

Monday 15th May 2023

Direct Examination of Lucy Letby regarding Baby G
by Ben Myers KC

Q. We're going to turn then to counts 7, 8 and 9 on this indictment. These are the counts, ladies and gentlemen, relating to [Baby G]. Same process: we'll reacquaint ourselves with some of the details, the basic details, and then look at the events that relate to Ms Letby.

I'm going to summarise, because there are a number of counts, but [Baby G] was born on 31 May 2015 at Arrowe Park -- in fact, let's put up tile 1 just to see the details relating to that.

We'll go into that but we don't need to go beyond the face of the tile. 31 May 2015 at Arrowe Park Hospital at 23.57. The events which we're going to be looking at more closely are in September of 2015.

A. Yes.

Q. We will recall that [Baby G] had quite a long course in hospital, didn't she?

A. Yes.

Q. Born on 31 May, so some months before the events we're looking at, 23 plus 6 weeks' gestation. What's the normal period for gestation if events run in a standard way?

A. 40 weeks.

Q. So this is extremely preterm?

A. It is, yes.

Q. 535 grams. Spontaneous delivery. We know in the early part of her life [Baby G] was cared for at Arrowe Park. I'm going to return to that, just to refresh our minds about the dates.

On 13 August, [Baby G] is transferred from Arrowe Park to the Countess of Chester; that's on tile 3.

That's about 2.5 months after her birth: is that correct?

A. Yes.

Q. Count 7, which is the next count we come to, is on 7th September 2015, 2.15 in the morning. That involved a projectile vomit and desaturation after feeding, followed by apnoea and then further desaturations and problems with intubation and ventilation. We'll come back to these in a little more detail, but just so we can keep, at the start, an outline of what we're dealing with. Count 7 is 7 September at 2.15 am and begins with a projectile vomit after feeding.

7 September, tile 442, please. [Baby G] was transferred to Arrowe Park Hospital, so following that event, count 7, she's transferred to Arrowe Park and

she remained there until 16 September.

The next event we deal with is count 8 and that relates to 21 September 2015. That took place around 10 o'clock in the morning and relates to what are described as two projectile vomits and then a self-resolving apnoea and a desaturation.

A. Yes.

Q. We'll come to the detail of that when we work through these in a little more detail.

You were caring for [Baby G] at that time; is that correct?

A. Yes, I was.

Q. Then count 9, and the third of the events on the indictment with [Baby G], is that same day, 21 September 2015, around 15.27 in the afternoon, and this is the event that involved [Baby G] having been behind a screen with a monitor off --

A. Yes.

Q. -- at which time there was an apnoea, a desaturation and bradycardia.

A. Yes,

Q. And who found her behind that screen?

A. I did.

Q. What did you do when you found her?

A. I got help immediately.

Q. Those are the three events we're dealing with:

7 September and two on 21 September.

Before we go through --

MR JUSTICE GOSS: Sorry, 8 September.

MR MYERS: 7 September is the first event.

MR JUSTICE GOSS: You said the 8th -- sorry, I beg your pardon: 7 September, count 7.

MR MYERS: Count 8 is 21 September, 10 in the morning. Count 9 is 21 September, 15.27.

MR JUSTICE GOSS: Sorry. I was misreading my note. It was 8 September that she went back to Arrowe Park Hospital. Forgive me. My fault.

MR MYERS: There are a lot of dates.

We're going to turn to your evidence in a moment, but just by way of reminding all of us, I won't go into the detail, when Dr Bohin gave evidence we looked at issues, medical issues, concerning [Baby G] while she had been at Arrowe Park Hospital between 2 June and 4 August and a series of events we went through in Dr Bohin's evidence. Do you recall seeing that?

A. Yes.

Q. I'm not going to list them all now, that would take a long time, we might put that into a format which can be put in writing, it's the easiest way of following it, but there were a series of desaturations, distensions and secretions over that period.

A. Yes.

Q. That was before her transfer, first transfer, to the Countess of Chester Hospital --

A. Yes.

Q. -- and in that 2.5 months before the first event.

A. Yes.

Q. All right, thank you.

Do you have any general recollection of [Baby G], Ms Letby?

A. Yes.

Q. What is that general recollection of her?

A. [Baby G] was a baby that was with us for a long period of time and she stood out as a baby that had quite complex needs and was a very premature baby, which we don't often care for at the Countess, so we all got to know [Baby G] and her family quite well.

Q. When you say complex needs, are you able to describe the sort of things you mean by that or are is that just a general expression you are applying there?

A. It's a general expression but a baby born at that gestation inevitably comes with a lot of medical and nursing needs.

Q. We're looking at three particular events over 2 days on this indictment. Did you care for [Baby G] on more than that?

A. Yes.

Q. Could you put a figure on how many times you cared for [Baby G]?

A. No, but it would be many times.

Q. Well, let's go to 7 September then, please, which is count 7. I'm going to ask Mr Murphy just to assist us by putting up the layout for that event, which is at tile 47, please, Mr Murphy. If we just go into that.

The shift starts on 6 September at 19.30. Where were you during the course of this shift, where were you rostered to be?

A. In nursery 1.

Q. Where was [Baby G] during this?

A. [Baby G] was in nursery 2.

Q. Who was looking after [Baby G]?

A. [Nurse E].

Q. Do you remember who the shift leader was for this particular shift?

A. I believe it was Ailsa Simpson -- that's from memory, though.

Q. Thank you. If we roll up, we can see there, shift leader -- well, Ailsa Simpson and Christopher Booth it seems.

A. I recall Ailsa, but they may well have shared the role.

Q. In terms of nursing staff, five on that evening, including Lisa Walker?

A. Yes.

Q. Scroll back down, please, to the actual image. Do you recall Ailsa Simpson being in nursery 1 at points of that evening?

A. Yes.

Q. Do you recall being with Ailsa Simpson at any point that evening?

A. Yes.

Q. Any point in particular when you recall being with her?

A. I recall being with Ailsa just prior to [Baby G] vomiting.

Q. Right. Before we look at the notes, given that you can recall that, can you just describe to us in your own way what happened? We're talking round about 2 through to 2.15 in the morning. Can you describe to us, before we come to the notes, what it was that took place with [Baby G]?

A. My memory is that myself and Ailsa were sat at the nurses' station, I can't remember exactly what we were both doing, but we'd been there for a few minutes at least. Then we heard [Baby G]'s monitor alarming in nursery 2, she was the only baby in the nursery so we knew it was [Baby G], and we also heard quite a loud retching noise, which we thought was very unusual, so we both went very quickly to [Baby G] in nursery 2.

Q. So you'd been with Ailsa Simpson?

A. Yes.

Q. Where was that that you'd been with her?

A. At the nurses' desk.

Q. In fact, looking at the plan we have here, the nursing desk -- can you use the cursor to show us where that would be? I think we know -- oh, all right. Can you see that, ladies and gentlemen?

A. It's just -- it's right opposite nursery 2.

Q. So opposite nursery 2?

A. Yes.

Q. And your attention, you say, was caught by two things?

A. Yes.

Q. What were they again?

A. It was the monitor alarming and also we heard a retching sound.

Q. What did you do after you heard that?

A. We both immediately went in to [Baby G] and found her vomiting and struggling to breathe.

Q. Was there anybody with her when you went in there?

A. No.

Q. Let's have a look at the notes and then we'll go over these details. Let's start, please, if we could, with the notes of [Nurse E], who was the designated nurse for [Baby G], and that's at tile 137.

Looking at the top left entry -- and scroll up, if we could, please, thank you very much.

So these are the notes by [Nurse E] made at 7.49, so in the morning at the end of the shift on 7 September. I'm going to identify the notes generally and go then to the specific part that we're looking at. She identifies that she's writing these in relation to care taken over at 19.45. She describes the various checks and activities with [Baby G]. I'm going to pick this up about halfway down it where it says:

"Fortifier and Gaviscon via alternative bottle/NGT."

Can you see that?

A. Yes.

Q. We can all see that:

"Abdomen full but soft with no discolouration.

Aspirates minimal. Partial digested milk. PU [passed urine] and BO ++."

Those are standard abbreviations?

A. Yes, they are.

Q. And BO is?

A. Bowels opened.

Q. "Short period of straining/uncomfortable at start of night when having cuddles with dad. Dr Ventress aware. Usual for [Baby G]. Then had large bowel movement. Dr Ventress not wanting blood gas overnight, to wait for weekly bloods. Nurse L Letby taken over care following vomit/apnoeic episode after 02.00 feed. Her notes to follow."

Let's have a look at the feed, which is at tile 75, please.

This is the feed we're dealing with. Did you make that entry, Ms Letby?

A. No.

Q. Can you help us with who did make that entry?

A. [Nurse E].

Q. So this is 02.00. What's been given?

A. [Baby G] has been given 45ml of expressed breast milk with fortifier and Gaviscon added and that's via the nasogastric tube.

Q. What's Gaviscon given for?

A. It's given for reflux.

Q. What does that mean?

A. So very commonly, premature babies can bring up their milk, so they'll vomit after feeds, will be very uncomfortable after feeds.

Q. So this is expressed breast milk with fortifier and Gaviscon. How much is being given?

A. 45ml.

Q. And the route?

A. Nasogastric tube.

Q. In general, from your experience, how long might it take for 45ml to be given via the nasogastric tube?

A. That could take sort of around 10 minutes or so, depending on -- maybe longer because it's got fortifier and Gaviscon within it, which makes the milk thicker.

Q. All right. And under "Vomit/asp", what's written there?

A. That says pH 4., so that's the acidity test that [Nurse E] has done prior to the feed.

Q. Is there any indication from what we see here that the stomach contents had been aspirated, in other words emptied out, before the 02.00 feed?

A. No.

Q. Does a pH of 4 mean that the stomach is empty of milk when that pH was taken?

A. No.

Q. Can you get a pH of 4 and there be milk in the tummy?

A. Yes, you can -- and that is all [Nurse E] is looking for at that time, to see that the tube is in the right place.

Q. Just explain to us again, what's the link between the tube being in the right place and the pH?

A. So if you've got an acid reaction it means the NG tube is in the stomach as opposed to being somewhere else in the body.

Q. So that's what's being checked in your opinion?

A. Yes.

Q. And indeed we've had the evidence from [Nurse E] on this. That's the feed and we've heard that care was transferred to you, so I'm just going to go to your notes at tile 146.

It's on the right-hand side, the lower part, please, Mr Murphy.

I'm not reading all of it, I'm reading the relevant part to what we're dealing with. Just enlarge the first paragraph, please. These notes are written at 8.57, so this is the following morning.

A. Yes.

Q. "Written in retrospect for care given from 02.00 to present. [Baby G] had large projectile milky vomit at 02.15. Continued to vomit ++. 45ml of milk obtained from nasogastric tube with air ++. Abdomen noted to be distended and discoloured. Colour improved few minutes after aspirating tube. Remained distended but soft. Reg Ventress asked to review: to go nil by mouth by IV fluids. Doctor called to theatre. At approximately 03.15, [Baby G] had profound desaturation to 20%, marked colour loss with apnoea, bradycardia to 50s. Neopuffed in 100% oxygen. Observations improved but [Baby G] remained apnoeic. Doctors arrived. Intermittently breathing/apnoea."

It goes on to deal with the treatment that was given after that, but I'd like to focus on this, please: did you or do you recall having any particular contact with [Baby G] on this shift prior to the vomiting incident?

A. No.

Q. Right. In particular, had you been asked to look after [Baby G] before the vomiting?

A. No.

Q. Do you recall what you had been doing before you were at the nursing station with Ailsa Simpson?

A. No.

Q. I'm going to ask if we can take a look in the neonatal review -- and this is something I would ask us to look at, ladies and gentlemen, and you'll need to look at this, please, Ms Letby. It's in the A3 file, the long file. It's on the screen as well, so I'm grateful to Mr Murphy for that.

We're going to go to page 3 of the neonatal review.

Can we enlarge, please, from line 27 down to the event at line 37? In fact, down to 38, please.

I was asking you about any particular involvement that you had had with [Baby G] prior to the incident at line 37.

A. Yes.

Q. Again, I'll ask you now: did you have any involvement with [Baby G] before that incident at line 37?

A. No.

Q. You're down at lines '33 and 34 as caring for IH.

A. Yes.

Q. What time was that at?

A. That's at 2 am.

Q. What were you doing with IH at 2 o'clock?

A. I'm carrying out observations and giving a feed.

Q. IH is the child you have been designated to look after in nursery 1?

A. Yes.

Q. How long might those type of activities take?

A. It's hard to say without looking at the charts, but a matter of minutes.

Q. Once you'd finished those, where do you recall being before the events involving the vomit?

A. At the nurses' station with Ailsa Simpson.

Q. We can see it has here "[Baby G] event" and underneath that, at line 38, it has a reference to you and nursing notes; can you see that?

A. Yes.

Q. And a time of 2.00?

A. Yes.

Q. Is that time you put in the nursing notes --

A. Yes.

Q. -- as when you took over care?

A. Yes.

Q. Is that a precise timing?

A. No.

Q. What are you actually doing at 2.00 or thereabouts?

A. Caring for my other designated baby.

Q. In fact what was [Nurse E] doing around about 02.00 from what we've seen?

A. She was feeding [Baby G].

Q. And we've seen that recorded on the feeding table?

A. Yes.

Q. Putting aside timings in the order of events, when were you actually asked to take over the care of [Baby G]?

A. Once [Baby G] had vomited.

Q. In fact if we go back, please, to tile 137, that is [Nurse E]'s note -- put this on the screen, if you would, please, Mr Murphy, tile 137. Scroll down to the large entry, top left. Thank you.

If we look at the last couple of lines there.

It says:

"L Letby taken over care following vomit/apnoeic episode after 02.00 feed. Her notes to follow."

A. That's right.

Q. Is that the right order of events?

A. It is, yes.

Q. Had you been involved with [Baby G] in any way before the vomit had happened?

A. No.

Q. Following on from what you were describing, Ms Letby, you've said that you and Ailsa Simpson heard the monitor, the alarming and vomiting?

A. Yes.

Q. Now talk us through, as best you can, what happens after that.

A. On hearing the alarm and the vomiting sound, we both immediately went into [Baby G]. She was only baby in nursery 2 so we knew that the sounds were coming from [Baby G]. We went to her and found her vomiting from her mouth and nose and struggling to breathe.

Q. Pause there a moment please. When you say "vomiting from her mouth and nose", do you mean she was in the act of vomiting when you went in?

A. Yes.

Q. Was there any sign of vomiting before that point?

A. Yes.

Q. You carry on and explain to us what you saw and what happened.

A. When we got to [Baby G] we immediately started to give her Neopuff. We also stripped her off so we could look at her abdomen and it was quite firm and distended and red.

Q. Right. What was the lighting like in nursery 1 if you can remember? Sorry, nursery 2. Don't guess if you can't.

A. We could see [Baby G].

Q. Was it in darkness?

A. No.

Q. Would you ever have a nursery in darkness?

A. No, and certainly not the high dependency room.

Q. And that's nursery 2?

A. Yes.

Q. Why wouldn't you have something like the high dependency room in darkness?

A. It wouldn't be safe. We need to be able to see the babies at all times -- or at least see their monitors and be able to have access to the babies easily.

Q. If you've got high dependency babies, how easy is it to take a view of them if it's in darkness when you walk into the room?

A. It's not.

Q. Remaining with [Baby G] and what was taking place, do you

recall who used the Neopuff?

A. I think it was myself and Ailsa went to get help.

Q. I'd asked you about vomiting: were there any signs of vomiting you could see when you went in there?

A. Yes, when we went to [Baby G] we were both quite shocked because on looking around the scene we could see that there was vomit on the chair that was adjacent to the cot side and also over the floor, which we were both very shocked at.

Q. Why were you shocked by that?

A. Neither of us had ever seen a baby vomit to that extent, projectilely (sic) out of the cot. That's not something I've ever seen before.

Q. You've described what you and Ailsa Simpson did. Was it just you that remained there, the two of you, or did anyone else come?

A. No, so. Dr Ventress came.

Q. How did that come about?

A. A crash call was put out.

Q. By crash call, again help us, what do you mean by a crash call?

A. It's the emergency bleep.

Q. The emergency bleep?

A. Yes.

Q. Where do you go to put the emergency bleep out?

A. It'd be the nearest telephone, so from nursery 2 it would be the nurses' station.

Q. And do you know who it was that put that crash call out?

A. I couldn't say, no.

Q. Had [Baby G] stopped vomiting by the time you did that?

A. Yes.

Q. You said that you were shocked because you'd not seen a vomit like this before; is that right?

A. That's right.

Q. Just pausing there a minute, we're going to come, maybe after the break, to 21 September, which is the second event with [Baby G], the event at 10 o'clock in the morning --

A. Yes.

Q. -- when you were looking after her. Was the vomiting on the 21st anything like the vomiting we're dealing with on this occasion?

A. No, it was a forceful vomit but not to the extent that we saw on the 7th, no.

Q. Do you recall which doctor or doctors did come once

you'd put out the crash call?

A. I remember Dr Ventress coming.

Q. How was [Baby G] doing by the time Dr Ventress came?

A. She wasn't vomiting at that point and she had stabilised from a respiratory point of view at that point.

Q. Did her breathing return to what might be described as a normal stable manner of breathing?

A. No.

Q. Did she need any assistance with her breathing going forwards?

A. Yes,

Q. What did she need?

A. She needed Neopuffing for apnoeas.

Q. Did it become more advanced than that, the breathing support that she was given?

A. Yes, so in the end the decision was made to intubate her.

Q. Right. She was intubated that morning?

A. Yes.

Q. Again just to help us, because it's a while since we've seen this evidence, I am going to ask to put up some notes by Alison Ventress at tile 80 from the [Baby G] 1 sequence. They are not your notes, I'm not going to be quizzing you about all the content of it, but I think it's helpful if we could, just to keep stock of where we are on this.

This is an entry by Dr Ventress. I'm looking at the one for 04.40 on 7 September. Dr Ventress makes the note that she was called to review [Baby G] urgently at 02.35. The first part of this is reporting what she received, what information she had. I'm going to ask in fact if we can go to the following page at tile 107.

If we scroll down that page, we can see what you've described, that [Baby G]

"IPPV given and gradual improvement again.' "

Can you see that, Ms Letby?

A. Yes.

Q. So in relation to what you were describing, what was happening when she was given IPPV, what was happening then?

A. So she was responding to that -- her saturations were improving.

Q. Two lines below that:

"Decision to intubate due to two profound desaturations."

A. Yes.

Q. Do you remember the detail of this?

A. No.

Q. Do you remember that he did continue to have desaturations?

A. Yes, I remember she continued to have desaturations, not any details of them, though.

Q. And you recall that she had to be intubated?

A. Yes, and I remember Dr Ventress was not on the unit at that point.

Q. Do you recall whether, having been intubated, that solved the problem of her oxygen saturation or whether the problems continued?

A. They continued.

Q. Do you know why the problems continued?

A. No.

Q. Did you play a part in the continuing support that was being given to [Baby G]?

A. Yes.

Q. Did you carry on with that throughout the course of the shift?

A. Yes, I did.

Q. Do you recall whether there was any resolution to the problems that [Baby G] had been experiencing whilst being ventilated, whether it was sorted out?

A. I know there was a point when [Baby G] was re-intubated and the ventilator circuit was changed and she responded. After that, she did improve but she obviously still remained unwell.

Q. And that was during the later part of this morning?

A. Yes.

Q. of the shift?

A. Yes.

(A short break)

(11.51 am)

MR MYERS: Count 8, Ms Letby. We're going to move to count 8 now, which is 21 September. Counts 8 and 9 are both on 21 September: count 8, some time after 10 o'clock in the morning, and count 9, a little bit after 3.15 in the afternoon.

Just to remind ourselves, in between what we're dealing with before the break and what we are turning to now, [Baby G] had been transferred to Arrowe Park Hospital and she was there between 8 September and 16 September. So we have just dealt with 7 September. On the 8th [Baby G] went to Arrowe Park and she returned to the Countess of Chester on the 16th and we move forwards now to the 21st.

And let's have a look at the layout, if we could, please, Mr Murphy: tile 45 from sequence 2 for [Baby G]. If we just go behind that. Thank you.

Can we have a look, first of all, at who was on this shift? You're there, of course, Ms Letby. This is 7.30 in the morning this starts. The shift leader is Caroline Bennion.

We can see it's referring to [Nurse B], Shelley Tomlins and Caroline Oakley and also Janet Cox is the nursery nurse. Can you see that, Ms Letby?

A. Yes.

Q. Where it says:

"Management: Eirian Powell, Yvonne Griffiths and Yvonne Farmer."

I know we had some evidence from Eirian Powell as a witness on this, but were Eirian Powell, Yvonne Griffiths and Yvonne Farmer on the unit that day?

A. Yes.

Q. Were they caring for babies?

A. No, so they're in a non-clinical role, they have an office on the unit that -- they're doing office-based work but they are on the unit.

Q. Right. Are they -- we've seen how someone who is supernumerary, usually a shift leader, may be called in to help with a baby.

A. Yes.

Q. If you've got management staff, like these nurses, present, are they called in to help with babies or are they there for a different reason?

A. No, they're there to do office-based work usually.

Q. Right. They're not getting involved in the care?

A. No.

Q. I only ask that so no one is under any misapprehension that although they're in this box, they're looking after babies?

A. No, they'd be present on the unit but they would not be involved with clinical care.

Q. Thank you. Let's scroll down then with Mr Murphy's assistance to see who is where, with a particular interest with where you were, Ms Letby. Who were you caring for on this day?

A. So I had three children in nursery 4 and also a baby that was rooming-in with parents.

2. Let's pause a minute. In nursery 4, top left-hand corner, we've got [Baby G] and two other babies?

A. Yes.

Q. You were looking after them?

A. Yes.

Q. Down in the box, lower right, we can see it says OR was rooming-in with parents.

A. Yes.

Q. Can you explain to us what that means?

A. Yes. When a baby is preparing to go home, as part of the discharge planning we offer the parents the chance to stay in the parent accommodation overnight to care for their baby with staff on site for support if needed. So yeah, there's family accommodation and that's where the parents are looking after their baby.

Q. And is that accommodation in the neonatal unit?

A. It's just off the unit.

Q. Right. Because we know there's secure doors around the neonatal unit.

A. Yes -- no, it's not within a secure door, it's just --

Q. Right. And would the baby be with them in the room that they are in?

A. Yes.

Q. So if you're looking after three babies in nursery 4, what are you having to do so far as baby OR is concerned who's rooming-in with the parents?

A. So that would be going into the parent accommodation periodically to check that the parents and the baby are okay and to be on hand if the parents have any questions.

Q. Right. I'm going to go next to your note for this, Ms Letby, and then we'll have a look at the particular events. Can we put up tile 48, please. The top left hand -- 12.47:

"Written for care given from 08.00. Emergency equipment checked. Fluids calculated. [Baby G] nursed in a cot. [Baby G] appears pale. Temperature 36.4. Hat in situ and well wrapped. NG tube feed. EBM given [at] 09.00 as [Baby G] asleep and due immunisations. At 10.15, x2 large projectile milky vomits, brief self-resolving apnoea and desaturation to 35% with colour loss. NG tube aspirated. 30ml undigested milk discarded. Abdomen distended, soft. Doctors asked to review. Temperature remains low. Tachycardic..

Does that mean above 180 beats per minute?

A. Yes.

Q. Tachycardic meaning what?

A. Fast heart rate.

Q. "... since vomit. Mum states that [Baby G] does not appear as well as she did yesterday."

Then it's got other checks that are conducted and actions taken and it says:

"Care handed over to [Nurse B] at approximately 11.30."

Do you remember the incident that this describes?

A. Yes.

Q. Did you give a feed at 09.00 as it says here?

A. Yes.

Q. I'm going to ask to put up tile 47, which deals with that feed and then I've got some questions about that, please.

Tile 47 in [Baby G] sequence 2. Which of these is the feed that you are referring to, Ms Letby?

A. The 09.15.

Q. What does that tell us you did and what happened with regard to this feed? Take your time to talk us through that if you would, please.

A. I've given a 40ml feed of expressed breast milk via the NG tube at 09.15. The comments that come after that follow the feed so that's after the feed.

Q. So 40ml expressed breast milk. Where it says "30ml x2 milk projectile vomit" and a D, can you see that?

A. Yes.

Q. Can you tell us what all of that relates to?

A. That is after the feed. So after the feed there were two projectile milky vomits, I've aspirated the NG tube and got 30ml, which I have then discarded and at that time she's also had a large bowel motion as well.

Q. Right.

A. This is post-feed.

Q. Post-feed. So is this referring to what your note refers to when it describes the vomit --

A. Yes.

Q. -- round about 10.15?

A. Yes.

Q. What does the 9.2 stand for?

A. So [Baby G] had a blood gas taken after her vomit and that was the blood sugar reading.

Q. Is that high?

A. Yes.

Q. I know you mentioned this, "BO +++"; what does that relate to?

A. That's a large bowel movement and it was a loose watery green stool which is abnormal.

Q. And again when in the sequence of events did that pass?

A. Again this is post-feed, so this is once the vomit had happened.

Q. And "Reviewed by doctors", is that what it says there?

A. Yes, she was reviewed on reflection of the vomit and the loose stool.

Q. Would you have tested the pH before you did this feed?

A. Yes.

Q. Would you have aspirated the stomach contents before you did this feed?

A. No.

Q. Is there any reason or any guidance as to when a baby's stomach contents are automatically aspirated prior to a feed and when they're not? Is there any kind of rule for that?

A. So usually, with a baby that's -- I mean if we look, [Baby G] here is 40 weeks' gestation, so she's now a term baby. We wouldn't therefore need to fully aspirate all of her milk out of her tummy at every feed.

Q. Pause there a minute. You say she's 40 weeks gestated. Are you looking down the left-hand --

A. Yes. It says "corrected gestation" on the left-hand side.

Q. Corrected gestation. So we know --

A. So we need to start, at this point, treating [Baby G] as we had a term baby and with a term baby we would not fully aspirate their milk at every feed as it disrupts the digestion process.

Q. Would you know in advance of a feed if there's milk already in the stomach or, if there is, how much?

A. No. You would only aspirate enough to check the tube placement.

Q. Do you recall how [Baby G] seemed to be after you'd given the feed at 9.15?

A. I don't recall from memory.

Q. The notes that you've written in, you have told us about where we can see "30ml x2 projectile vomit", those notes, you've described those are things you wrote after the feed?

A. Yes.

Q. So they're written on the chart after that took place?

A. Yes.

Q. Was this vomit anything like the vomit that had happened on 7 September that morning?

A. No.

Q. And when you say no, what was the difference?

A. It was not anywhere near the volume or the projection. It was a projectile vomit, but it did not leave the cot space on this occasion.

Q. How many millilitres had you fed [Baby G] before the vomit?

A. 40.

Q. And how many did you get out?

A. 30.

Q. What did you do with those?

A. That 30ml was discarded, so it's put in the bin.

Q. Do you know what happens to the 10ml, the difference between the 40 and the 30?

A. I would assume that's the vomit, she's lost 10ml.

Q. Was there anybody else in the nursery at the time this happened?

A. I can't be sure from memory if mum was present at this time or not.

Q. Had mum been present at various points during [Baby G]'s care?

A. Yes, very much so.

Q. And on this day?

A. Yes.

Q. Let's just look at tile 48 if we could, please, again which is the notes you made. Just go back to that. Could we enlarge the top left, please, and scroll down to the family record. Pausing there, this is a note -- who made this note at 12.52?

A. I did.

Q. What does it say? Read it for us, please.

A. "Mummy telephoned this morning. Arrived shortly after 10.00. Fully up to date on [Baby G]'s condition this morning and current management. Aware that she will not have her immunisations today."

Q. Do you remember what precise moments [Baby G]'s mother was in the room and when she wasn't in the room?

A. No.

Q. Was she in the unit on or after 10 o'clock in the morning?

A. Yes.

Q. Do you recall whether she was there at the time that [Baby G] vomited or do you not recall specifically?

A. I couldn't say specifically.

Q. Were you there when [Baby G] vomited?

A. No, I was --- I went to her (inaudible) vomiting.

Q. What alerted you to the vomiting?

A. Her monitor.

Q. Was there anybody with her when she vomited as far as you can recall?

A. No.

Q. Do you know where you were when you were alerted to it?

A. I believe I was in nursery 4, but I wasn't at [Baby G]'s cot

side --

Q. So you're in the same room?

A. Yes.

Q. But not dealing with [Baby G] at that point.

A. Yes.

Q. And you had two other babies in there?

A. Yes.

Q. What did do you once the vomit had taken place?

A. [Baby G] stabilised after that. The doctors were on the unit, starting to do the ward round. I went down to the nurses' station and just asked if possibly [Baby G] could be seen sooner because usually nursery 4 would be the last nursery to be seen, so I just asked if they would be able to see [Baby G] prior to last.

Q. Was there any need to put out a crash call?

A. No.

Q. Any need to shout for help?

A. No.

Q. Why not? Why was it not necessary to do those things on this occasion?

A. Because [Baby G] hadn't needed any assistance, she'd self-corrected with her apnoea. After the vomit she recovered and she seemed well. There was no intervention required.

Q. Was there any what might be called large scale medical response required for what happened?

A. No.

Q. Any extraordinary changes in colour or anything like that?

A. No.

Q. Why was care transferred to [Nurse B] after this incident?

A. So upon review from the doctors, she required a high level of care at that point and I had three other babies, so it was decided that [Nurse B] would take over the care for [Baby G].

Q. That was what took place in the morning. We know there's another incident involving [Baby G] later that day in the afternoon round about 15.27; that's count 9 on this indictment. So let's move forwards to 15.27 or thereabouts.

By the time we get to the afternoon, was [Nurse B] the designated nurse?

A. Yes.

Q. Was [Baby G] still in nursery 4 though?

A. Yes,

Q. And did you still have other babies to look after in nursery 4?

A. Yes.

Q. And as well as you can remember, were you also looking after that baby that was rooming with the parents?

A. Yes,

Q. You've described that parents are able to come on to the unit at any time apart from handover; is that right?

A. That's right, yes,

Q. So would there routinely be parents on the unit at about 3 o'clock in the afternoon?

A. Yes, so parents are very much present in the daytime, yes.

Q. Do you know when they're going to arrive?

A. No.

Q. Do you recall whether there were parents around as we're getting to 3 o'clock in the afternoon with [Baby G]?

A. Yes, there were, yes.

Q. Is there any reason why you remember that?

A. Because I know when I found [Baby G] that I was conscious that there were other parents in the room at the time.

Q. Right. This is when you're talking about the incident at 3 o'clock that afternoon and other parents were there?

A. Yes.

Q. Do you recall there were screens that were put around [Baby G]?

A. There were, yes,

Q. Why are screens put around a baby on the unit?

A. So screens are put around a baby to give them privacy from other parents in the room if they're having a procedure undertaken. In this case, [Baby G] was having cannulation, so it's normal practice for a screen to be put round to give that baby privacy.

Q. All right, thank you. We'll have a look at what [Nurse B) put in her note and then we'll go through your recollection of events with [Baby G] that afternoon. So can we go to tile 72, please. In fact, we're there. Can we scroll down to the bottom of the page or the lower left-hand side.

21 September 2015. This is a note at 17.20 by [Nurse B]:

"Care taken over at approximately 11.30 due to staff workload."

Is that what you described earlier about [Baby G] being reallocated?

A. Yes.

Q. "[Baby G] pale/asleep in cot. Masimo monitor in situ. Self-ventilations in air. Initially tachycardic at 175 following vomiting episode documented by Nurse L Letby in previous notes. Cannula inserted first attempt by Reg Chang but would not advance past junction but able to give IV ABs via it."

What are IV ABs; are you able to help us?

A. IV antibiotics.

Q. That's intravenous antibiotics?

A. Yes.

Q. "Bloods obtained for culture. CPR 18, Hb 95."

Is that haemoglobin, Hb?

A. Yes.

Q. "Lumbar puncture required due to symptoms but not yet performed.

Numerous failed attempts then at cannulation. Finally inserted by Dr Gibbs. Without fluid for 6 hours as NBM."

Is that nil by mouth?

A. Yes.

Q. as [nil by mouth). Blood sugars were stable throughout. All oral medications omitted as per Reg Chang. Further significant apnoea/brady/desat following cannulation, requiring Neopuff and 100% oxygen. Help summoned and transferred to nursery 1 and placed in incubator for close observation."

It then describes the steps taken after that. Before we look at this in a little more detail, where it says, "Further significant apnoea/brady/desat", who was it that discovered [Baby G] was having apnoea/brady/desat?

A. It was myself.

Q. What did you do when you discovered that?

A. I called for help.

Q. Do you recall what it was that had been going on with [Baby G] prior to that event taking place?

A. Yes, so I recall that [Baby G] had been behind the screen for quite a prolonged period of time while doctors were trying to cannulate her.

Q. Were you involved in that process at all?

A. No.

Q. Were you chatting with those doctors at all?

A. No.

Q. What were you occupied by?

A. The other babies that I was caring for.

Q. Two in that nursery?

A. Yes.

Q. And one outside, in an outside room?

A. Yes.

Q. Were you aware that it took a little while or some effort for [Baby G] to be cannulated?

A. Yes.

Q. Can we put up tile 71, please, just to remind ourselves of this? 21 September. Type of line, left foot.

Inserted by Dr Gibbs, we see, on the 7th attempt by multiple staff. Were you present when these attempts were ongoing as far as you know?

A. I may have been in the nursery but I was not present with [Baby G].

Q. Not with [Baby G]?

A. No.

Q. Was the screen up while this was taking place?

A. It was, yes.

Q. Thank you, Mr Murphy.

What led to you discovering what had happened with [Baby G]?

A. It's common practice when doctors are doing a procedure and there's a screen up in the nursery that periodically staff would look behind the screen just to check that everything's okay. I can't remember exactly why I went but I happened to catch sight behind the screen and saw that [Baby G] was on her own, behind the screen.

Q. Pause there a moment. When you saw that she was on her own behind a screen, could you see what condition she was in?

A. She was dusky and blue and not breathing.

Q. Right. What about the monitor?

A. The monitor wasn't on.

Q. What did you do when you discovered her in that condition?

A. At this point [Baby G] was on the procedure trolley, so I immediately picked her up and put her into the cot and started Neopuffing her.

Q. Again, just to help us, can you explain to us what you mean by the procedure trolley and then the cot?

A. So the procedure trolley is a trolley -- it's like a flat bed with no sides on that is used for doing procedures on babies so that we've got access around the whole of the baby. Babies are never left unattended on that because they do not have sides so potentially the baby could fall. At this point [Baby G] was on the trolley and the Neopuff wouldn't have stretched that far.

Q. So when you checked on her, she's on the procedure trolley?

A. She was, yes.

Q. Should she have been left on the procedure trolley?

A. No, that's not standard practice at all.

Q. Was anyone with her?

A. No.

Q. Is there any circumstances where the doctor should have left her or the nurse that was with the doctor should have left her like that?

A. No.

Q. You mentioned that you'd moved her, I think. Where did you move her to?

A. I picked her up and put her straight back into her cot and was then able to access the Neopuff and started Neopuffing her and called for help.

Q. You called for help?

A. Yes.

Q. And did anyone come?

A. Yes, [Nurse B].

Q. Had you had any involvement with [Baby G] after handing her over to [Nurse B] before this point?

A. No.

Q. Do you know why the monitor was off?

A. No.

Q. Did [Nurse B] come over?

A. She did.

Q. Just describe for us what happened following on from that.

A. [Nurse B] appeared at the nursery and I said I needed some help. She froze, actually went out of the nursery and got somebody else to come and assist me and at that point Caroline Bennion came in.

Q. Did you appreciate what had happened with the doctors?

A. What do you mean, sorry?

Q. Well, did you have anything to say about what it was that you'd discovered there?

A. Yes, I was very concerned by it.

Q. Could you explain to us, so we understand, what you were concerned about and what happened because you were concerned?

A. There were three issues, really. It was -- we would never leave a baby unattended on a procedure trolley. We would also never leave a baby unattended behind a screen. And we'd never leave a baby without a monitor on. Those three things had happened so I was quite concerned that [Baby G] had been left in that situation.

Q. Did you raise those concerns with anybody?

A. With [Nurse B], yes.

Q. Was any action taken?

A. We had a conversation about it and I was quite keen to put a Datix form in, which is the clinical incident form. [Nurse B] was reluctant for this because it was a consultant, it was Dr Gibbs, and she assured me that she would deal with the situation herself and would talk to the ward manager, Eirian Powell, about it.

Q. Pause there a moment. Were you aware of Dr Gibbs and Dr Harkness returning later that afternoon to apologise to [Nurse B]?

A. No.

Q. You've heard the evidence from [Nurse B] about that. And the questions --

A. I can't recall that --

Q. You don't recall that?

A.

-- if that happened or not, no.

Q. She has described that happening.

A. Yes.

Q. Did you take the matter any further?

A. No.

Q. Why didn't you take it in further?

A. [Nurse B] and I had discussed it, she was [Baby G]'s designated nurse and she is a senior member of staff. I took assurances that she would deal with it as she had said.

Q. All right. That incident is on the afternoon of 21 September. In fact, [Baby G] remained on the unit for over a month after that. Again, I'm not going to go through all of the material now, we'll return to it, ladies and gentlemen, at a later stage.

You may recall when Dr Bohin gave evidence we went over a series of vomits a related incidents involving [Baby G] from 8 October through to 23 October.

A. Yes.

Q. Did you have other occasions of caring for [Baby G] after this particular day?

A. Yes.

Q. All right, thank you. We'll look at it another way of assisting with the jury with the dates that were put to Dr Bohin.

Having looked at what happened with [Baby G], I would like to turn next to [Baby H].