over that period, if it's possible to estimate a number?

A. Oh, many. Probably a hundred.

Q. All right. At different times on different shifts?

A. Yes.

Q. Is that an estimate rather than a precise measurement?

A. Yes.

Q. Let's review the details relating to [Baby L] and [Baby M] then before we look at what you say about this.

[Baby L]. Put up tile 1 from [Baby L]'s sequence, please, Mr Murphy. We can go into the tile but we don't need to open it up. Go behind the tile front.
Thank you.

So [Baby L] and [Baby M], born on 8 April 2016. [Baby L] is twin 1, born at 10.13, 33 weeks and 2 days' gestation, 1,465 grams in weight, caesarean section.

In the case of [Baby L], we're dealing with an event that takes

place from about 9 April, 10 am, to 15.00 on the 11th, 3 pm. This is an episode of low blood sugar. So calculated by Professor Hindmarsh, a period of about 53 hours. We'll come to the chart in a moment.

The blood sample taken between 12 noon and 15.45 on 9 April. Dr Ukoh gave evidence about that, his recollection. His note refers to 12 noon, but we looked at a period in evidence between 12 noon and 15.45. The blood sugar reading was insulin, 1,099 picomoles per litre. That's 1,099 picomoles per litre. C-peptide, 264 picomoles per litre. As we know now, that ratio between insulin and C-peptide means the insulin level is far higher than C-peptide, and that indicates administration of insulin, an exogenous administration given to the baby. We'll come back to the chart that deals with that in a moment.

[Baby M]. Could we put up tile 2 from the [Baby M] sequence, please, Mr Murphy? Thank you.

[Baby M] born at 10.14 on that day, 8 April, twin 2., 1,705 grams. And in the case of [Baby M], the allegation that is in count 16 relates to an episode on 9 April, about 16.02, when he was apnoeic, desaturated, there was bradycardia and he required CPR for 25 minutes, although there was a recovery from that. So count 15 relates to the period over the 9th, 10th and 11 April of low blood sugar in the case of [Baby L]. Count 16, an episode, 16.02 -- we see it as 16.00 elsewhere, so 16.00 or 16.02 -- apnoea, desaturation and bradycardia in the case of [Baby M], which required CPR.

Before we get to particular details relating to the twins, Ms Letby, I'd like to look at your circumstances around this time.

Let's look at this sequence. This is from Sophie Ellis to you, Ms Letby, 21.04 on 8 April. So this is the evening of the day when the twins were born: "How's the house, pal?"

And 58, please. A response by you to Sophie Ellis: "Hey, it feels a bit weird having a whole house but it's good thanks, although stuff everywhere as moved in properly on Tuesday and been at work Wednesday, Thursday and today. Doing tomorrow as an extra so I'll see you tomorrow night. Won't be such an early start for you now back in Chester! Did I hear your grandparents are coming to see you?"

Tile 59, please, 21.28, Sophie Ellis back to you:

"Yeah, I bet it does. It'll feel more homely once you've sorted everything out. Jeez, four LDs in a row. Are you okay?"

Is that late days?

A. Long days.

Q. "I know, yay, and I don't have to pay for petrol. It's cost me a fortune. Yeah, they are. Haven't seen them for a while. What's the unit like?"

21.32, please, tile 60:
"Yeah, I'll get there in time. Petrol and tunnel soon mounts up, doesn't it? Can you claim travel expenses? I couldn't for 405. Unit is busy. No one particularly unwell, just volume and few people off sick. I prefer 4 days to 4 nights. Least tomorrow is an extra and Sat pay. That'll be nice. Hope weather a bit better for you."

61, 21.34, Sophie Ellis to you:
"Yeah, we can. OMG really, how come? That's 7 weeks as well, isn't it? Yeah 4 nights are awful. That's not too bad then. Think I'd prefer to keep busy.
I think it's meant to rain, dam it."

Then you to Sophie Ellis, tile 62:
"Eirian said something about the induction being paid for by the trust whereas the 405 comes out of the network budget, so won't pay as it's an expected part of role to progress, et cetera. Mad, really, and costs a bomb. We've got a nice mix of babies at the mo, really. Shift goes quick anyway. Grr, typical April showers, haha. [Nurse E]'s in Thailand and it's been 44 degrees today."

And then 63, please, 21.43, you to [Nurse E]:
"Your painting is finished [thumbs up]. Got soaked walking home from work. Doing tomorrow as an extra now. Few more pennies."
Thank you.

Pausing there with what we've just dealt with, what was going on in your life at this point, Ms Letby, that meant there was a change of organisation?

A. So at that time I'd just moved into the house in Westbourne Road that we've seen.

Q. How big an issue was that for you?

A. It was a massive life moment, moving into a house.

Q. How much was your mind on that?

A. Very much on it.

Q. Did you get everything in in one go?

A. No.

Q. Did it take time to get it all sorted out?

A. It did, yes.

Q. So when you weren't at work, what where you doing or what did you want to do?

A. Sorting out the house.

Q. You made a reference there:
"Got soaked walking home from work."

That message is still on the screen.

A. Yes.

Q. Had you moved into the house by this time?

A. Yes.

Q. So did you walk from the house to the hospital?

A. I did, yes.

Q. How far is the house from the hospital?

A. It's about a 20-minute walk.

Q. Do you recall how busy it was on the unit over this period?

A. It was still fairly busy. I don't think it was quite as busy as previously.

Q. Can we go to tile 323? Sorry, 324 we'll go to.

Tile 324.
This is a message from you to [Nurse E). It's on 11 April, so a couple of days later, 8.45 in the morning:
"The unit is in dire way with staff. Other night it

was Minna, Clare B and Tracey Jones trained, and then Sam, Sophie (as extra), [Nurse C] and Tracey Jones with 4 HDU, a vent, a baby over exchange line and one on 15% dex."

Can you unravel for us what you're getting at there, what that's about?

A. At this point the unit is incredibly busy and we didn't have adequate staffing to cater for all of the needs of the babies at that point. A lot of the staff there, for example Clare B and Tracey Jones, are bank or agency staff, they weren't even our regular members of staff. And then we had band 5s on that did not have the ITU course in Sam and Sophie.

Q. Are you the only person that ever pointed out that it seemed to be very busy?

A. No, it was often discussed amongst the nursing staff.

Q. Can we look, please, next to tile 265? Sorry about moving back. 265 is Yvonne Farmer to you, 10 April, 10.50 in the morning:
"Hi, we have shifts tonight, Monday day or night if you would like some more overtime. Thanks, but appreciate you may be tired."

Pausing there, is it unusual to get requests to come in at relatively short notice?

A. No, this would happen regularly.

Q. Why is Yvonne Farmer the person asking you?

A. She's part of the management team.

Q. Right. Can we go down to tile 276, please. This is that same day, 14.17, Jennifer Jones-Key to you:
"Hi, how are you? You enjoying your new home?"

And your reply at 277, please, Mr Murphy:
"Hey, I'm okay, thanks, [bit] knackered after 4 hard days at work though. House is good, unpacking. How's you?"

Does that is describe where your life was at this point, Ms Letby?

A. Yes, and at this time I was also house-sitting for [Nurse E], I've mentioned about her painting being finished. I was looking at her animals at the house as

well.

Q. All right. How good is your recollection, amongst all of that, of events over the days we're looking at with [Babies L & M]?

A. I do have some quite clear recollection of certain aspects.

Q. What was your first or earliest involvement with them?

A. I attended the delivery of the twins and I was allocated to look after twin 1, which was [Baby L].

Q. We know the delivery is on 8 April 2016.

A. Yes.

Q. So when you say you attended the delivery, does that mean you were there in the room when they were --

A. That's right. When we came on to shift and we knew that the twins were going to be delivered, myself and Amy were designated to look after a twin each.

Q. Is it specifically a nurse or nurses from the neonatal unit who are asked to help at that time or could a nurse who's not neonatal but from the children's ward be asked to deal with it?

A. No, they're not trained to do it. It would have to be a neonatal nurse.

Q. Why is it that neonatal nurses were used or needed for something like this?

A. Because they have the specialist training required and this would also mean that you have to have your ITU training as well, so junior members of staff would not be able to attend a delivery.

Q. Sticking first of all with the day of 8 April after they were born, and we know they are born at 10.13 and 10.14 am, this is 8 April, you mentioned Amy Davies.

A. Yes.

Q. Amy Davies is who?

A. One of the band 6 nurses.

Q. You were both there at the delivery, were you?

A. Yes, it's standard practice that you would have a member of staff per baby.

Q. The babies, do they go to the neonatal unit after delivery?

A. Yes.

Q. Who is designated for them when they went to the neonatal unit?

A. The nurse that was designated to them at delivery.

Q. So who was looking after [Baby L]?

A. Myself.

Q. And who was looking after [Baby M]?

A. Amy.

Q. Which nursery did they go into?

A. Nursery 1.

Q. Now, on that day, can you help us with where they were positioned in nursery 1?

A. Yes.

Q. Tell us then. I asked that for you to tell us.

A. So as you walk into nursery 1, [Baby M] was on the first space on the right-hand side, and [Baby L] was directly in front of the door.

Q. I'm going to ask, in fact, if it's possible to put up a plan that we have so we can be quite clear about where they were on the 8th. I will be going to [redacted] but at the moment if we enlarge it so we can see nursery 1. Thank you, Mr Murphy.

For the time being, Ms Letby, please disregard the marks that were put on. This is by [Nurse B]. Just looking at nursery 1, which is the one in the centre, tell us where [Baby M] and where [Baby L] were located when they came on to the unit on 8 April.

A. [Baby M] was where the number 1 digit is. [Baby L] was

where the B is.

Q. Right. [Baby M], as you said, on the right as you walk in --

A. Yes.

Q. -- through the door above the word "unit"?

A. Yes.

Q. And [Baby L] opposite that?

A. Yes.

Q. Did you care for [Baby L] during that day?

A. I did, yes.

Q. Were you back on the unit the following day?

A. Yes.

Q. We've seen in the messages the reference to the number of days you had been working.

A. Yes, I was asked to come in the next day as an extra because the unit was so busy.

Q. So we're talking about the 9th now when you say, "I was asked to come in the next day". They're delivered on the 8th?

A. Yes.

Q. Which is the day you were asked to come in, the 9th or the 10th? Don't worry if you can't remember.

A. I'm not sure. I know I was asked to do extra.

Q. At some point you were asked to do extra?

A. Yes.

Q. When you came in on the 9th, which is the day when the events we're most concerned with commence, were the twins in the same position?

A. No.

Q. Can you tell us what the position was when you came in

on the 9th?

A. Is the 9th the Saturday?

Q. Yes, it's the second day.

A. At this point there had been admissions into nursery 1 overnight and as a result [Baby M] had been put into a corner space, which is the space labelled A on this diagram.

Q. Were they not in nursery 1 in the first place, sorry? Did you say they had been admitted into nursery 1 overnight?

A. No, there'd been other admissions of other babies meaning that the space was needed so [Baby M] was moved.

Q. Sorry, right. We'll go back over that then. Sorry, I must have misheard.

MR JUSTICE GOSS: No, you didn't. It's all right. A slip of the tongue. Anyway, the point is that [Baby M] had moved.

MR MYERS: On the 9th [Baby M] had been move. And can you tell us where he had been moved to?

A. To the corner -- where it says A on that map.

Q. This is a plan that was drawn, we may recall, by [Nurse B], which is why it's marked [redacted].
So [Baby M] is where the A is?

A. Yes.

Q. Where was [Baby L]?

A. He's remained in space B.

Q. And then putting this together, could you tell us why it was that [Baby M] had been put in that position?

A. Yes, there had been admissions of a new baby overnight, which had required intensive care, so [Baby M] had been moved to allow that baby to go into that space.

Q. Right, thank you. Now, we'll start first -- we're looking at [Baby L] and how events go with him, but both babies are in the same nursery; that's correct, isn't it?

A. Yes.

Q. And as we know on the 9th there's an overlap in events so we'll try and deal with it in sequence. What we can start with, if we go there, is to look at the chart that sets out the course of the blood sugar readings in the case of [Baby L]. That's, we may remember now, behind divider 6, ladies and gentlemen. Divider 6 in jury bundle 1.

Can I ask you a little bit more about blood sugar levels. If we go from the point that the baby is born, at what point are a baby's blood sugar levels first checked?

A. Within the first hour of life.

Q. Right. Can we put up on the screens tile 5, please, which are the blood gas readings. We know that [Baby L] is born at 10.13, so what's the blood glucose reading in the first hour of life so far as the blood gas record assists?

A. It's low.

Q. It's low. What is it in fact when we look --

A. 1.9.

Q. 1.9. Is it you that's recorded that in here?

A. Yes.

Q. What was the standard way of dealing with a baby on the unit who has low blood sugar?

A. A baby that has just been born like this who has a low blood sugar would firstly be offered a milk feed.

Q. A what feed, sorry?

A. A milk feed.

Q. By that you mean from a bottle?

A. Either nasogastrically or a bottle feed. And then the blood sugar would be rechecked in an hour's time.

Q. Right. Is that what happened in the case of [Baby L]?

A. No.

Q. Do you recall what did happen in the case of [Baby L]?

A. Yes. With [Baby L], he was commenced on IV fluids, 10% dextrose, which is outside of the usual protocol.

Q. Who decided [Baby L] should be dealt with that way?

A. It was the registrar, Dr Bhowmik.

Q. Can we put up tile 43 then, please. Just scroll down towards the bottom of that page where we've got the entry.

This is an entry by you on 8 April, 17.42. So this is the day of birth, the day when you were looking after [Baby L]. Can you identify for us -- take time to look through this -- any entry that relates to what you've just been telling us about the way blood sugar is dealt with in a newborn baby?

A. Yes, it's the passage that starts:
"Initial blood sugar shortly after birth.

Q. Could you read that out for us so we can see what it was you said?

A. "Initial blood sugar shortly after birth 1.9mmol. Advised by Reg Bhowmik to commence 10% glucose at 3ml/kg/hour and give 60ml/kg/day of donor-expressed breast milk. Myself and shift leader A Davies have discussed this with Reg Bhowmik as it does not follow the hypoglycaemia pathway and subsequent blood sugars have been 2.5 millimoles and 5.8 with enteral feeds well tolerated."

Q. Thank you. That note where it refers, first of all, to discussing this with A Davies, is that the other nurse that you were on duty with?

A. Yes.

Q. And that's the nurse who was designated for [Baby M]?

A. Yes.

Q. When you were discussing this with Registrar Bhowmik, what is it you're discussing?

A. That it's a deviation from the usual policy, so the

usual policy would be to give milk and then progress to IV fluids if needed. Dr Bhowmik wanted to start the fluids straightaway.

Q. Is that what happened?

A. It is, yes.

Q. Thank you. If it's with fluids, how are they delivered?

A. Through an intravenous line.

Q. And from what, what do they come from?

A. The fluids?

Q. Yes, what do you hang on it?

A. A 10% bag of dextrose.

Q. Right. That's how the blood sugar (sic) comes into the baby?

A. Yes.

Q. And the idea is then that brings the blood sugar up?

A. Yes.

Q. And was a bag hung for [Baby L] as a result of what Dr Bhowmik --

A. Yes.

Q. -- set out? All right. Well, having looked at that, and before lunchtime, let's have a look at the chart. We should have it in front of us now. Can I check, do you have a copy there?

A. Yes,

Q. All right. I'm not going to look at every entry, but just to orientate ourselves to this before we look in detail at particular aspects, we can see the date of birth is 8 April 2016. Can you see that, Ms Letby?

A. Yes.

Q. That's where we start. We've got 10.58 and a blood sugar reading of 1.9. That's the one we've looked at, isn't it?

A. Yes.

Q. At 12.00 we've got:
"Dextrose rate change or other event."
Can you help us with what it is that's happening at 12.00 where we see dextrose appear for the first time. What has happened there?

A. The 12.00 is when a bag off 10% glucose has been commenced and it's running at 3ml per kilogram per hour.

Q. And can you recall or do you know from what you know about the case now who hung that bag up?

A. I couldn't say, no. I know who it was checked with, but... There's no way of knowing who definitely hung the bag.

Q. Which nurses will have done that?

A. Amy Davies and myself.

Q. That's what I meant, sorry. So that bag is hung at 12 o'clock. We can see, if we just go down towards the thick black line, various blood sugar readings over the course of that day up to midnight. Just to remind us all, the evidence that we have from Professor Hindmarsh is at this stage there is nothing there that arouses any criticism or concern in the case of a baby like [Baby L].

What time would you have finished your shift on this particular day?

A. Approximately 20.00.

Q. Right. So where we have 21.00, 22.00 and 24.00, that is after you have finished?

A. Yes.

Q. If we now move to 9 April 2016. We can see timings from 3.00, 4.00, 5.00, at which there's no reference to any blood sugar. At 10.00, 1.9 is recorded. Is 1.9 the appropriate level of blood sugar, Ms Letby, for a baby on 10% dextrose?

A. No, that's too low.

Q. Too low, right. That's the point you may recall, ladies and gentlemen, that Professor Hindmarsh takes the

initial low reading of blood sugar from.

We carry on. Blood sugar lower at 12.00 hours at 1.6. Were you back on duty by this time?

A. Yes.

Q. What time had you come on duty?

A. 7.30 that morning.

Q. So on the 9th, at 7.30, you were there again on duty. We'll look after lunchtime at what the evidence shows us about bag changes, but let's just remind ourselves of this.

At 14.00 hours, the reading is 2. In between 1.6 at 12.00 and 2 at 14.00, or rather at the 12.00 entry, we can see it says:
"3ml/kg/hour equals 4.4ml/hour."

Can you see that?

A. Yes.

Q. Do you know what it is that's happened at that point from what we see there?

A. The infusion has been increased to 3ml/kg/hour.

Q. Right. So the change in the infusion?

A. Yes.

Q. At 15.00 hours it's 1.5. 15.40, a bolus of 4.3 of 10% dextrose; do you see that?

A. Yes.

Q. That's a particular delivery of dextrose, is it, bolus?

A. Yes, that is 4.3ml, which is drawn up into a syringe out of the bag and given as a bolus, so given straight into the line.

Q. Before we go to the papers, do you recall or do you know who was involved in delivering that bolus?

A. No.

Q. Go over the page, please. That was at 15.40. At 16.00

we can see blood glucose is 1.5; that's low, isn't it?

A. Yes.

Q. And at or about that time, as the chart identifies, [Baby M] collapsed?

A. Yes.

Q. That's what we have with these two matters going on simultaneously. At 16.30, there's a 12% dextrose bag?

A. 12.5%, yes,

Q. Sorry, 12.5% dextrose. Who started that?

A. That was Belinda Williamson and Ashleigh Hudson.

Q. Right. Is that a new bag?

A. Yes.

Q. Or the same bag?

A. It's a new bag.

Q. 17.00, blood sugar 1.7. So half an hour later. Is 1.7 the right level or too low?

A. No, it's still too low.

Q. 18.00, 1.9. Low. We carry on with a series of readings up to 24.00 hours, all of which are identified as low blood sugar readings.

We go to 10 April, which is the second day for Professor Hindmarsh. 02.00, a reading of 2.1. 02.30/03.00, 15% glucose prescribed at 6ml per hour.

A. Yes.

Q. Do you know from looking at this how that will have been delivered or not?

A. A bag would have had to have been drawn up to have 15% in it. That's not something that is stocked on the unit, so that's a procedure that two nurses would have had to have done to make up a bag of that concentration.

Q. So with a new bag?

A. Yes.

Q. 04.00, so about an hour to an hour and a half later, a 2.3 blood glucose. Again, is that the right level or too low?

A. No, it's still low.

Q. 06.00, 2.2. Still low. We can see, going forwards, at 14.00 hours the blood sugar gets to 3; is that an adequate level?

A. Yes.

Q. But then it drops after that, doesn't it --

A. Yes.

Q. -- going up to midnight on that day, 10 April? We'll just follow this through. 11 April, 01.00.

It sets out 15% glucose, 2.5ml per hour. Is that a change of rate from what it had been on up to that point?

A. Mine says 10.5ml.

Q. Is that a change of rate from what it had been before?

A. Yes.

Q. Then at 01.45, when it says:
"15% started by Caroline Oakley/Samantha O'Brien."

What is that referring to?

A. I'd need to look definitively on the charts, but it looks like that is another new bag of 15%.

Q. Go over the page then, the final page, 02.00. That new bag had been started. Blood sugar 2.7. Is that low or right?

A. No, that's good.

Q. 05.00, 2.9. 11.00, 2.8. That's dropped from the 2.9?

A. Yes.

Q. Is that in the acceptable range at 2.8?

A. Yes.

Q. And then 15.00, we have 3.5, and it's gone up from there as we get to the end of the chart, hasn't it?

A. Yes.

Q. Again, just to assist you and to remind the jury, it's when we get to 3.5 and the blood sugar appears to stabilise at that higher level, Professor Hindmarsh took that as the cut-off period of his 53 hours?

A. Yes.

MR MYERS: So that's what we're dealing with on that chart.

My Lord, perhaps I can stop there.

MR JUSTICE GOSS: Yes, certainly. We will resume at 2.10, please. Thank you very much.

(The short adjournment)

(2.10 pm)
(In the presence of the jury)

MR MYERS: Thank you, my Lord, members of the jury. Can we go to the paper copies of the exhibits, which are in jury bundle 2, Ms Letby, ladies and gentlemen, and go behind divider 15, which is paperwork relating to [Baby L] and, simultaneously, can we put up tile 10 on the screens, which covers the same point, but we have it in both forms then.

It's the infusion therapy prescription sheet, which is the first page behind divider 15 and it should have a red 17948 in the bottom right-hand corner. So we're on bundle 2, divider 15, page 17948, but we've got it on the screen as well if anyone's got any trouble with the paper.

Before lunchtime, Ms Letby, we went over, with the help of the chart, what you could say about what had taken place and what Professor Hindmarsh's -- or the chart that was based on much of what Professor Hindmarsh said could tell us.

We'll actually go now to the infusion therapy prescription sheet for [Baby L] and we'll take this in steps and you can explain to us what we see here. We know what's going on with blood sugar from the chart

that we looked at.

So where do we start for the first relevant entry on this chart?

A. The first top line.

Q. The top line. All right. The line that says "8/4/16, time 11.00"?

A. Yes.

Q. And there's a kind of squiggle running through that line --

A. Yes.

Q. -- going from left to right. Will you explain to us what this line is telling us?

A. So this is the line where a bag of 10% dextrose has been prescribed. So it's been prescribed at 11.00 hours on 8/4. It's a 500ml bag of 10% dextrose. Then we've got the duration of the infusion written down, the route being IV, and the doctor that has prescribed it, that's their signature.

Q. Okay. I'm going to ask you to stop there for a moment. You'd given evidence that there was a discussion with the registrar about putting [Baby L] on to fluids straightaway rather than milk.

A. Yes.

Q. Is this related to that?

A. It is, yes.

Q. So who's the registrar who signed for this, the doctor?

A. Registrar Bhowmik.

Q. And that's who you were talking to about that?

A. Yes.

Q. So this is the dextrose that she prescribed?

A. Yes.

Q. Carry on moving across to the right, if you would,

please, to tell us what we come to.

A. The initials that we see in the "nurse doing bag additive" is the registrar's. She has initialled it because she's put a line through the initial prescription. Then the "nurse setting up the infusion" is myself and Amy Davies at 12.00.

Q. Right. Firstly, why is there a squiggly line through that entry when we look at it now?

A. The rate has changed. Initially, Dr Bhowmik described 4.2ml an hour, then we see on the line below that went to 3. 6ml an hour and again that changed further to 4.4ml per hour.

Q. All right. So when we looked on the chart we saw that on 8 April at 12.00 there was a 10% dextrose concentration that began.

A. Yes.

Q. Is that what this bag is?

A. Yes, the bag has remained the same, the bag was put up by myself and Amy Davies at 12 and then the items below that refer to rate changes.

Q. The rate, all right?

A. Yes.

Q. So the line below the one that you and Amy Davies -- we've got signatures for, it's got 8 April, 11.00, the same with dextrose, and moving across to the right, we can see 3.6 there.

A. Yes.

Q. That was -- a line's put through that?

A. Because that was also incorrect.

Q. So what rate do we end up with so far as this bag is concerned?

A. So on the next line down we can see it says 4.4ml per hour and also where myself and Nurse Davies have signed it says 4.4 in the rate next to the 12.00.

Q. So you're talking about the top line again?

A. This is me referring to the bag that was set up.

Q. Yes.

A. The rate that we eventually got to through two different prescriptions is the rate of 4.4, which we see here. That is the rate that Amy and I started the infusion at.

Q. Thank you. So we can all see that you've indicated --

A. It's the same bag but we eventually got to a rate of 4.4.

Q. And that began at 12 o'clock?

A. Yes.

Q. If anyone is following the chart that we had behind divider 6 of jury bundle 1, you'll see that that entry at 12.00 is at a rate of 4.4 and that's how we get there.

Again, please, remind us, the dextrose bags that you use, where are they stored?

A. They're kept in a cupboard in nursery 1.

Q. Is that different from the place where insulin is stored?

A. Yes.

Q. Where is insulin stored?

A. Insulin is stored in the equipment room, which is outside of the nurseries.

Q. All right. The dextrose bags stored in nursery 1, what are they stored in?

A. They're in a cupboard where there's just two shelves: we have a shelf for 10% bags and a shelf for 5% bags.

Q. Is there an average figure of how many 10%s and how many 5%s you have?

A. I would say about ten 10% and maybe five 5%s roughly.

Q. How commonly is dextrose used on the unit?

A. Very commonly. 10% dextrose is the first line fluid before TPN or milk. So 10% is used all the time.

Q. So if a baby on the unit needs dextrose running, where will the nurse get that from?

A. From the cupboard in nursery 1.

Q. And the bags that are in that cupboard, who are they used for -- who can they be used for?

A. They're non-patient specific, so they could be used by any patient on the unit.

Q. We have heard with TPN that some of them are prescription TPN bags for a particular baby and some are for general use.

A. Yes.

Q. With the dextrose, are they ever for specific babies?

A. No, they're not, they're always for generic use.

Q. We know some items in the unit are kept under lock and key. Is the dextrose under lock and key?

A. I can't recall at this moment in time now.

Q. All right. Although they're in nursery 1, are they for use only in nursery 1 or are they for use more generally in the whole of the unit?

A. No, they can be used in any of the nurseries.

Q. We can see in this page, tile 10, how this was set up on 8 April. We've looked before lunchtime at the way that [Baby L] progresses up to midnight on 8 April.

You mentioned before lunchtime about the day that you were or weren't meant to be working over this period, so I'd just like to deal with that as we come to 9 April.

Could we go, please, to the shift pattern at page 33228? We'll see if we can put it on the screen. If you could enlarge April. Looking at this, can you tell us which days you were working over this period, Ms Letby?

A. So I did four long days, starting on the 6th and ending on the 9th.

Q. Just to keep track of it, the 8th is a Friday, the 9th is a Saturday?

A. Yes, the 9th was the extra shift.

Q. Right. So originally how many days were you meant to be doing?

A. Three, and I was asked on that Friday evening if I could work the Saturday due to what was happening on the unit.

Q. The third day was the day when you and Amy Davies had looked after the twins when they'd been born?

A. Yes.

Q. So let's just look, if we could, at the message at tile 51. This was sent on 8 April by you to your mother, Mrs Letby, saying:
"Think I'm going to do tomorrow as an extra but go in a bit later. Extra money and Saturday pay." Again, does that help establish which day was the extra day that you worked?

A. Yes, I can confirm it was the 9th that was the extra shift.

Q. Thank you very much. Do you know why you were called upon to do the extra shift?

A. Yes, I was asked on the Friday evening due to the numbers of babies that we had on the unit and the staffing that had been rostered to work on the Saturday, that they needed another intensive care trained member of staff.

Q. I'm going to ask you to keep your voice up a little bit.

Is it common to do four long days in a row?

A. We can do up to four. Four is sort of the maximum that we would do in a row.

Q. Had you been expecting to?

A. No.

Q. Well, we've looked at what happened on the 8th with the insulin bags -- sorry, with the dextrose bags. We come to what's alleged about insulin on the 9th. Can we look at the layout, please, on tile 88? This is the layout for the shift on 9 April. So this is the extra shift,

Ms Letby. Can you help us with who you were working --
looking after on this particular day?

A. Yes, I had the two babies in nursery 1, GT and TSB.

Q. Who else was in nursery 1?

A. Mary Griffith.

Q. And who is she looking after?

A. She looked after [Baby M] and [Baby L].

Q. You described about where [Baby M] had been located. Is
this the day when you saw him in a different position?

A. Yes.

Q. Again, why had he been moved into that position?

A. The baby I was caring for, TSB, he required intensive
care, therefore he went into [Baby M]'s original space and
[Baby M] was moved.

Q. All right. Thank you. Let's go back, if we could now,
on the screens to tile 10, please, Mr Murphy, which is
that tile behind divider 15.

How long would a dextrose bag usually last?

A. So they expire at 24 hours, they are changed every
24 hours.

Q. So can you help us with when this bag was changed?

A. So a new bag was commenced at 12.00 on the 9th. That
was by myself and Mary Griffith.

Q. Where do you get the time 12.00 from?

A. Um... It's... That's not working, but you see the
signature box. It's the time next to it, 12.00.

Q. Can you see that clearly?

A. Sorry?

Q. Is this the entry for 9 April 2016?

A. Yes.

Q. I'm reading across for you, on the left, going across, "10% dextrose"; is that right?

A. Yes.

Q. 500ml?

A. Yes.

Q. Is that the bag?

A. Yes.

Q. Then the rate, does that follow?

A. 3ml per kilogram per hour.

Q. If we go across towards the right, who signed for it?

A. Myself and Mary Griffith and it's 12.00.

Q. All right.

MR JUSTICE GOSS: So that's 12.00, is it?

A. Yes.

MR JUSTICE GOSS: Not 12.10?

A. I read it as 12.00.

MR JUSTICE GOSS: Did you write it?

A. Yes.

MR JUSTICE GOSS: So you --

A. It looks like my writing. I would say it's 12.00.

MR JUSTICE GOSS: That's fine.

MR MYERS: Thank you.

Where had that dextrose bag come from?

A. That bag would have come from the generic bags in nursery 1.

Q. And any way of telling from looking at this who hung the bag?

A. No.

Q. What would have been done with the bag prior to it being hung? What's the preparation you go through?

A. The bag would have been taken out of the cupboard. The bag is in a sealed clear plastic film, so when you've got two staff present you would then break that film open and take the bag out and then you would go about running the fluids through a giving set, so the line that attaches to the bag, and that line eventually attaches to the baby.

Q. The equipment that's used for that, where does that all come from?

A. Nursery 1.

Q. We know from the chart that we have prepared and the evidence we've had that at 10 o'clock that morning, so prior to this bag being hung, there is a reading of 1.9 blood glucose --

A. Yes.

Q. -- which the evidence tells us is too low.

A. Yes.

Q. And certainly by then, that's the point at which it is alleged that insulin had been used to lower the blood sugar of [Baby L]. You're aware that's the allegation, aren't you?

A. Yes.

Q. So dealing first of all with that, so far as that reading at 1.9 at 10 am is concerned, which bag would have been hanging at that time?

A. The initial bag that Amy Davies and I put up on the 8th at 12.00.

Q. And the bag that had be running up to midnight?

A. Yes.

Q. And overnight?

A. Yes.

Q. Are you able to assist us with why it is that with that bag there, the blood sugar reading for 10.00 hours on the 9th was 1.9?

A. No.

Q. Is that as a result of anything that you had done?

A. No.

Q. Or do you know how it had happened?

A. No.

Q. Did you have any involvement with insulin at all so far as these bags and this baby are concerned over this period?

A. No, not at all.

Q. And if we move forwards to the period around 12.00 hours, and we know a blood sample was taken, and then at some point blood, between then or maybe several hours later, was analysed and we have the readings that we have for the blood. Did you do anything that caused those readings to be the ones we have with the high level of insulin?

A. No.

Q. Do you understand, this is what I was referring to earlier, the allegation is that insulin is in that bag?

A. Yes.

Q. You understand that's the allegation?

A. I understand that, yes.

Q. And if we take those readings as accurate, can you explain to us why we have those readings?

A. No, I can't.

Q. Had you done anything to effect insulin?

A. No.

Q. Were you and Mary Griffith the only people in nursery 1 that day?

A. We were the two nurses allocated babies in that room but there was lot of nurses coming in and out of the room throughout the day as well as parents.

Q. Just so we can be quite clear with your evidence, Ms Letby, by this point we have the bag that had been hung up at 12 o'clock on 8 April; is that correct?

A. Yes.

Q. And then we have a second bag hung up at 12 o'clock on 9 April?

A. Yes.

Q. So this is the second bag as we're going along?

A. Yes.

Q. Thank you. Do you recall any parents in or around the nurseries while this was taking place?

A. I don't recall specific times in the morning, but yes, parents were present throughout the day.

Q. I'm going to ask to put up exhibit D17, please. This is something I think we saw in the course of the evidence, but let's just go back to it now. It's a note relating to a child, GT.

This is for GT. Who's caring for GT on this particular --

A. Myself.

Q. This is one of the babies you were allocated to --

A. Yes.

Q. -- in nursery 1?

A. Yes.

Q. So this is a note at the end of your shift; is that correct?

A. Yes, and she was a high dependency baby.

Q. We've got that there to establish that's who you're looking after, but I would like to scroll down to the entry at 20.15, please, just below this. In fact,

I apologise for the markings, they shouldn't be there, but anyway:
"Parents visiting, carrying out feeds and cares. Mummy left the unit 12.14. At 16.00 parents were asked to leave the nursery due to a sick baby needing treatment. Parents were understanding of this and left for the evening."

And lower down we see:
"Parents now visiting, pleased with move back to nursery 3."

That was at 20.15.

A. Yes.

Q. Pausing there, where it says:
"At 16.00 parents were asked to leave the nursery due to a sick baby needing treatment."

Which baby is that relating to?

A. That's relating to [Baby M].

Q. And where was [Baby M], which nursery?

A. Nursery 1.

Q. And whose parents is it that were asked to leave the nursery?

A. GT's parents.

Q. Where had they been before that?

A. They were with GT, their baby.

Q. Was that an out-of-the-ordinary event that the parents were present in that nursery?

A. No, they were very attentive. It's just common practice that we would ask parents to leave if there was something going on in the nursery.

Q. Do you know how long they'd been in the nursery for?

A. I think the whole time, from what I can recall.

Q. You described yesterday how when [Baby G] was being tended to, there were parents in the nursery then when the screens were put up.

A. Yes.

Q. Again, if you paint the picture for the members of the jury, how common is it having parents in the nurseries, particularly during the day?

A. Very common. Most babies have parents with them throughout the day.

Q. And at night-time do you have parents coming to the nurseries as well?

A. Yes, it's 24 hours visiting so quite often mums are resident on the labour ward and they will visit during the night or if parents work in the day some of them will visit then at night.

Q. We'll take that tile down, that exhibit down, Mr Murphy, thank you.

Would the parents know, in this case GT's parents know, that you are the allocated nurse for GT?

A. Yes.

Q. Would they talk to you about the child?

A. Yes.

Q. How much interest would they pay in the baby?

A. In their baby?

Q. Mm-hm.

A. A lot of interest. That's their main focus.

Q. And what about interest in you, the nurse looking after the baby? Did they talk to you much?

A. Yes, it's the usual role that as the nurse you would be there supporting the parents, answering any questions they might have.

Q. We'll have a look at what happens with [Baby M] because, following the timing through, we've reached that point.

I would like to look at the note that's made by Mary Griffith relating to this because she's the designated nurse and that's in the [Baby M] sequence

at tile 148, so could we put that up, please, Mr Murphy. This is a note by Mary Griffith at 20.11 on 9 April 2016, and we'll look at the whole of it:
"Care taken over at 07.45. Equipment, alarm limits and fluids checked. Self-ventilating in air.

Observations stable and satisfactory at this point. 2x12 feeds were tolerated and increased to 75ml per kilogram. Blood taken for SBR and blood glucose..."

What's SBR?

A. So bilirubin, jaundice level.

Q. "... at 10.30. SBR 52. Not below line by 50 so phototherapy continued. Blood sugar 3.9. One small posset at 11.00. At 12.15 noted that his stomach was a little distended and his work of breathing was increased. Was then sent for my break and SN [redacted]..."

Is that [Nurse B]?

A. Yes, she's referred to as [redacted] in notes.

Q. "...did the 12.30 feed and found temp raised and had an aspirate of 5ml: stomach acid with partly digested milk. This was discarded and feed given. Temp reverted to normal and baby settled. At next feed the aspirate was 1.5ml and bile-stained. Shown to reg and baby put nil by mouth. Nasogastric tube on free drainage."

Pausing there, what indicator is it of a baby's progress if a baby is put nil by mouth in these circumstances?

A. That's a decline.

Q. Right:
"10% dextrose commenced at 75ml per kilogram. IV antibiotics given at 15.00 [this says]. At 16.00 baby went apnoeic and had a profound brady and desat. Full resus commenced at 16.02, see medical notes for resus details, and EMAR for drugs given. Care handed over to SN L Letby."

So that's care handed across to you?

A. Yes, of [Baby M].

Q. Yes, of [Baby M]. Just starting at that point first: why

would care have been handed over to you in that situation?

A. At that moment he was needing intensive care and Mary Griffith was not trained in intensive care.

Q. Right. A time was given there for the administration of antibiotics. You might remember it said 15.00. In fact, we can be more accurate than that and I'd be grateful if we could put up tile 135 on the [Baby M] sequence.

Looking at this generated document, what's it for, Ms Letby?

A. This is referring to benzylpenicillin, an antibiotic.

Q. If we scroll down to see the entry for the time this is given, the relevant one. One moment, please.

(Pause)

Can you see where the cursor is, Ms Letby?

A. Yes.

Q. What time do we have there in fact for the provision of antibiotics to [Baby M]?

A. 15.45.

Q. That's at 15.45. There isn't one in fact here for 15.00. But 15.45. Who's involved in giving antibiotics to [Baby M] at that time?

A. Myself and Mary Griffith.

Q. Is that actually filed, the entry made for those antibiotics, at 15.45?

A. Yes.

Q. If antibiotics are given, is something else done at the time so far as the line is concerned?

A. The line would be flushed after this with sodium chloride.

Q. Could we look at tile 137 with regard to that, please?

We can stop at that point, it's clear from this. This simply summarises what we have behind this. But it's

got:
"Medication: sodium chloride. 15.45."

Who delivered that?

A. Again, me and Mary Griffith.

Q. That's something that follows the penicillin, is it?

A. That's standard practice, yes.

Q. So that's in fact the timing we have for that?

A. Yes.

Q. Now, just pausing there and keeping track of everything that's taking place, after that had been done, do you recall where you were and what you were doing leading up to the time that [Baby M] collapsed?

A. Yes. [Baby L] was requiring 12.5% dextrose to maintain his blood sugars and that is something that has to be made up by nursing staff and that's something that Mary and I were doing at the workbench in nursery 1.

Q. Let's pause there then, return to [Baby L] and see what's happening with [Baby L]. Can we put up tile 10, please, Mr Murphy. We'll go into that. This is the one we were looking at in paper, ladies and gentlemen.

Following through with [Baby L], we'd seen the first bag hung on 8 April, we dealt with the second bag hung at 12 o'clock on 9 April. In fact, as we continue down what happens at 15.40?

A. At 15.40 [Baby L] receives a bolus of dextrose, so he receives 4.5ml by myself and Mary Griffith. That would be in response to a low blood sugar.

Q. Right. So that is a bolus, not a new bag?

A. No, that's a bolus.

Q. That bolus is at 15.35. What else happens at 15.35 if you look at the next line down?

A. At 15.35, both the bolus and the 12.5% is prescribed.

Q. So the bolus is the first at 15.35?

A. It's prescribed at 15.35, given at 15.40.

Q. Right. Below that, the next to last line, we have: "15.35, 12.5% dex."

What's that going to be?

A. So that would be a solution that is made up by nursing staff.

Q. Why was that being given?

A. In response to ongoing low blood sugars.

Q. So that's an increase in concentration of the dextrose?

A. Yes, that's the next step up in treatment.

Q. If we go across to the right can you tell us when that bag was actually hung?

A. 16.30.

Q. And did you take part in hanging that bag?

A. No.

Q. Do you know who did hang that bag?

A. Yes, it was Belinda Simcock and Ashleigh Hudson.

Q. Who was it that initially had started to prepare a bag for [Baby M]?

A. Myself and Mary.

Q. You told us when talking about -- sorry, for [Baby L] -- when talking about [Baby M] that you had been involved in preparing a bag at the time of the collapse of [Baby M].

A. Yes.

Q. So just having seen where we get to this, of course the bag is being prepared for [Baby L]. Talk us through, if you would, what happens after that prescription has been made. The antibiotics, as we've seen, at 16.45, 15.45, have been given to [Baby M]. Please pick it up with what happens with regard to the bag for [Baby L] at that time.

A. So at that point, to make up a bag, we need to have a sterile nurse, which was Mary Griffith at the time, and I was what we call the dirty nurse, so I'm assisting

in passing her all of the equipment that's needed.

To make up a 12.5% bag of dextrose there is a pathway that we have to follow on the unit with certain calculations that we have to follow. It's quite a specific sort of prescription that you have to do and things you need to do to make 12.5%. So that's what we were doing at the time. Mary was sterile and I was checking everything that Mary was doing and passing her equipment.

Q. That's something you say you'd have been doing between 15.45, which is the time the medication had been given to [Baby M], and [Baby M]'s deterioration at or about 16.00?

A. Yes.

Q. When -- what was the first you knew that there was a problem with [Baby M] at 16.00?

A. A monitor alarmed, which is common in nursery 1, but when I went over to [Baby M] he was clearly struggling.

Q. When you say "clearly struggling" can you describe for us what you mean --

A. He wasn't breathing.

Q. Wasn't breathing?

A. And his alarm was going off. I can't recall the values but he was having a bradycardia and desaturation.

Q. Do you remember who else was in the nursery at that time?

A. Definitely Mary Griffith and I think Belinda Williamson was there as well.

Q. We've seen reference to the parents of GT who were asked to leave.

A. Yes.

Q. So had they been there before then?

A. They were there and I recall asking them to leave to give us some privacy.

Q. Can you describe how events went on from that point in nursery 1 as well as you can remember?

A. So I began initiating Neopuff straightaway with [Baby M], but due to his -- where he was located in the nursery, the Neopuff tubing wouldn't reach that far to him. And I recall it falling on the floor and I had to ask somebody to go and get me a new mask. And from then we were able to reposition [Baby M] into a better space so we had more room to move.

Q. What happened so far as [Baby L] and that next bag of 12.5% dextrose was concerned?

A. Mary and I abandoned what we were doing for [Baby L], went to care for [Baby M], and Belinda and Ashleigh took over making up the bag.

Q. That's Ashleigh Hudson?

A. Yes.

Q. Do you know who did what, so far as they're concerned, with regard to that bag?

A. No.

Q. Were you paying particular attention to what they were doing with that bag?

A. No, so at that time we abandoned doing that and our focus was on [Baby M].

Q. As a matter of procedure then, if you're asked to take over preparing something like a dextrose bag for a patient and take it over from another nurse, how do you go about doing that?

A. You would start the procedure from the beginning because you can't be sure where the previous people got to or sign against something that somebody else has made up.

Q. You have to sign against it eventually, don't you?

A. Yes.

Q. So if you have to sign against it --

A. You need to know exactly what is in there and what's been done.

Q. What's the only way of knowing exactly what's been done and what's in there?

A. If you're there through the whole process.

Q. So is there anything unusual about stopping and starting with a new bag and making a new bag up if you take over from somebody else?

A. No, I'd expect that that is standard practice, that you would then start again.

Q. That was dealt with by Belinda Simcock and Ashleigh Hudson --

A. Yes.

Q. -- the next bag? And that's what we had on T10 at 16.30; is that correct?

A. Yes.

Q. As it happens, from the evidence of Professor Hindmarsh and what we saw on the chart, after that bag was hung the glucose values remained low.

A. Yes.

Q. Do you know why that is?

A. No.

Q. Did you do anything that interfered with that bag or with [Baby L] which accounts for low blood glucose readings?

A. No.

Q. Or high insulin?

A. No.

Q. The bag that you had been preparing, where had that come from?

A. From the cupboard in nursery 1.

Q. Whatever bag anyone was to use on the unit of it is going to be made up with dextrose like this, where would that come from?

A. That same cupboard.

Q. What about other babies on the unit, not just [Baby L],

other --

A. For any baby, it would need to come from that cupboard.

Q. If we stay with [Baby L] for a moment and tile 10 that's up on the screen. Can you tell us what the next entry relates to, the final one on this infusion therapy sheet?

A. Yes, that's referring to a 12.5% dextrose bag being commenced at 19.05.

Q. On which day?

A. On the 9th, I think that says.

Q. So that's -- is that another bag --

A. Um

Q. -- from what you see there or a change in rate? Can you tell?

A. I think it's a change in rate. I'd have to double-check it against the IV chart but I think it's a change of rate because we've gone from 7.2ml to 7.3.

Q. Thank you. Moving to [Baby M] then, you've described the support that was being given to him. Do you recall who else became involved in the resuscitation that followed?

A. Yes, [Nurse B] -- and I remember Dr Jayaram came. I think there were other doctors as well but I couldn't recall them specifically.

Q. Did you notice any particular discolouration to [Baby M]'s skin during the course of this?

A. No, I didn't.

Q. Did anyone bring to your attention any question of any discolouration at this time?

A. No.

Q. What time would your shift end conventionally in this situation?

A. 20.00.

Q. And do you recall whether you left the unit round about

then or any later?

A. It was later leaving. I had a lot of documentation to complete.

Q. How many babies had you been looking after?

A. So I'd had the two babies that I'd already been looking after in the day shift and then [Baby M] as well.

Q. Let's just look again at the time of your note at tile 152, please. Sorry, look at your note at tile 152. Let's go into that, please. If we just look at the top entry. What does this tell us about the time that you wrote the note?

A. The note was started at 21.14.

Q. What time do you finish it?

A. 21.22.

Q. We can see it begins by saying:
"Care taken over by myself during resuscitation. Drugs given by myself and SN Griffiths."

A. Yes.

Q. And it sets out what happened with [Baby M]. But that note is completed some time after your shift had formally concluded?

A. Yes, so at the time clinical needs come before documentation, so once I'd handed over to the nurse that was coming on the night shift, I would then be free to write my notes.

Q. Just to be clear, when you say clinical needs comes over documentation, what are you -- what do you mean?

A. Your actual care for the baby, so practical interventions with the baby or medications.

Q. How would you remember details of what had happened when you come to write this note?

A. It's common practice that we would make notes throughout the shift, either on the back of our handover sheets or on any piece of paper or a paper towel that might be around at the time of an emergency.

Q. Could we look at the prosecution images at page 26 and page 27, please. These pieces of paper come from the Morrisons bag, which is one of the items that was recovered by the police when they searched your property, Ms Letby, in 2018.

A. Yes.

Q. We have notes there and we have notes at page 27, please. Have a look at that. These relate to procedures with [Baby M] in the course of resuscitation. First of all, just explain to us why these would be written on paper towels or pieces of paper?

A. That's common practice.

Q. So it's not just you that does that?

A. No.

Q. How do these come from you writing them down in the course of events on the unit to being at your house?

A. So the paper or the notes are kept within my pocket in my uniform and they have come home with me with the uniform.

Q. What did you do once they came home?

A. I can't recall specifically with this sheet.

Q. Did you have any other use for them?

A. No.

Q. If we go back to page 26, please. What's the item that we see on the left-hand side of the page as we're looking at that?

A. That's the printout of a blood gas result.

Q. Where would that come from in the first place?

A. That would have come from the machine on the unit.

Q. Did you use the machine?

A. At this time?

Q. During the course of what happened with [Baby M].

A. Yes.

Q. Why would you have that item at home; can you help us with that?

A. It's come back with me from work in my uniform.

Q. Once you'd got the printout from the machine, would you have done with it in real time on the unit? What would you have done with it?

A. I would have put it in my pocket and taken it to the cot side to then write up on the charts that we've seen, the handwritten charts.

Q. The question that arises is why it doesn't just go in the bin after that. Why doesn't it?

A. That's an error on my part.

Q. We know from the evidence that there's various pieces of paper, predominantly handover notes --

A. Yes.

Q. -- from a variety of children or babies that are found at your house, aren't there?

A. Yes.

Q. Are they something you specifically kept?

A. No.

Q. Did you have any use for them?

A. No.

Q. Both twins were discharged home on 3 May 2016.

A. Yes.

Q. Had you continued to care for them over the weeks that followed the events we're focusing on at the beginning of April?

A. Yes, quite frequently.

Q. Let's have a look. Could we put up, please -- and these aren't on the sequence, but let's just see some examples, exhibit page 17895. This is from the

[Baby L] -- sorry, it's just from the exhibits.
17895.

If we go across to the right-hand side, I'm not going to read them all, but just take note.

We can see at the top -- first of all, could we just look above that at how it's headed, Mr Murphy, so we're quite clear. This is [Baby L]. If we scroll down on the right-hand side, just below that one in fact, what does this relate to, this note?

A. This is referring to a communication that I've had with the parents on 16 April.

Q. The note is made at 12.34. Why would you be the person making notes on [Baby L]'s records at this time?

A. I'm the designated nurse for [Baby L].

Q. Can we go, please, to page -- and the date for that is 16 April?

A. That's right.

Q. Can we go to page 17898 next, please. It's just the dates I'm interested in. We can (inaudible), Mr Murphy, in case anyone wants to look at it, but it's the dates.

Again, [Baby L]. Who's looking after [Baby L] on 17 April?

A. That's myself.

Q. A note at 12.15. And other notes in relation to his care that day?

A. Yes.

Q. Can we go to page 17918, please. Just have a look at that entry. Again for [Baby L]. Just enlarge the note, the large note. What day are you dealing with here?

A. This is 24 April.

Q. Are you again the designated nurse --

A. Yes.

Q. -- for [Baby L]?

A. Yes.

Q. If we pause there.

25 April, Ms Letby, 16.28, 18.27, 16.31, notes for
[Baby L] by you. Why would you be making notes for
[Baby L] on 25 April at those times.

A. I'm his designated nurse.

Q. Yes, so we've got there examples looking after him on
the 16th, 17th, 24th and 25 April.

A. Yes.

Q. Any adverse incidents with [Baby L]?

A. No.

Q. Or [Baby M]?

A. No.

Q. They had been on the unit from the time we're looking
at, at the beginning of April, up to their discharge on
5 May?

A. Yes, I believe I was on the day they were discharged.

Q. Right. How were you in your efforts to look after them
over that period?

A. I did my best for them.

Q. Can we just look at a couple of final messages from
[Baby M]'s sequence? Tile 421, please, Mr Murphy.
This is from you to [Nurse E], 10.33 on 24 April,
which is one of the dates we were looking at where
you're caring for [Baby L]. It says:
"Good thanks, I've got Baby D, [Baby M] and [Baby L].
You okay?"

And then, please, tile 422 that follows that, you to
[Nurse E], 15.53:
"Should be nice tomorrow: [Babies L & M] all bottles,
O going, [redacted] all bottles, Baby D demand."
When you say "should be nice tomorrow", what is it
that's making you feel it should be nice?

A. Because the babies that I'm referring to there were all
progressing well --

Q. Is that something you wanted --

A. -- and not needing a high level of care.

Q. Is that something you wanted to happen?

A. Absolutely.

Q. Did you want them to be hurt?

A. No.

Q. We'll move from [Baby L] and [Baby M] in April 2016 next to [Baby N] in June 2016.