

I would like to turn next to [Baby H]. If we just pause to give me one moment to catch up with myself.

(Pause)

We'll deal with a little summary to take us back to the events of [Baby H] who is the baby, ladies and gentlemen, with the three chest drains. You may remember that. That's where we come to next. Ms Letby, we are dealing with counts 10 and 11 now on this indictment.

A. Yes.

Q. Just to remind ourselves about the introductory details with [Baby H], could we put up tile 2, please? Just behind that. Thank you very much, Mr Murphy.

So [Baby H], born on 22 September 2015 at 18.22, a 34-week and 4-day gestation. 2.33 kilograms. Born, in fact, after an emergency caesarean section. The events that we're looking at were on the 26th and then 27 September. I'm going to come to those in a moment, but other aspects of the chronology, by no means all of it, but other aspects that aren't on the sequence of events, so I'm going to remind us of it now. [Baby G] was born on 22 September 2015 at 18.22. She received surfactant -- or rather didn't receive surfactant until 11.30 on 24 September 2015, which is 41 hours after her birth. So that's when she received surfactant, 11.30 on 24 September.

10 am on 24 September is the time of the first chest drain, inserted by Dr Harkness. I'm giving you the detail of that, Ms Letby and members of the jury, because that isn't on the sequence of events, but you'll recall there were three drains in total. Drain 1 was on 24 September in the morning. Drain 2 was on 25 September at 3.00 am and that was inserted by Dr Jayaram. Drain 3, almost 24 hours later, is 26 September 2015 at 2.15 am by Dr Gibbs.

For everyone's ease of reference, the second drain, at 3 o'clock in the morning of the 25th, the details relating to that are on tile 76. That third drain with Dr Gibbs at 2.15 on the 26th is on tile 243. That's his note relating to that. That's really just for everyone's ease of reference.

Then we come to count 10. That's at 3.22 on the morning of the 26th, a little more than an hour after the third chest drain was inserted. At 3.22 that morning, there was a profound desaturation to 30%. We'll look at some of the details of that shortly. Count 11, the next event, is the following morning, early morning, 27 September at about 00.55, when there was a desaturation to the 40s. So that's just to give us a basic chronology of what took place and when.

Born on 22 September, the three drains in over the 24th to the 26th, and then the two events: 3.22 on the morning of the 26th is count 10, 00.55 on the 27th is count 11.

Outside what is on the medical notes for [Baby H], Ms Letby, do you have any significant degree of recollection of events concerning her?

A. I remember [Baby H] and I remember her because of her care needs, but in terms of specific details, no, not without referring to the notes.

Q. Right. Do you recall, in general terms, how busy the unit was over this period? We're talking in particular with [Baby H] during September 2015.

A. Yes, the unit was busy at that time.

Q. I'm going to ask if we could put up tile 27, which is a message. Thank you, Mr Murphy. 9.15 on the morning of 24 September, the morning, as it happens, that the first chest drain was put in.

It's from you to [Nurse E]. The message says:

"It's completely unsafe [and an emoji].

Yeah, I told Yvonne F that and she's going to look into it.

I still have to do next Wednesday day as can't cover it, but getting paid as overtime for last night x"

What's the reference about "It's completely unsafe" to?

A. The staffing levels on the unit.

Q. Why would you be telling Yvonne Farmer about that?

A. Yvonne Farmer is part of the management team.

Q. Is she one of the names that we saw in that management meeting when we last looked at the --

A. She is, yes.

Q. -- [Baby G] event on 21 September?

A. Yes.

Q. So she's involved in management?

A. Yes.

Q. Can we go next, please, to a message -- sorry, to tile 33, which is a message from you to Sophie Ellis later that day. 14.07 in the afternoon on the 24th: "Oh Soph, it was pretty bad: 18 babies, intubating on handover and a baby with a sugar of 0.1!

On again tonight tomorrow and sat. No had chance to see Corrie. Was it good?"

Is that Coronation Street, Corrie?

A. Yes.

Q. Putting that to one side for a moment if we can. When it says, "Oh Soph, it was pretty bad", what's that relating to?

A. I'm referring to my shift.

Q. What's bad? What was bad? Just tell us.

A. I'm stating there we've got 18 babies, which is over capacity, the unit catered for 16 and we have now got 18, and there was a lot going on. Obviously we were intubating on handover and there was another very poorly baby with a low blood sugar.

Q. Had the unit been as busy as this throughout all the years you'd worked there?

A. No.

Q. Ms Letby, you'll have to raise your voice a little bit.

A. Okay, sorry.

Q. What I'd asked was whether the unit had always been as busy as this on all the years you'd worked there?

A. No, it was increasingly busy at this period.

Q. Had you got any experience of babies with chest drains before dealing with [Baby H]?

A. I'd never seen a chest drain at the Countess of Chester, but I had come across them at Liverpool Women's during my placements there.

Q. How common was it to have -- could you form any idea of how common it was to have chest drains with babies on the Countess of Chester?

A. Well, I can't say that I'd ever seen one in my time there up until [Baby H].

Q. Had you ever seen a baby with three chest drains before?

A. No, never.

Q. Not even at a tertiary unit?

A. No, the most I'd seen is two.

Q. Were you able to form an opinion as to how familiar your colleagues were in looking after a baby with chest drains?

A. None of us were overly familiar because it is something that happened quite rarely on the unit.

Q. And so far as the doctors were concerned, could you form any assessment as to how familiar they were with dealing with chest drains?

A. They weren't familiar either.

Q. Did you see anything which tended to support that view as to why they weren't familiar?

A. Quite often they would have to look things up, how to do things, or there would be discussions on how they managed drains. Also it was more than one drain in use and there was a discussion about how each drain is cared for differently.

Q. The first event we come to with this indictment is in the early hours of the morning of 26 September, by which point [Baby H] had three drains.

A. Yes.

Q. And she'd had them for just under an hour -- or just over an hour by that point. Just over an hour.

Were you aware of her on the unit before that point?

A. Before?

Q. Were you aware of [Baby H]'s course on the unit generally when she was being cared for?

A. I'm not sure.

Q. All right. How are the chest drains meant to be kept in place?

A. From my experience at Liverpool Women's Hospital, the drains were always sutured in place.

Q. What do you mean by that?

A. So stitched by the doctors, stitched into the skin.

Q. Do you know why the doctors had done that from your experience elsewhere?

A. That's the safest way to secure the drains, to make sure they don't move.

Q. Did you keep chest drains on the unit?

A. Yes, but very few.

Q. Do you know where the chest drains were taken from that were used for [Baby H]?

A. Yes, so we had one drain on the unit in the equipment room, which was used. We then used the emergency drain that was on the resuscitation trolley, meaning that we then had none left on the unit, so the third one was then obtained from the children's ward.

Q. Right.

A. And we had to get those replaced then by Arrowe Park. They couriered out some drains to replace those.

Q. When you cast your mind back to the events, particularly the events over these two nights or early mornings, with the collapses, without the notes are you able to pull out specific details and analyse it all and recall exactly what happened and when?

A. No.

Q. And do you recall in particular, without notes, what it was you did after the collapses took place?

A. No.

Q. Or were doing before the collapses took place?

A. No.

Q. I'm going to ask if we can just put up, by way of an example, page 31. The first page will be sufficient, Mr Murphy. Page 31 from the prosecution images. Just look at the date on this to start with. We can see at the top, this is a handover sheet, Ms Letby, for 23 September 2015. Can you see that?

A. Yes.

Q. This is when [Baby H] had -- she'd been born on the 22nd and this is one of the handover sheets recovered your home when the police went in 2018 --

A. Yes.

Q. -- from the Ibiza bag. (Pause). Sorry, the Morrisons bag, from the Morrisons bag.

[Baby G]'s name appears on the handover, so the handover is -- four more handover sheets with her name on like this?

A. Yes.

Q. I'm just taking this one at this point. I know I asked you about this when you began your evidence, but can you help us: why is it that you've got a handover sheet for [Baby G] in that bag when the police come to your house several years later? Sorry, [Baby H], my mistake, I apologise. And [Baby G].

A. So it has just come back with me from work inadvertently and got left at home.

Q. I'm looking at the names. We can see there's three of the names of babies from this case there: [Baby H], [Baby G] and [Baby I]. Can you see?

A. Yes.

Q. It's not just this one, there are another four with [Baby H]'s name on --

A. Yes.

Q. -- and some of the other names on over this period.

A. Yes.

Q. So again, I'm going to ask you: how is it that they find their way from the unit to you back home?

A. They have not been taken out of my pocket at the end of the shift and have come home with me and I have not disposed of them.

Q. Did you mean to take them home?

A. No.

Q. We've heard that there were, I will just remind us all, 257 handover sheets in total.

A. Yes.

Q. 31 relating or including the names of children on this indictment.

A. Yes.

Q. Did you never think to yourself: well, I've got quite a lot of these handover sheets, I think it's time to get rid of all this lot?

A. No, I did not recall having that many. I did not know there was that amount in my house.

Q. Did you keep track of what you had?

A. No.

Q. Let's have a look at the event on 26 September in the early morning, which is count 10, so if we take that down and put up tile 177. This is that night shift. Dr Gibbs is the paediatrician of the week and he was on call and we know he fitted the chest drain or inserted the chest drain at 2.15. In terms of nursing staff, [Nurse A] is the shift leader, you're the designated nurse, Yvonne Griffiths is on duty, and Nurses Thomas and Marshall also present. What I'll do, given what you said about recollection, Ms Letby, is go to the note you made, we'll have a look at that, and then I'll have some questions for you about it.

A. Okay.

Q. I'm going to ask next if we can come to tile 261. It's the start of the note. Tile 261 for [Baby H]. The note starts -- if we scroll up a little bit, Mr Murphy, we're not going to read all of it, but obviously it's there for any other details to be extracted if there are other questions to ask about it.

26 September, 04.14 that morning.

A. Yes.

Q. This is made after the event?

A. Yes.

Q. By you?

A. Yes.

Q. "Written for care given from 20.00 to present."

So from that shift. It sets out the various checks that are conducted at the start of the shift. The next paragraph down begins:

"x2 chest drains in situ at start of shift.

Intermittently swinging. Serous fluid ++ accumulating."

I'll come back to some of the detail in a moment:

"23.30. Bradycardia and desaturation requiring

Neopuff in 100%..."

100% what, by the way?

A. Oxygen.

Q. "... oxygen to recover. 10ml..."

Should that be "air"?

A. Yes.

Q. "... aspirated from chest drain by Reg Ventress. Following poor blood gas and 100% oxygen requirement, Consultant Gibbs attended the unit and inserted a third chest drain. All three drains swinging and serous fluid present. Dressing in situ. X-rays taken as documented."

Then sets out some medication. IV fluids below that:
"Babiven via long line. Lipid unable to run as line occluding."
Occluding?

A. It means the line isn't running fully so it won't infuse the lipid, which is a thicker liquid.

Q. All right:

"Doctors aware. Medications given as prescribed. Blood transfusion completed at 02.00 via peripheral line."

I'll come back to that:

"Observations within normal range. Sodium chloride bolus at 02.50. Mean blood pressure 33. [Baby H] desaturating ++ on handling. Minimal handling observed when possible. At 03.22, profound desaturation and colour loss to 30%. Good chest movement and air entry. Colour change on CO2 detector. Neopuff commenced in 100% oxygen and help requested. Serous fluid ++ from all 3 drains. Became bradycardic. Doctors crash called and resus commenced as documented. Consultant Gibbs in

attendance. X3 doses adrenaline and x1 dose atropine given via peripheral line. Chest compressions stopped at 03.46."

After which, relatively speaking, [Baby H]'s condition was stabilised. It sets out other steps there, but it's the event at 03.22 in particular that I'm focusing on with you, Ms Letby.

Outside what is written in this note, again I'm going to ask, do you have particular recollections of what happened with [Baby H] on this early morning?

A. Not with any specific detail, no.

Q. Just in terms of the detail, you refer in two different places to chest drains and about them swinging; you describe, when there were two, them intermittently swinging and when there were three fitted, the third one had been fitted, you talk about "chest drains swinging". What are you describing when you say that?

A. Swinging is the nursing term that we use to say that the drains are working and by swinging it means that we can see serous fluid, so just bodily fluid, moving in and out of the drain, which shows the drain is working.

Q. And when you say in and out of the drain, which bit -- what are you looking at?

A. There's a clear tubing that comes out of the drain that attaches to either a pot or a valve. And swinging means that the fluid is moving back and forth, which means air is coming in and out of the drain as needed.

Q. So after 2.15, would there have been three tubes coming out of [Baby H]'s chest --

A. Yes.

Q. -- three drains?

A. Three separate drains with three separate tubings, yes, and each of those were swinging with serous fluid.

Q. Serous fluid, is that anything in particular?

A. Just like a straw-coloured fluid that's just natural fluid in the body.

Q. Where does that fluid go as it comes through the drain?

A. Depending on which drain you've got, it either drains into a pot or it just collects at the end of a valve.

Q. Were you the designated nurse for [Baby H] during this shift?

A. Yes.

Q. Just put up tile 177 for a moment, please. [Baby H] is in nursery 1. Was she the only baby in nursery 1 from your recollection?

A. Yes.

Q. Did anybody give you assistance in looking after [Baby H] as she was in nursery 1?

A. Yes, [Nurse A] was the shift leader and she was supernumerary, so that was the idea, that she was there to support me with [Baby H].

Q. Why was it necessary for her to be there to support you with [Baby H]?

A. [Baby H] was requiring a very high level of care at that point, quite often needing two nurses to be with her.

Q. So what did that mean if you're saying [Nurse A] was there to give you support, what was it she was doing?

A. Assisting me with any of the drugs that were needed and also to assist with maintaining the chest drains.

Q. Did you have to call for her from time to time?

A. Yes.

Q. Did she ever attend when you hadn't called for her?

A. [Nurse A] was in and around quite a lot of the time.

Q. Is she the only nurse who would come in nursery 1, in and around nursery 1?

A. No, nursery 1 is predominantly where all of the drugs and equipment are kept, so nurses and nursery nurses are in and out of that nursery a lot of the time as well as doctors.

Q. Thank you. If we look back at your note, which is at tile 261, there's another detail I would like to ask you about, which is right in the middle of the entry, just before we come to the desaturation at 3.22. A little bit up from there. Thank you.

Can you see it says:

"Blood transfusion completed at 02.00 via peripheral line"?

A. Yes.

Q. As this case has gone along, you've had the chance, as we have, to see the papers which are going in front of the jury and we are all looking at in court?

A. Yes.

Q. Is that accurate where it says:
"Blood transfusion completed at 2.00"?

A. No, that's an error.

Q. What time was that blood transfusion dealt with?

A. 3 o'clock.

Q. 3 o'clock. Can we put up tile 239, please. Looking at this, what is this document, please, Ms Letby?

A. So this is a specific chart that's used for the prescription of a blood product.

Q. Is that what we call a transfusion?

A. Yes.

Q. What does this tell us happened?

A. So this is -- shows that packed red blood cells, so just a blood transfusion, was given at 47ml over 4 hours and it was given from 23.05 on the 25th, finishing at 03.05 on the 26th.

Q. So judging by this, what time should have been put in your note for the blood transfusion having been given?

A. 03.00.

Q. Who has written 03.05 in here, do you know?

A. I'm not sure.

Q. Who signed for that?

A. It's myself and [Nurse A].

Q. Who's able to look at this document in the records?

A. Anyone. That is kept within the baby's documents, so it's accessible for anyone that needs to see it.

Q. Could we look also at tile 242, which is the observation chart, just dealing with the same thing. Tile 242, please, Mr Murphy.

At 02.00, what does your entry say there? Can you see, Ms Letby?

A. A chest drain's been inserted at 02.10, and saline bolus given at 02.50.

Q. Right.

MR JUSTICE GOSS: Sorry, what does it say? "Chest" and then what's the next --

A. "Chest drain." A chest drain is inserted started at 02.10 and then a 10ml/kg saline bolus at 02.50 via the long line.

MR MYERS: All right. The chest drain is the third one that was fitted and that's by Dr Gibbs.

A. Yes.

Q. The bolus actually has a timing there, 02.50.

A. Yes.

Q. And under what time have you written "blood complete"?
If you were to look go right to the top of that column
what's the time --

A. Some time after 3 o'clock.

Q. Yes, all right. 3.24 is resus.

A. Yes.

Q. We can see from those charts when it was that the blood
transfusion was completed?

A. Yes.

Q. Is there some sinister reason why in the nursing notes
it says "transfusion at 02.00"?

A. No, that's just an error on my part when I was writing
the notes.

Q. Is there any mystery for anybody who wants to see on
these charts where it says "blood completed"? Are they
readily accessible?

A. They are, yes. There's also readings on the right-hand side of this chart to show when the transfusion stopped and also on the observation chart as well. So many areas that the times are documented in, as well as my nursing note.

Q. Outside what you put in your nursing note, is there anything you're able to add as to the care for [Baby H] or what happened when she did have that desaturation at 3.22/3.24?

A. No.

Q. Was she stabilised?

A. After that?

Q. After that.

A. Yes.

Q. Can we go to tile 296, please, Mr Murphy, next. We're going to look at several tiles here and then a handful more that come a little later on.

8.49 on 26 September. So is this the same morning but later on?

A. Yes.

Q. So would you still be on the unit at this time?

A. No.

Q. Is this after your shift has finished?

A. Yes, it is.

Q. It's a message from Yvonne Griffiths to you. It says:
"Hope you have a good sleep. I just want to commend
you for all your hard work these last few nights. You
composed yourself very well during a stressful
situation. It's nice to see your confidence grow as you
advance through your career."

And then can we go to tile 297, please. It's a message from
you to [Nurse A] at 8.52 saying:

"Hope you have a good sleep. I just want to commend
you for all your hard work these last few nights.
You composed yourself very well during a stressful
situation. It's nice to see your confidence grow as
the advance through your career."

Then the next tile, 298, where you say:

"From Yvonne. What do I say to that?"

A. Yes.

Q. What were you sending from Yvonne to [Nurse A]?

A. I just replicated the message to [Nurse A].

Q. First of all, Yvonne Griffiths. Why would Yvonne Griffiths be sending a message like that to you, in what capacity would she be doing that?

A. Yvonne Griffiths is part of the management team.

Q. You send a message to [Nurse A]. Is there any particular reason why you sent it to [Nurse A]?

A. Because [Nurse A] had been on shift with me that previous night.

Q. Had there been any particular issue that that -- that made that relevant when it came to sending it to [Nurse A]?

A. Yes, there had been some disagreement between Yvonne Griffiths and [Nurse A] regarding the baptism of [Baby H].

Q. Could you tell us a bit more about that so we and the jury can follow?

A. Whenever a baby is critically unwell we offer a baptism to parents. That was something that Dr Gibbs offered to [Baby H]'s parents following her resuscitation. The parents wanted that to happen. As shift leader [Nurse A] sort of made arrangements to start organising that and Yvonne Griffiths didn't feel it was appropriate to be done at that time of night.

Q. Was there a reason why she thought it wasn't appropriate from what you saw taking place?

A. She felt the unit was busy and [Baby H] had stabilised and therefore it wasn't something that needed to be done in the middle of the night and it was a discussion between the two of them as the two senior staff.

Q. Were you any part of that discussion?

A. No.

Q. Let's just read on to what happened. If we look at tile 302. 302 is [Nurse A] to you, 09.01 that morning, 26th, you having sent Yvonne's message or forwarded it: "Wow!!! Maybe she wasn't glaring at you just watching how you coped after I'd disagreed about the christening. She is absolutely right xx" Tile 303. [Nurse A] to you, 09.04:

"Reply: Thank you for the message. It means a lot to me to hear you say that. Thank you for yours (and especially [Nurse A]'s) support over the last few nights.

(It particularly means a lot of as several of the band 6 staff seem to think I'm not up to it. Do you mind if I show them this and tell them to shut the [excuse my language] fuck up?)"

That's from [Nurse A] to you.

A. **Yes.**

Q. Pausing there, what was she recommending you do when she said that?

A. **That Yvonne's positive comments were shown to other members of staff.**

Q. Right. Let's look at tile 304, which follows this, from [Nurse A] to you:

"Bits in brackets optional lol."

Tile 305:

"Feel a bit bad now. Maybe she's had a little think on way home."

Tile 306, you to [Nurse A], 09.04:

"Ha ha, love the bit in brackets, but may leave it out!"

Tile 307, [Nurse A] to you, 09.06:

"Yep, I think my disagreeing and saying that you were more than coping and also saying that you were choosing not to have [Baby H] due to possible lack of appropriate support may have made her think. I hope so because I'm still bouncing about a lot of things."

I'm going to ask you a few things about that, Ms Letby.

Do you know what [Nurse A] was referring to, do you know what she's referring to when she says here:

"I think my disagreeing and saying that you were more than coping"?

Do you know what that means, you were more than coping? Do you understand what that related to?

A. Yes, that I was managing [Baby H]'s care needs.

Q. "... and also saying that you were choosing not to have [Baby H] due to possible lack of appropriate support may have made her think."

A. Yes, so by this time [Baby H] had a lot of chest drains which I was not overly familiar with, and I had voiced that to staff and that was why [Nurse A] was placed in the nursery with me, to care for [Baby H] between the two of us.

Q. But it says you were "choosing not to have [Baby H] due to possible lack of appropriate support"?

A. Yes, I said I wasn't happy to have [Baby H] on my own.

Q. The prosecution say you wanted to kill her. Didn't you want her on her own so you could kill her?

A. No.

Q. What were you asking for?

A. I wanted support from a senior member of staff.

Q. All right. Let's read on then, please. Tile 308, [Nurse A] to you, 09.07:

"I haven't had a message lol. I think I've pissed her off big time."

Next message, tile 309, 09.07, you say to Yvonne:

"Thank you. That's really nice to hear as I gather you are aware of some of the not-so-positive comments that have been made recently regarding my role, which I have found quite upsetting. Our job is a pleasure to do and just hope I do the best for the babies and their families. Thank you to you and [Nurse A] for your support."

Pausing there, what are you referring to when you say:
"I gather you are aware of some of not-so-positive
comments that have been made recently regarding my role
which I have found quite upsetting"?

A. Some of the existing staff members weren't overly happy
with people like myself and Shelley Tomlins having
babies in nursery 1.

Q. Can you explain what that's about or why that is?

A. So quite often, when you're newly qualified and just
done your ITU course, you're encouraged to go into
nursery 1 to get experience and I think some of the
other staff felt that they wanted that experience and
that we had got that at the tertiary centres.

Q. Right. We'll move on then, please. Tile 310. From you
to [Nurse A], 09.08 that morning:

"I've replied saying 'Nice to hear as been a few not-so-positive
comments about my role that which I have found quite upsetting and
thanks to you and [Nurse A] for supporting me'."

Then tile 311, please, 09.09, you to [Nurse A] again:

"I'm still frustrated/upset with what's gone on but don't think such rubbish nights and being tired help."

Pause there, what do you mean when you say you are still frustrated and upset with what's gone on?

What is it that's gone on?

A. So as I said before some of the comments that were being made about allocation.

Q. What do you mean "such rubbish nights", when you say "such rubbish nights"?

A. I'd had very busy and difficult nights.

Q. Let's finish this off with tile 312 from [Nurse A] to you:

"Good reply as it's important they know about the bitchiness, which is all it is. Yes re tired. I know I overreacted to Yvonne telling me off but I still feel like crying about it now."

What you've just described, Ms Letby, what you described to us about comments or things being said, did that carry on, did it stop?

A. About me specifically?

Q. Yes, the sort of things you were talking about in these messages. As we go on through 2015 into 2016, did it carry on?

A. Not that I recall, no.

Q. Is it something which was particularly prominent at this time?

A. Yes.

MR JUSTICE GOSS: So the comments about which you were complaining in these messages that you'd been having at this time, they didn't go on after this?

A. No.

MR JUSTICE GOSS: Right. That's the question you're being asked, I think.

A. Oh yes, sorry.

MR MYERS: I'm going to move then next to count 11, so I wonder if this is the right time to stop, my Lord.

MR JUSTICE GOSS: Yes, certainly.

2.05, please, members of the jury.

12.58 pm)

(The short adjournment)

(2.05 pm)

(In the presence of the jury)

MR MYERS: Ms Letby, we're going to turn next to the second event relating to [Baby H] and that's count 11 on our indictment, and that is an event that took place on 27 September 2015 at about 00.55.

That's a shift that you were working, and we can just have a look at the layout before we look at the events. That's tile 385, please, Mr Murphy -- sorry, this is the [Baby H] SoE.

Just take a moment to absorb the shift, Ms Letby, who's on. There's a lot of detail we're going through with all of these. We see there's five members of nursing staff, including the shift leader Christopher Booth.

If we scroll down we can see the babies and the rooms. So there's 12 babies on this evening, and [Baby H] is in nursery 1 with Shelley Tomlins and you were in nursery 2 with two babies there.

A. Yes.

Q. And also Christopher Booth is in there. In fact, there's an additional baby that came on to the unit during the course of the night, whose initials are LO.

A. Yes.

Q. It's recorded at the back of the neonatal review, ladies and gentlemen, LO was transferred on to the unit at about 05.10, so that adds to the babies, but that comes after the event that we're looking at.

Do you have any particular recollection of what took place on this night involving [Baby H] outside the nursing notes?

A. No.

Q. You weren't her designated nurse?

A. No.

Q. And you're looking after two babies in nursery 2?

A. That's right.

Q. The allegation relates to an event at 00.55 and just to see what that consists of, I'm going to ask if we can go to the nursing note that was actually made by Shelley Tomlins, who's the nurse who was looking after [Baby H], and that's at tile 436. If we go into that, please, Mr Murphy.

There is an amount of material to look at here that Nurse Tomlins has recorded and it's necessary, as with other cases, for me just to look at the material so we can acquaint ourselves with what had taken place before I ask you to say what you're able to say.

Nurse Tomlins' note was a number of notes made by Nurse Tomlins. I'm not going to deal with the content of all of them, but we can see the first note made is at 22.53 that night. Do you see that, Ms Letby?

A. Yes.

Q. Starting from when the shift began at 20.00 hours and identifying that care was taken over for [Baby H]. I'm going to pick out events as we go through. If we look at the second paragraph, it says:

"Drain removal. Long line occluded frequently while bolussing, therefore 5ml of 5.8ml dose given. Around 20.30, [Baby H] had profound desaturation and brady, air entry no longer heard and capnography negative."

That means no colour change on the capnograph, as we know now:

"Therefore ETT removed and doctors crash beeped.

[Baby H] bagged up well with jaw thrust. New ETT sited by Dr Neame on second attempt."

It goes on to deal with what happened there. That is an event at 20.30, not something attributed to you, not something you're blamed for, Ms Letby.

A. No.

Q. But that's a profound desaturation and bradycardia at 20.30. If we scroll down, please, same nurse, same nursery, same baby. Shelley Tomlins at 23.09 that night with an entry now for 21.45, again not the incident on the indictment that's brought against you, but 21.45: "Desaturation to 40% despite good air entry and positive capnography. ETT suctioned quickly with thick bloodstained secretions noted. [Baby H] recovered quickly after. Neopuffed effectively via tube."

Were you aware of anything to do with that?

A. No.

Q. Go down to the next entry, an entry made at 02.52 by Shelley Tomlins, now in the morning of 27 September: "00.55. Profound desaturation to 40% despite equal bilateral air entry and..."

(Pause)

Can we go to tile 442 then, please?

There we are, carrying on, on the top left. We've just seen the entry for 00.55:

"Profound desaturation to 40% despite equal bilateral air entry..."

And we carry on here:

"... and positive capnography. ET suction yielded nil secretions. [Baby H] then went bradycardic at 01.07 to 40bpm and required chest compressions and add written at 01.08. Saline bolus given at 01.12 hours.

Transillumination showed no further pneumothorax. Chest X-ray [perhaps that should be] ordered and carried out, including one left lateral angle."

This incident is one for which you were blamed, Ms Letby.

Did you have any involvement with this?

A. No.

Q. Did you have any awareness of this happening at the time it happened from your recollection?

A. Not from memory, no.

Q. Did you have anything to do with it?

A. No.

Q. Right. If we carry on and scroll down, please, the next entry at 03.49, now at 03.30, an incident recorded, again not the one alleged against you:

"Profound desaturation to 60s, again requiring Neopuffing with no known cause for desat. Air entry still heard bilaterally and capnography positive. Copious amounts of secretions yielded orally, pink-tinged. Small amounts of ET secretions gained, again pink-tinged." It goes on to say:

"Heart rate mainly normal during desat, recovered slowly."

References to urine output and transfer to Arrowe Park.

We can see at 05.58 an entry by Nurse Tomlins saying:

"[Baby H] moved to transport incubator without issue."

The notes by Nurse Tomlins identify events at 20.30, profound desaturation and bradycardia, an event at 21.45, desaturation, an event at 00.55, desaturation, and resuscitative measures required, and an event at 03.30.

Did you have any particular awareness of any of these on this evening so far as you can remember?

A. No.

Q. Are you able to account for what happened on any of them?

A. No.

Q. Do you recall what involvement, if any, you had with [Baby H] on this particular night independently?

A. I don't recall any from memory.

Q. I just want to look at your involvement, so far as it's recorded here, with [Baby H] on this evening before the event alleged against you at 00.55.

Can you assist us with what we see at 22.12, please, looking at this, Ms Letby? Line 71.

A. Yes, myself and Shelley Tomlins have given a medication to [Baby H].

Q. So you and Shelley Tomlins giving medication to [Baby H]?

A. Yes.

Q. That's timed at 22.12. I just wonder if we can, hoping we don't lose the neonatal review so we can go back to it in a moment, go to tile 405 to see what that was. One moment.

So what medication are we dealing with here?

A. Benzylpenicillin.

Q. If we look further down the page, a bit further down to see who did what. 22.12. Can you see the first entry?

A. Yes.

Q. Can you tell us what it is that's happened there?

A. So that's myself and Shelley Tomlins signing to say that benzylpenicillin was given at 22.12 to [Baby H].

Q. Where it says looking across from there, "Filed 22.13", what's that referring to on the right-hand side?

A. So that's the time that has been -- that we've both inputted our signatures on to the system.

Q. So when we look in the neonatal review on line 71, I can see we've all got it in front of us, and we can see there "Prescription 22.12"?

A. That's the time medication was actually given but 22.13 is the time that we've both finished on the computer.

Q. That's why on line 73 we have a pair that goes with that.

It says:

"E-prescription administration history update made on computer."

A. Yes.

Q. So although there are four entries, there are actually two medications being delivered; is that right?

A. That's right, yes.

Q. So that was the first of them, 22.12.

Line 72 is the second. What does that tell us?

A. Same again: a medication was administered at 22.13.

Q. And on this occasion can we look at tile 415. Can we go into that to see what the medication is. What was being administered at 22.12?

A. This is a sodium chloride flush to go after the antibiotics. We always use a flush after each medication.

Q. If we can scroll down, we'll see where that's recorded. Can you see there, Ms Letby, where the flush you're describing is actually recorded?

A. Yes.

Q. Where is that and tell us what it shows?

A. It's where the arrow is now, so it's 22.13, 2ml of sodium chloride was given by myself and Shelley Tomlins.

Q. And recorded also at 22.13?

A. Yes.

Q. So that's the item in line 72 on the neonatal review?

A. Yes.

Q. And the update is two lines below that where it's been filed?

A. Yes.

Q. Is that something that would happen as a standard, that after the benzylpenicillin there would be a sodium chloride flush?

A. Yes, so after any medication that we give it is always accompanied by a flush of sodium chloride.

Q. That's at 22.12 and 22.13; yes?

A. Yes.

Q. We know we're looking at an event at 00.55. So let's move forwards to where you next have involvement with [Baby H]. Can you tell us where that is on the chart, please?

A. 22.38.

Q. Thank you. That's at line 82?

A. Yes.

Q. What happens there?

A. Again, myself and Shelley have signed for a medication.

Q. All right. Can we look at tile 420 to see what that medication is? Perhaps first of all just confirm the timing is right. Can we scroll down to see who does what on the relevant timing, Mr Murphy?

22.38. Who's done what here?

A. At 22.38, a morphine infusion has been started by myself and Nurse Tomlins. It's been started at 22.38.

Q. So line 82 on the neonatal review, 22.38, it's got you and Nurse Tomlins recorded?

A. Yes.

Q. What have you done at 22.38 looking at the item we've just put on the screen?

A. Started a morphine infusion.

Q. And at line 83, what's happening there?

A. That's when it's been fully filed on to the computer system.

Q. Does that dovetail with the 22.39 --

A. The 22.39 on the right-hand side, yes.

Q. So that's the involvement with you and [Baby H] at 22.39.

If we just move forwards, we can see when you next are recorded with any involvement with [Baby H].

Can we go over the page to page 6, please?

Lines 108 and 109. Who are you involved with then?

A. This is with another baby on the unit.

Q. EM is one of your designated babies in fact?

A. Yes.

Q. That's at 00.00. The event at 00.55, are you anywhere near to [Baby H] when that happened as far as you can recall?

A. No.

Q. Let's carry on to see where you do next have contact with [Baby H]. Over to page 7. This has times between 01.44 through to 02.52. Any involvement with [Baby H] during this period?

A. No.

Q. Then finally over to page 8, please. We know, just remind us, the fourth event Shelley Tomlins described is a desaturation at 03.30. Do you remember seeing that final event?

A. Yes.

Q. That's not the one that's on the indictment against you, but there was an event at 3.30. Did you have any involvement with [Baby H] after that?

A. Yes, post that event, yes.

Q. Where do we see that on the chart?

A. From line 184.

Q. 184. In fact, 184, 185 and 186?

A. Yes.

Q. So there's medications given at that point?

A. Yes.

Q. Who do you do that with?

A. Shelley Tomlins.

Q. Do you recall why it was necessary to give those medications?

A. I don't know what the medications were without looking.

Q. I'm not going to go into the detail there insofar as this isn't something that's alleged against you. But between helping with those prescriptions leading up to 22.39 and then helping again after that event at 03.41, did you have any involvement with [Baby H] at all?

A. No.