

Q. Thank you. I'm going to move forwards in time, Ms Letby, so far as the events concerning you and this indictment are concerned, to [Baby I].

[Baby I] appears on our indictment at count 12.

The jury will recall, as will you, Ms Letby, that there are a number of different events which all come under that particular allegation.

A. Yes.

Q. You're aware of that, aren't you?

A. Yes.

Q. So what we'll do to start with is just, as we've done elsewhere, remind ourselves of the basic facts relating to [Baby I] and the dates that we're dealing with and then we'll look in more detail as we go through the particular events. Do you understand?

A. Yes.

Q. Thank you. So [Baby I]. Let's start with tile 2 from the [Baby I] sequence number 1.

We can see [Baby I], born on 7 August 2015 at 20.47 at Liverpool Women's Hospital. 27 weeks' gestation at birth. 970 grams.

She was born at Liverpool Women's Hospital, she was transferred to the Countess of Chester on 18 August.

Can we put up tile 4 from this sequence, please, Mr Murphy?
18 August she was transferred. Go behind that. This is some
notes made by Dr Sally Ogden. Can we scroll down the page if
you would, please? Move to tile 5, please. And go into that.
Thank you. Dr Ogden deals with the notes when [Baby I]
first comes into the unit, just to remind ourselves.
Active problems, as they're described at this point:
preterm, RDS. Remind us, what's RDS?

A. Respiratory distress syndrome.

Q. "Est feeds"?

A. That's establishing feeds, milk feeds.

Q. Then "jaundice and suspected sepsis"?

A. Yes.

Q. This is on arrival at the Countess of Chester, 11 days
after birth. That's at the start to the middle of
August. I'm just going to remind us of the dates of the
events we've dealt with and we can go through some of
the detail.

First two dates that we looked at, which aren't actually on the sequences, are 23 August and then the 5th to 6 September. Just to remind us, 23 August is an event regarded as a suspicious event by Drs Evans, Bohin and Marnerides. That's linked to a radiograph showing air in [Baby I]'s abdomen area. That was 23 August. The 5th to 6 September 2015 related to a series of desaturations during which [Baby I]'s condition deteriorated and she was then transferred back to Liverpool Women's Hospital on 6 September. Those don't form part of the allegation against you.

A. **No.**

Q. But they're background, not in a chronology that we have on the sequence of events, but they're part of the chronology overall.

A. **Yes.**

Q. [Baby I] returned to the Countess of Chester on 13 September 2015, and then the first event we are dealing with in terms of allegations against you, Ms Letby, is on 30 September 2015. We'll go back through those just to reassure everyone in a bit more detail. 30 September 2015, when, after a feed at 16.00 hours, there was vomiting, desaturation and bradycardia, and then a few hours later, at 19.30 hours, further apnoea, desaturation and bradycardia.

So that's the first event. There's two parts to that really, and that's on 30 September.

The second event is on 13 October 2015 and this is an event when there was a deterioration of [Baby I] in nursery 2 at 03.20 in the morning, when Ashleigh Hudson had previously been caring for her, but her condition deteriorated from 03.20. In fact, just to assist everybody, that's the event where there's the issue about what the lighting was in the nursery at the time that happened. We'll come back to that.

The third of the four events, again one with two parts to it, is on 14 October, so the following morning when, at 05.00, [Baby I] was identified to have a distended abdomen with discolouration on one side of it and she deteriorated and she required ventilation and resuscitation.

Then 2.5 hours later at 07.30, further desaturation, bradycardia and discolouration on handover. In fact, [Baby I] then continued to deteriorate and she went to Arrowe Park Hospital on 15 October and she remained there until the 17th, before coming back to the Countess of Chester.

Then we come to the final event, again another event with two parts to it, on the night of 22 October 23 October 2015. Shortly before midnight, 23.57, there was a desaturation and [Baby I] required CPR and an abdominal X-ray was taken at about 00.23, but the first part of this event was a desaturation at 23.57. That was followed at 01.06 by another desaturation and there was CPR and, sadly, [Baby I] did not recover from that. There's a lot there and we'll go through it step by

step. Just to help, the key dates that we've looked at: 23 August, we identified, the 5th and 6 September, and then the four events, event 1 on 30 September, event 2 on 13 October, event 3 on the 14th, and event 4 on the 22nd into 23 October. Before we look at the particulars of any of those, Ms Letby, do you have general recollection of [Baby I] during her time at the Countess of Chester Hospital?

A. Yes.

Q. And how would you describe her in general terms during her stay there?

A. [Baby I] was a baby that was with us for many months and we got to know her and her family well during that time. [Baby I] had a number of ongoing complex issues and I remember her being regularly transferred to and from the unit for various reasons, mostly to do with her abdomen.

Q. What was it about her abdomen?

A. For [Baby I] it was always distended.

Q. So we're looking at in this case certain incidences when it was found to have distended. Are they the only times her abdomen distended?

A. No, [Baby I]'s abdomen was always more distended than normal and then she would have episodes where that would increase.

Q. Did you care for her on a number of occasions?

A. Yes.

Q. She was at the Countess of Chester on and off for a period of months, wasn't she?

A. Yes.

Q. Did you care for her on more occasions than the times we've identified in the events here?

A. Yes.

Q. 23 August, I want to ask you about this, that's been identified as a suspicious event. I wonder if we could just put up the radiograph. It's in the additions and it's exhibit 13960.

This is a radiograph taken on 23 August, Ms Letby.

You've been following this in the evidence, haven't you?

A. Yes.

Q. 23.02. If we just look at the commentary that goes with that, which is at page 13807, if we just scroll down and enlarge that. The description -- it's just the first part of it I'm going to -- is:

"There is non-specific gaseous distension of the abdomen, which is suggestive of developing necrotising enterocolitis."

Could we look at the shift pattern at page 33224, please, Mr Murphy, which is also behind tab 23 in jury bundle 2, ladies and gentlemen, but it'll appear on the screen. It's the shift pattern, page 33224.

23 August has been identified as an event where some of the experts have given the opinion harm was done or attempted. If we look into August, can we look in the area leading up to the 23rd? Were you at work at that time?

A. No, I wasn't.

Q. If we want to see who was caring for [Baby I], can we put up exhibit 13807. I'm just interested in identifying what we have here. 23/08/15. So at 09.35 that morning, there's an entry by [initials of Nurse C]. Who is [initials of Nurse C]?

A. [Nurse C].

Q. If we scroll down, the next entry is at 17.19. Again who's put that entry in?

A. [Nurse C].

Q. And an entry at 18.27 on 23 August; who's put that in?

A. That's also by [Nurse C].

Q. Right. And that continues across the page. As a rule, who is the nurse who is responsible for putting the entries in about a particular baby?

A. The designated nurse.

Q. I make it plain, we're not making any particular suggestions about [Nurse C]. But from looking at this, who's caring for [Baby I] over 23 August 2015 --

A. [Nurse C].

Q. -- in that day?

A. It's her throughout the shift.

Q. All right, thank you.

I'm going to move forwards then to the first of the events which form part of what's alleged against you, Ms Letby. So this is 30 September now. Just to remind us all, we're looking at things that happened at 16.00

that day followed by a couple of hours later at 19.30,
so 30 September. Let's have a look at the layout.
That's at tiles 43 and 44, please, Mr Murphy.
Tile 43. Shift leader, [Nurse B].
You're the designated nurse for [Baby I] on this day?

A. Yes.

Q. Is this a day shift that we're dealing with?

A. Yes.

Q. Can we scroll over the page to tile 44. Which nursery
were you working in that day, Ms Letby?

A. Nursery 3.

Q. Who were you looking after?

A. I was looking after [Baby I] and two other babies.

Q. Do you have recall or detailed recall of the events of
30 September?

A. I have some memory, but not in great detail.

Q. Right. So far as [Baby I]'s deterioration at 16.00 is concerned, and we'll look at the detail in a moment, did you do anything to cause that to happen?

A. No.

Q. Would you?

A. No.

Q. And the second part of this event, which is at 19.30, around the time of handover, do you remember who you were handing over [Baby I] to at that time?

A. Yes, it was Nurse Butterworth.

Q. Do you recall what happened during handover as you handed over to Nurse Butterworth that evening?

A. Yes.

Q. Can you describe it to us, before we go to the notes, from your memory?

A. We were both at the cot side, I was giving a handover to Nurse Butterworth, and [Baby I] became apnoeic and we began Neopuffing and we could see her abdomen was distending as we were Neopuffing.

Q. To be clear about that, was her abdomen, so far as you could see, distended before you were Neopuffing?

A. No.

Q. So could you describe what happened?

A. As we were Neopuffing her, we could visibly see that her stomach was distending and we aspirated her NG tube and got a lot of air back and her abdomen returned to what was normal for [Baby I].

Q. The air that you got back, was that before or after you had used the Neopuff?

A. After.

Q. And there are the notes that you made -- you were the designated nurse. So can we go to tile 61, please, in this sequence.

The actual event comes in the tile that follows, but we have a note, first of all, of 30 September at 13.36:

"Written for care given from 08.00 to present."

We'll have a look through that. Would you read out for us what it says in fact?

A. "Emergency equipment checked. Fluids calculated. [Baby I] nursed on a hot cot. Initially set at 36.5 degrees. [Baby I]'s temperature 36.2 this morning. Hot cot increased. Temperature now 36.4. Hot cot currently set at 38 degrees. 3x8 feeds of expressed breast milk, two bottles to one NG tube. Abdomen appears full and slightly distended. Soft to touch. [Baby I] straining ++. Bowels have been opened. Mum feels it is more distended to yesterday and that [Baby I] is quiet. Appears generally pale. Not on monitor but nil increased work of breathing. Handling well and waking for feeds. Doctors asked to review. To continue with current plan."

Q. Any particular problems up to this point?

A. Yes, [Baby I]'s got an ongoing low temperature.

Q. And what about the situation with her abdomen?

A. So her abdomen is distended but it's soft to touch.

Q. Right.

A. She's had her bowels opened.

Q. Let's carry on with the notes you make at tile 62 next.

Now we're at 19.31 and we're dealing therefore with the time after the incident or certainly the first incident.

So could you read on, please?

A. "Reviewed by doctors at 15.00 as [Baby I] appeared mottled in colour with distended abdomen and more prominent veins. Advised to continue. Temperature within normal range with hot cot at 38 degrees. Full monitoring recommenced within normal range. Bowels opened, yellow seedy stool."

Q. I will just ask you to pause there for a moment:

"Reviewed by doctors at 15.00 as [Baby I] appeared mottled in colour."

Do you have any recollection as to how it would have come about that she was reviewed by the doctors at that time?

A. I asked for her to be reviewed.

Q. Why did you ask for that?

A. Because she was -- she became mottled and her abdomen looked more distended than it had prior to -- earlier in the shift.

Q. That's at 15.00?

A. Yes.

Q. Okay. Let's carry on. You got as far as yellow seedy stool.

A. "Did not wake for feed at 16.00, therefore NG tube feed given, expressed breast milk with fortifier. At 16.30 [Baby I] had a large vomit from mouth and nose ++. Suction given. Became apnoeic with bradycardia and desaturation to 30s. Help summoned and IPPV given for approximately 3 minutes in 100% oxygen to recover. Doctors were crash called."

Q. All right, I'm going to ask you to stop there. We see she was then transferred to nursery 1. Were you there throughout the events we're looking at here?

A. No.

Q. What else were you doing?

A. I was looking after the other babies in the nursery.

Q. That's probably my fault for not being clear. When I said were you there, first of all, were you in the same nursery as far as you can remember?

A. Yes.

Q. But you then go on to say [Baby I] wasn't the only baby you were looking after in there.

A. No.

Q. So there were three babies in there?

A. Yes.

Q. And do you recall the vomit that [Baby I] had at 16.30? Outside what's written in the notes do you have any recollection of it?

A. Yes, a little bit.

Q. Do you recall what happened?

A. I just remember she had a vomit and her monitor -- that she vomited and I went over to her and she needed Neopuffing briefly.

Q. All right. Let's just read through if you would, please, to the end of this entry.

A. "Transferred to nursery 1 and placed in an incubator for closer observation. Nil by mouth. NG tube on free drainage. Blood gas as charted. Cannula inserted but tissued during saline bolus. 5ml given. 10% glucose infusion stopped. Has not had antibiotics. [Dr A] currently trying to site IV access. Colour appears pale but improved from earlier in shift. Abdomen still appears full and distended, veins more prominent. Not further vomits."

Q. It says "not further" but "no further vomits".

A. I think it means "no":

"Responsive but quiet on handling. Self-correcting desat to 80s. May require blood transfusion. Chest and abdominal X-ray carried out, awaiting review by doctors."

Q. Thank you. Where it says -- where you put, "Self-correcting desaturations to 80s", what is it that's happened for you to write that entry, what's taken place?

A. So [Baby I]'s been having desaturations, going down to the 80s, but not needed interventions, she has self-corrected as we call it.

Q. And you have recorded that here?

A. Yes.

Q. And can people read this if they wish to as they go through the shifts?

A. Yes, they'd be encouraged to, yes.

Q. So people would read back to this?

A. Yes.

Q. Is there anything unusual in there being self-correcting -
- letting desaturations self-correct when they drop to the
80s?

A. No.

Q. Would you necessarily raise the alarm if saturations
dropped to the 80s?

A. Raise the alarm to somebody else?

Q. To call for help.

A. No.

Q. So when do you know what to do? So when do you know to let it be self-correcting and when is it not self-correcting? Just so you can explain to us all.

A. You have to give the baby time, so depending on their situation, you would give them a period of time to see if they self-correct, which most babies do. Whether that's sort of 30 seconds to a minute... If they don't respond, then that's when you would intervene. Here [Baby I] is having frequent desaturations to the 80s, but she's bringing herself up, she's not needing any intervention.

Q. Right.

A. So it's important to document that she's desaturating but she's recovering herself.

Q. Thank you. If we could scroll down, Mr Murphy. There are two further entries that are relevant to this event, this pair of events. So we have all of it, Ms Letby, we've got under the section "family communication", it says 30 September 2015 at 13.48:

"Mummy visiting. Carrying out feeds and cares."

Can you help us with what we have next at 19.32?

A. "Mummy present when reviewed by doctors. Had left unit when [Baby I] had large vomit and transferred to nursery 1. Staff Nurse Taylor telephoned mum to update her and she is currently visiting. Up to date with plan of care and understands needs for current interventions."

Q. We're going to move next to the second part of this event which is what happened at 19.30. Do you remember whether [Baby I]'s mum was there at 19.30?

Can you see here it says at about 19.32:

"... Taylor telephoned mum to update her and she is currently visiting"?

A. Yes.

Q. Do you recall whether [Baby I]'s mother was present when we come to what happened at 19.30?

A. I couldn't say definitively because some parents do leave during handover, so it would depend at what point we were up to.

Q. Let's have look at your note then made at 20.26, which deals with the second part of this event. Could you read it for us since you are reading this out for us, Ms Letby.

A. "Peripheral line sited and 10ml per kilogram saline

bolus given. 10% glucose commenced. At 19.30 [Baby I] became apnoeic, abdomen distended ++ and firm. Bradycardia and desaturation followed. SHO in attendance and registrar crash called. IPPV given, seal obtained but unable to gain chest movement. Air ++ aspirated from NG tube and chest movement and observations improved. [Baby I] is now very pale and quiet."

Q. Where we've got, "IPPV given, seal obtained but unable to gain chest movement", what is that describing, IPPV?

A. IPPV is Neopuffing. Obtaining a seal means that we've got the mask around the mouth and nose, we've got a good seal, but we're not getting any chest movement.

Q. Was air being --

A. Yes.

Q. -- put in --

A. Yes.

Q. -- but the chest wasn't moving?

A. Yes.

Q. Where was the air going then?

A. It would have been going into her abdomen.

Q. And on your note is the air aspirated before or after the Neopuff is used?

A. After.

Q. Let's have a look at what Nurse Butterworth said about the same incident and that's at tile 94, please, Mr Murphy. It's the first part of the entry I'm going to go to of this one and then the one that follows.

30 September, 22.35:

"For care commenced at 20.00 hours. All safety checks completed and satisfactory. During handover [Baby I]'s abdo had become more distended and hard.

She had become apnoeic and bradycardic and sats had dropped.

IPPV given and despite a good seal with Neopuff, there was still no chest movement. Aspirated NGT air +++ and 2ml of milk obtained. Eventually got chest movement and sats and heart rate normalised."

She goes on to deal with the medical support that was given after that. But does that describe the order in which events happened so far as you recall it, Ms Letby?

A. Yes.

Q. All right. I'm going to ask you about some messages. Is there anything you wish to add to what happened in the second part of this event at 17.30 -- 19.30 at handover or anything you can add?

A. No, it's just -- I remember that and she recovered well afterwards.

Q. Right. Could we go, please, to tile 164? I want to look at some messages from 164 to 171 which are later that day or into that night. We've been looking at events at 16.00 and 19.30.

23.00 that day or that night, from Jennifer

Jones-Key to you:

"Oh, it's just [Nurse A] annoyed everybody last night going on about how amazing you are doing so many swaps and how naughty you weren't taken off today."

I'm going to read through these and then I'll ask you some questions as they arise. Can we go to tile 165, please, 3 minutes later, you replying to

Jennifer Jones-Key:

"Oh was she? Kinda nice to hear something positive though as been a few not-so-nice comments."

Pausing there, you'll see this is 30 September.

Earlier we were looking at messages round about the time of events concerning [Baby H] on the 26th and 27 September.

A. Yes.

Q. What are you talking about here where you talk about "there's been a few not-so-nice comments"?

A. As I mentioned earlier, it was about some staff members feeling that myself and Shelley shouldn't be in nursery 1, that they needed the experience more than we did.

Q. All right. Can we go to tile 166, please, the next message in this sequence. A minute and a half later, Jennifer Jones-Key to you:

"It wasn't for us and pissed people off. I've done loads of swaps and extras. It was more the fifth time she said it. Why won't not nice comments [as read]?"

And we go to your response at 167:

"Everyone pulling their weight. I think she's just sticking up for me as knows I've had some rubbish said about me."

Tile 168, please, from Jennifer to you, 23.14:

"No, she's just sticking up for her friends and winding everybody else up. Shouldn't have said anything."

This is referring back to things [Nurse A] had apparently been saying. Do you know what this refers to?

A. I'm not sure, no. [Nurse A] had obviously had a conversation with Jennifer, but not while I was there.

Q. Tile 169, please. It's less than a couple of minutes after from you to Jennifer Jones-Key:

"I can't speak for [Nurse A] and I wasn't there.

We've all been working hard."

Tile 170, please:

"That's half the problem, everyone tired."

We'll stop at that. Thank you.

When you're talking about, "That's half the problem, everyone tired", what was the state of affairs on the unit in terms of why everyone was tired?

A. A lot of the staff were very, very drained physically and emotionally and the unit was very busy, lots of people were doing additional shifts and changing shifts at the last minute and it did start to have an effect on everybody.

Q. Right. Did you have, bearing in mind the BAPM guidelines, sufficient staff to cover all the types of babies you had at the acuity they were at?

A. Not at all times, no.

MR MYERS: We'll move to the second event relating to [Baby I]. This may be a good time to pause, my Lord.

MR JUSTICE GOSS: If that suits you.

MR MYERS: Yes, thank you.

MR JUSTICE GOSS: It seems to be -- some time between 10 and 15 minutes. When you're ready, we'll begin. Thank you very much.

(3.00 pm)

(A short break)

(3.13 pm)

MR MYERS: Ms Letby, we'll turn now to the second event relating to [Baby I], and it is one event on this event, and it's what happened at about 3.20 in the morning of 13 October when Ashleigh Hudson had been caring for [Baby I] and then there was an event when both of you were at the nursery.

We'll start with what the notes say, Nurse Hudson's note and your note, and then we'll go through events as you recall them and the evidence relating to that.

So with Mr Murphy's assistance can we go, please, to tile 48, which is the first, in fact, of the tiles -- we'll go into that, please.

It's that section, not all of it, but a large part of it. I'll deal with this, Ms Letby. This is a note by Ashleigh Hudson who's dealing with these events. We'll look at the notes and then get down to the detail you can help us with. 05.04, 13 October. Nurse Hudson was the designated nurse for [Baby I]:

"Written for care taken over at 19.45 hours.

Emergency equipment, alarm limits and feeds checked.

Self-ventilating in air on handover. On a cot hot set at 36 degrees C. Temp 36.5C. Demanding and tolerating four-hourly feeds. Feeding well, alert when awake. Pale pink in colour but well perfused."

Then with regard to the event:

"03.22. When in the nursery, Neonatal Nurse Lucy Letby noticed that [Baby I] looked quite pale. When turning the light on for closer examination we found [Baby I] to be very pale in colour and not moving. Apnoea alarm in situ, had not sounded. Breathing was shallow and RR appeared low."

Is that likely to mean respiratory rate?

A. Yes.

Q. "Philips monitoring commenced and Senior Neonatal Nurse Laura Eagles and paediatric SHO Ekaterina Clegg shouted to assist. 30% Neopuff O2 [oxygen] commenced while Philips monitor establishing a trace."

It goes on to say:

"Philips monitor SaO2 [that's oxygen concentration] 53%. HR in 50s. Confirmed via stethoscope. Chest compressions commenced at 03.25. No HR heard.

Paediatric Registrar Matthew Neame contacted via bleep. On arrival, Dr Neame took over the airway from L Letby and I gave breaths via Neopuff."

And the note then goes on to deal with care that was given. That's the note dealing with the deterioration made by Nurse Hudson and can we also look at the note you made before we turn to your evidence on this and that's at tile 47, thank you.

Go down to 13 October, 07.59. Can you just read through your note for us, please, Ms Letby? It starts at the bottom of the page and finishes at the top of the other side of the page. We won't read all of it, but just to do with the collapse.

A. "[Baby I] noted to be pale in cot by myself at 03.20. Staff Nurse Hudson present. Apnoea alarm in situ and had not sounded. On examination, [Baby I] centrally white, minimal shallow breaths followed by gasping observed. Ventilation breaths given via Neopuff and further help summoned. Full resuscitation commenced as documented in medical notes."

Q. We'll stop there because then it goes on to the ventilation and the steps taken to give [Baby I] the support she required.

So let's start with who was doing what on this particular evening. Can we look at tiles 30 and 31. This is from the [Baby I] event 2 sequence. We see who's on duty, Ms Letby. The shift leader is Caroline Oakley. The designated nurse for [Baby I] is Ashleigh Hudson. You're on duty, so is Laura Eagles and so is Janet Cox. Let's have a look at who was where so far as the nurseries and the babies are concerned. So where are you when we look on this, Ms Letby?

A. I'm in nursery 1.

Q. You were designated a baby in that nursery; is that right?

A. Yes.

Q. We see that Ashleigh Hudson is designated three babies in nursery 2; is that correct?

A. Yes.

Q. And [Baby I] was one of them. Can you -- first of all, did you have any involvement with [Baby I] prior to this event at 3.20?

A. Not that I can recall from memory.

Q. Right. Were you asked to look after [Baby I] at any point before this event?

A. No.

Q. And in particular, were you asked to look after [Baby I] any time round about 3 o'clock on the 13th?

A. No.

Q. 3 o'clock in the morning. So you describe to us then the events that lead up to your involvement with this and the involvement itself, please.

A. I recall myself and Nurse Hudson going to nursery 2 together and at some point, when I had just arrived, I noticed that [Baby I] looked pale in the cot.

Q. Right. Do you recall where you had been before you went to nursery 2 with Ashley Hudson?

A. No, I don't.

Q. Or what you'd been doing?

A. No.

Q. Or any idea where Ashleigh Hudson had been?

A. No.

Q. You recall going to nursery 2?

A. Yes.

Q. When you got there, who was doing what between you and Ashleigh?

A. Ashleigh was doing something on the worktop, I can't remember what specifically, but she was stood with her back to the cot, doing something on the worktop and I was stood in the doorway talking to Ashleigh.

Q. Do you have any recollection of Ashleigh being involved in preparing a milk feed?

A. From memory now, I couldn't say, but she was doing something at the workbench, yes.

Q. What was the illumination level like in that room when you first went to it with Ashley?

A. I can't recall specifically what lights were on where. I know I could see clearly enough that [Baby I] was pale in the cot. The room is lit from the corridor so there's a big large window, as we have seen in nursery 2. [Baby I] was in front of that window. There was also light coming in from the doorway and at no point is any nursery in complete darkness.

Q. Why would you never have a nursery in complete darkness?

A. The only time we'd ever have that is in nursery 4 for babies who are preparing to go home. Otherwise we have lights on for safety -- we need to be able to see the babies.

Q. And why do you --

A. And it is a high dependency room with three babies in it, so it's important that we're able to see them visually.

Q. What do you need to be able to see? You say you need to be able to see them; what is it that you need to be able to see?

A. We need to be able to see the monitors and the babies themselves.

Q. How many years had you been practising as a nurse in neonatal medicine by the time we come to this event in 2015?

A. Three years.

Q. How important a part is being able to assess the colour of a baby in neonatal nursing?

A. Oh, hugely. As we see in a lot of the notes, colour is one of the main things that we assess on a regular basis.

Q. Where were you when you first noticed, as you describe it, that there was something about [Baby I]'s colour that struck you? Where were you?

A. I was stood in the doorway of the nursery.

Q. What was it of [Baby I] that you could see?

A. I could see her face and her hands.

Q. And what was it that caught your attention?

A. She just looked very pale.

Q. So what happened -- moving on, what happened when you noticed that?

A. I said to Ashleigh that she looked pale and we both went over and I believe we turned the lights up at that point. I don't know whether they were on a dimmer switch but we definitely put more lighting on and went to [Baby I].

Q. All right. What did you do once you went over to [Baby I]?

A. We pulled back her blankets and started to take her clothing off. She wasn't breathing properly, she was gasping and looked very, very unwell, so we started Neopuffing immediately and called for help.

Q. Had the apnoea alarm gone off?

A. No.

Q. Is there any reason you can think of as to why the apnoea alarm wouldn't have gone off in these circumstances?

A. Yes. The apnoea alarms on the unit are programmed to alarm if a baby doesn't breathe for 20 seconds. [Baby I] was gasping and shallow breathing, so I believe she was breathing within that 20-second period, which would explain why the monitor didn't alarm.

Q. So did you and Ashleigh together give [Baby I] support at that point?

A. Yes.

Q. Were you joined by other people?

A. Yes.

Q. How did they come to join you?

A. We called for help.

Q. And did you get help?

A. Yes. I remember Nurse Eagles came straightaway.

Q. I'd just like to look with your assistance at some of what was said in the interview or the interviews about [Baby I] on this issue so you can comment on it.

The [Baby I] interviews, which would be helpful if we do go to, ladies and gentlemen, are in -- the final interviews are in volume 1 of the interview bundle. Could you have a look for that as well, Ms Letby? It's the final set of dividers where the first one says "[redacted]".

Page 13 behind the [redacted] divider, so page 13 of the [Baby I] interviews. It's the last couple of lines on page 12 is probably a better place to start to keep the sense of this.

We're going to look through some of what was said here.

At the bottom of the page, the officer interviewing you -- and let's remember this interview is the first -- during the first series of interviews after the first arrest. So this is in July 2018, so a little under 3 years later. The officer says: "Question: In your notes you have put 'noted to be pale'. Can you elaborate at all on that? Can you expand any observations at all."

And you go over the page, please, Ms Letby, to page 13, and you say, top of the page:

"Answer: Some of it. When we went into the nursery we put the light on -- the lights aren't on in the nursery at night and we put the lights on or something and I noticed -- I looked over at [Baby I] and I noticed that she was pale in colour in the cot."

Do you see that?

A. Yes.

Q. You've described to us in your evidence now putting the lights on after you'd first noticed something about [Baby I].

A. Yes.

Q. Can you help us with why when you're referring in the interview to the notes and what you're saying there why it is you're saying you put the lights on before you saw her?

A. I can't recall, sitting here now, definitively when the lights did go on --

Q. Right.

A. -- but I just know what I could see at that time.

Q. What was your initial recollection about when the lights had been put on? Just when you first began to think about this when did you think the lights had been put on?

A. When we went into the nursery.

Q. And before or after you has seen [Baby I]?

A. Before.

Q. So initially you thought the lights had been put on before you saw [Baby I]?

A. Yes, because Ashleigh was doing something at the workbench.

Q. Let's move on then to the third interview where this theme is picked up. So we're moving a couple of dividers forwards, ladies and gentlemen, to an interview that took place now in June 2019, so about a year later, and we are going to go to page 30. Let's take time to get there. Behind divider 3. Keep turning until we come to [document redacted].

If we start just at the top of page [document redacted], can you see the officer now is asking about when you saw [Baby I] and the lights?

A. Yes.

Q. The officer says:

"Question: Was this the first time you'd noticed [Baby I] was pale, Lucy?"

This is talking about you coming back to the nursery.

Within that paragraph, as I've said, I'll just go through it again:

"Answer: When we went into the nursery, put the lights on -- the lights aren't on in the nursery at night and we put the lights on for something and I noticed -- I looked over at [Baby I] and I noticed that she looked pale in colour in the cot."

"Question: Is that accurate? Was that the first time you saw her pale?"

And what was your answer to that?

A. "From my memory, yes."

Q. Is that what your recollection was?

A. Yes.

Q. If we go down to the bottom of that page, the officer says or asks:

"Question: Am I right in saying that you wouldn't have seen her pale without the lights on? You put the lights on?"

What was your answer to that?

A. "It'd be harder to tell if she was pale with the lights off."

Q. And is that so?

A. Yes.

Q. Do you agree with that?

A. Yes.

Q. Would you be able to tell if she was pale without the lights being turned up?

A. Yes.

Q. Right. You're asked:

"Question: So you were with Ashleigh at the time?"

"Answer: I think so, yeah. I'm not sure at what point we put the lights on, whether that was before or after we saw [Baby I]."

Is that the state of your recollection at that point?

A. Yes.

Q. The officer says:

"Question: You said there, Lucy, 'We put the lights on for something'."

"Answer: Yes.

"Question: And, 'I noticed I looked over at [Baby I]'

--

"Answer: Yeah.

"Question: -- 'and I noticed she looked pale in colour'. [Over the page.]

"Answer: Yeah.

"Question: That would suggest you've noticed having put the lights on.

"Answer: Having put the lights on, yeah."

At this point is that what your recollection was?

A. Yes.

Q. Had you assumed any significance yourself, Ms Letby, as to exactly when the lights had been put on or not?

A. No.

Q. Did you think there was any reason as to whether or not you would be able to see [Baby I] depending upon when the lights were turned up or put on?

A. Can you say that again?

Q. Did you think it made any difference whether or not you'd have been able to see [Baby I]'s colour whether or not the lights were on?

A. I know what I saw (overspeaking) --

Q. You know what you saw?

A. Yes.

Q. The section ends the page 34 but let's take it through so nothing is missed out. Reading on:

"Question: Do you remember where you would have been stood then over the incubator to see her pale? Would that have been directly over her towards the end? "Answer: Yeah, I don't -- I think she was in a cot at that point.

"Question: Right okay.

"Answer: It would have been -- she was in the cot space right near to the -- the nursery entrance so it would have been -- once you put the light on it would have been quite easy to see into the cot."

This is you still on the assumption the light was put on; is that right?

A. Yes.

Q. "Question: Okay. Is that the reason why you went over with Ashleigh at that time?"

Over the page:

"Answer: I don't remember why."

Do you see that?

A. Yes.

Q. And you were asked:

"Question: Do you remember or did you examine [Baby I] prior to switching the light on at all?"

What was your answer to that?

A. "I can't remember."

Q. Actually, outside what the notes say, how well can you remember any of this outside the notes?

A. Not very well.

Q. How clear was your recollection that you had seen [Baby I] looking pale?

A. Yes, I know I'd seen [Baby I] looking pale.

Q. Any doubt about that --

A. No.

Q. -- whatever the lights were doing?

A. No.

Q. The officer then says:

"Question: Ashleigh Hudson states that [Baby I] was doing well, she'd gone out of nursery 2 for about 15 minutes and when she returned you were stood in the doorway and you looked towards [Baby I] and said that she looked a little pale; do you remember that?

"Answer: No, I remember us both being in the nursery together putting the lights on."

Yes?

A. Yes.

Q. That's a recollection you have, is it?

A. Yes.

Q. The question before then, "Ashleigh Hudson states", before that point, had you had your attention drawn to what Ashleigh Hudson had said?

A. No.

Q. Right. Let's carry on:

"Question: Do you remember telling Ashleigh that [Baby I] looked a little bit pale at the doorway?"

And what was your answer to that?

A. "Yes."

Q. And is that something you do remember?

A. Yes.

Q. You remember that?

A. Yes.

Q. "You do", the officer says. You say, [document redacted] over the page:

"Answer: I think, yeah, but I think it's when we put the lights on."

And the officer asked this:

"Question: Do you remember exactly the order of events, Lucy?"

How you knew she was pale?

And did you remember exactly the order of events?

A. No.

Q. What's your answer to "Do you remember exactly the order of events"?

A. No from my -- what do you mean, sorry?

Q. Go ahead.

A. "No, from my memory we were both at the nursery, we were both inside the nursery. I think I looked over at [Baby I] -- I don't know. I thought that we put the lights on as we went into the room."

Q. The officer says:

"Question: She says the first time she saw [Baby I] pale -- how could you see from the doorway that [Baby I] was pale without having the light on, Lucy [as read]?"

And your response?

A. "Maybe I spotted something that Ashleigh wasn't able to spot."

Q. In fact, can you recall, given what you're saying, who was facing where as between you and Ashleigh in that nursery?

A. Yes, so Ashleigh had her back to the nursery and was stood at the worktop facing the window that faces out of the nursery. I was stood in the doorway looking at Ashleigh and [Baby I] was in my direct eyeline.

Q. Right. What do you say at the end of this section?
What do you say next?

A. "The rooms are never that dark that you would not be able to see the baby at all. There is always a level of light for that reason."

Q. All right. And it goes on then to talk about the colouring, but pausing with that last answer there:
"The rooms are never that dark that you would not be able to see the baby at all. There's always a level of light for that reason."

However much turned up or down the lights are, I ask you again, would they ever be so dark you could not see the baby?

A. No.

Q. And when you were in the doorway, could you see [Baby I]'s skin tone, whatever the level of light?

A. Yes, I could.

Q. And what did you notice about it?

A. That she was pale.

Q. Could we look at the photograph which was selected by Nurse Hudson? It's at J25368. Do you recall from the evidence, Ms Letby, that there were six photographs that were taken?

A. Yes.

Q. These are dealt with in agreed facts 51 and 52 but we don't need to go there immediately, ladies and gentlemen, but if anyone wants to make a reference to it, it is 51 and 52 and the photographs were taken in August 2020.

A. Yes.

Q. This is about 5 years later. Do you recall the room being as dark as this appears to be?

A. No.

Q. There's no baby in this cot.

A. No.

Q. Would you ever have a high dependency nursery with the inside of the cot as dark as this appears to be on this photograph?

A. No.

Q. Why not?

A. Because you can't observe the babies in the nursery safely.

Q. You described earlier on about who was positioned where with regard to [Baby I].

A. Yes.

Q. First of all, is the cot in this photograph in approximately the same position that it was when [Baby I] was in it?

A. No, I believe it was nearer to the workbench (overspeaking) from my recollection because there were three babies in the nursery.

Q. So far as the workbench is concerned and the cot, you mentioned it earlier, but now we have the photograph, can you describe to us where Ashleigh Hudson was when she went into the room?

A. So Ashleigh Hudson -- can I use the --

Q. Yes, go ahead.

A. Ashleigh Hudson was stood here (indicating) doing something on the worktop with her back to [Baby I]'s cot and therefore facing out through the nursery window.

Q. Right. Would she have been looking in [Baby I]'s direction as it happens?

A. No, I can't remember what she was doing but she was focusing on something on the workbench.

Q. Where is the door where you were standing, if you can describe this for us, in relation to this photograph?

A. The photograph is taken in my position almost --

Q. Right.

A. -- stood within the doorway.

Q. That's the position?

A. Well, I can't see exactly, but roughly, yes, yeah.

Q. Therefore is that the type of view that you had?

A. Yes.

Q. All right, thank you. I want to be quite clear: was it anything like as dark as this on the night that you were looking after Ashleigh (sic) --

A. No.

Q. -- or when you went in there?

A. No.

Q. Was it necessary to turn the lights up after you saw Ashleigh (sic) --

A. Yes.

Q. -- after you saw [Baby I]?

A. Yes.

Q. Why did you turn the lights up at that point?

A. At that point we knew [Baby I] needed help and we needed to be able to see more clearly so we did put the main lights on.

Q. If a nurse is preparing milk for a feed, what does he or she have to do?

A. They have to measure the milk out using a syringe and decant that into another bottle and then warm the milk.

Q. How easy would it be to do that in semi-darkness?

A. I don't think you could. They're very small syringes, so you would need to be able to see the lines on the syringe.

Q. All right.

A. And from my memory, [Baby I] was a lot closer to the workbench than this photograph.

Q. We know where the window is in relation to this --

A. Yes.

Q. -- on the other side of the table, off the photograph to the right. What part of the neonatal unit faces the window on the other side of the corridor?

A. The nursing station.

Q. Who goes to the nursing station?

A. All members of staff when they're not doing anything in the nurseries.

Q. What sort of view is there, as a rule, from the nursery (sic) station through that window?

A. You have a clear view of that cot space.

Q. I'm going to move next then, please -- we can take the photograph down, Mr Murphy, thank you -- to event 3 relating to [Baby I] and, again, this is one which actually splits into two parts, ladies and gentlemen.

Just to remind us, event 3 is 14 October now.

So we've just been looking at the 13th at 3.20 in the morning and we are now moving to the 14th, a little bit more than 24 hours later. This event has two parts: the first at 05.00, or thereabouts, and the second at 07.30 or thereabouts, two parts which are being looked at in the evidence.

Are you ready to move on and deal with that, Ms Letby?

A. Yes.

Q. Okay, all right. We will come to the notes in a moment but let's just look at the responsibilities for this night, so we need to go to the [Baby I] event 3 sequence, Mr Murphy, and let's start with tile 6 and tile 7 which has the layout. These will come on to the screen. You can put the interviews to one side, Ms Letby, you don't need those now.

Can we go into these? All right.

So with event 2, we were looking at what happened on a shift that began at 8 o'clock on the 12th and went through to 8 o'clock on the morning of the 13th. With event 3, the two parts of it, we have a shift that started on the evening of the 13th and goes through to the morning of the 14th.

A. Yes.

Q. Just so we can get our heads there. There's a lot of ground to cover.

Again, before we turn to -- let's just have a look at the responsibilities if we could, the layout for the nurseries, please, Mr Murphy, down to tile 7.

[Baby I] is now in nursery 1, Ms Letby?

A. Yes.

Q. And you are her designated nurse?

A. Yes.

Q. Were you working on your own with [Baby I] in nursery 1?

A. I was [Baby I]'s allocated nurse but Joanne Williams was also in the nursery.

Q. Right. The other nurses elsewhere we can see where they are. It's -- a number of the babies' locations are unconfirmed as it happens from the records, it seems, on this shift. Again, if it comes to medications, dextrose, things like that, what would any nurse have to do in terms of where she went or he went to get it?

A. They would have to go into nursery 1 to get those things.

Q. Before we go to the notes, do you have any particular recollections of what it was that happened on this shift and [Baby I]'s deteriorations?

A. No, I don't, no.

Q. Was there anything that you did to make [Baby I] unwell on that shift --

A. No.

Q. -- or any shift for that matter?

A. No.

Q. Specifically, do you recall the desaturation that took place at 05.00 beyond what we have in the notes or the --

A. No, I don't, not with memory.

Q. And 7.30 in the morning, do you recall anything about that?

A. No.

Q. We'll have a look at the notes that deal with this. Can we look, please, first of all, at your notes, which are at tile 40 in sequence 3 for [Baby I]. Go behind the tile into the notes themselves, Mr Murphy, if we could. Right-hand side. Ms Letby, we've got notes here made on 13 October 2015, 21.49. So in relation to the start of the shift, how far into the shift are you by this point?

A. I would have taken over care at 19.45, so 2 hours.

Q. I'm not going to read through the entirety of that because we're still a little way away, in terms of this night, from the events we're looking at. But you've described the condition of [Baby I] at the start of the shift. Can you tell us, if you look down, we can see about 10 lines down it says:

"Aspirate obtained. Abdomen appears full but soft."

Can you see that?

A. Yes.

Q. I'll just check we can all see that. What does it say under that?

A. "Some bruising/discolouration evident on sternum and right side of chest, [query] from chest compressions."

Q. All right. Now, when you're talking about query from chest compressions, what chest compressions are those?

A. The chest compressions from the previous night that we've just been talking about.

Q. Right -- well, in fact, earlier that morning.

A. Well, yes, sorry.

Q. So that follows event 2?

A. Yes.

Q. So [Baby I] had CPR, did she, at that time?

A. She did.

Q. And there was some marking you've identified here on this record?

A. That's right.

Q. Where it says:

"Some bruising/discolouration evident on sternum and right of chest."

I don't want you to guess, are you able to assist us with what area of her chest you are talking about, if you indicate on you, bearing in mind she is a very small baby?

A. I couldn't say from memory now, no.

Q. Okay. Let's move forwards then to the events we're dealing with. So we have an addendum, if we scroll down at -- on 14 October at 8.43 in the morning. And the first part of that describes her condition but perhaps you could read this note through for us, Ms Letby. Would you do that, please?

A. "Written in retrospect. Good blood gas at 01.00. No changes to ventilation made. Oxygen 48 to 60%. Temperature elevated. Incubator reduced and within normal range along with other observations. Mean BP maintained on 10 micrograms per kilogram per minute of dobutamine. Minimal ET and oral secretions obtained. Urine output 3.8ml/kg/hour. Bowels opened at 07.00. Yellow seedy stool. IV fluids as previously, antibiotics given as prescribed. [Baby I] tolerating handling better, tone appears improved. Remaining pale. Abdomen distended but soft. Nil obtained from NG tube."

Q. Pause there for a moment. Up to this point, so far as the note assists us, was there any particular matter of concern relating to [Baby I]?

A. No.

Q. Can you read what follows from this?

A. "At 05.00 abdomen noted to be more distended and firmer in appearance with area of discolouration spreading on right-hand side. Veins more prominent. Oxygen requirement began to increase, colour became pale. Reviewed by Reg Neame. Ventilation increased to CMV. Rate 70, 30/6. Gradually requiring 100% oxygen. Blood gases poor as charted. Clear air entry. Slightly

reduced on left. Chest movement reduced. Nil obtained from NG tube throughout. Continued to decline. Re-intubated at approximately 07.00. Initially responded well. Consultant Jayaram aware and on way to unit. Abdomen firm and distended. Overall colour pale. X-rays carried out."

Q. All right. Pause there. We can see if we look on that, resuscitation is commenced and various drugs were given and care was handed over, you say, at the end to Staff Nurse Tomlins?

A. Yes.

Q. She's the next nurse to take over. Outside what's on the note there, do you recall this happening?

A. No, I don't, no.

Q. That's the event at 05.00 documented there. If we want to see what happens as we move forwards to 07.30, we need to look at the event described by Nurse Tomlins. Could we put up tile T111, which contains that. It's on the left-hand side.

We can see -- this is Shelley Tomlins -- the note is made at 9.22 on 14 October and it starts from 07.30 to present, so up to 9.22. Do you recall Nurse Tomlins taking over from you that morning? Do you have a memory of that?

A. I recall that she took over care, yes. I can't remember any details.

Q. "07.30 to present. Care of [Baby I] taken over for the long day. Arrived on NNU minutes before arrest. [Baby I] had just been re-tubed when desat/brady occurred and full resuscitation was required to bring her back.

See medical notes for full details of resus."

It describes [Baby I] being stable on a ventilator, the pressures and the care given at that point.

Just moving down towards the end of this note, after dealing with that, it describes that [Baby I] has passed urine and had a small bowel movement; do you see that?

A. Yes.

Q. "Abdomen very large, pale and veiny with umbilical hernia evident. Area of discolouration noted on right side of abdomen."

Do you recall an area of discolouration going forwards to about 7.30? You've referred to it in your notes at 05.00 but anything at 7.30?

A. Yes, I think it remained.

Q. One moment.

(Pause)

Do you recall any details of that discolouration?

A. No.

Q. So:

"Area of discolouration noted on right side of abdomen.

Pancuronium administered at 08.30 as [Baby I] was difficult to ventilate and desaturating."

It then goes on to describe the continuing care for [Baby I]. Were you involved in the continuing care for [Baby I] as required after this event?

A. No.

Q. Do you recall whether you stayed on the unit or for any length of time?

A. I don't know what time I left, but I don't believe I was there at 9.28, no.

Q. Outside the details we have from the notes, do you have any recollection of this?

A. No.

Q. Had you done anything to cause this to happen?

A. No.

Q. Would there have been other nurses on the unit for handover at 7.30 in nursery 1?

A. Yes, there would have been day shift and night shift staff members present for all of the babies present in that nursery.

Q. Right. That's event 3. I'm going to move, if we may, to event 4. Again, there's two parts to this, ladies and gentlemen. These again involve Ashleigh Hudson with care of [Baby I] and an event that was -- the first part takes place shortly before midnight on the 22nd and there's a second part to this just over an hour later at 01.06.

I'm going to ask, if we could, to go to the [Baby I] sequence number 4, Mr Murphy, and just have a look at the layout here, which is at tile 46 first of all and then tile 47. Just to remind us all, after the events on the 13th and 14 October that we have looked at and described as events 3 and 4, [Baby I] had continued to become unwell and she went towards -- after the events of 15 October to Liverpool Women's Hospital. I think that's correct. Sorry, to Arrowe Park, for further

treatment. That's on the 15th after the events on the 13th and 14th. She returns to the Countess of Chester on 17 October. So she had been back for about a week or so, perhaps a little bit less than that, by the time of what we're dealing with on event 4, the 22nd into 23 October.

The designated nurse on this shift is Ashleigh Hudson, Ms Letby. We can see who you were designated for if we look at tile 47, please. Where were you on this particular night?

A. I had two babies, one in nursery 2 and one in nursery 3.

Q. We will look at the note that's made by Ashleigh Hudson relating to this. Do you have much by way of independent recollection for what happened on this night?

A. Not of any details specifically, no.

Q. Are there any details you can help us with by way of free recall as to your involvement with this when it began?

A. I'm not sure when it began.

Q. What about --

A. My memory starts from [Baby I] being resuscitated.

Q. Right. Do you recall, in relation to that resuscitation, when it was that you'd first had her condition brought to your attention?

A. Not from my memory now, no.

Q. Do you recall at any point going to the nursery that she was in?

A. Yes.

Q. She's in nursery 1?

A. Yes.

Q. Do you recall why it was you went to nursery 1?

A. I believe Ashleigh alerted me at some point that [Baby I] was unsettled, but I couldn't be specific with when that was.

Q. So far as you can recall, had you had any particular involvement with [Baby I] leading up to her being unsettled shortly before midnight?

A. No.

Q. Do you remember how [Baby I] was when you first went to that nursery?

A. I remember [Baby I] was unsettled and appeared to be rooting and appeared hungry.

Q. Can you give us any more detail as to what you mean by unsettled?

A. Um, she was crying, and she looked very hungry, she was making what we call rooting gestures, so she was sucking on her fingers and sort of lip smacking, which indicates that they're hungry and looking for food. At that point [Baby I] was nil by mouth.

Q. Yes, she was. Do you know how long she'd been nil by mouth for?

A. I think for a period of time.

Q. You don't know how long precisely?

A. No.

Q. All right. Again, don't guess at anything you don't know. I'm going to ask is if we can put up tile 233 -- sorry, not 233, tile 91 from sequence 4 for [Baby I]. Let's have a look at the note. Can we go into that, please? We're going to read through this. It starts down at the bottom left. I'll read through it, Ms Letby, and then there will be some questions for you, some more detail if you can give it to us.

23 October 2015, 03.39. This is a note by Ashleigh Hudson:

"Written for care taken over at 19.45 hours.

Emergency equipment, alarm limits and fluids checked.

Nursed in an incubator. Philips monitor in situ. SVIA,

observations satisfactory as charted. [Baby I] was

unsettled and rooting at start of shift. Settled with

dummy and containment holding. Long line removed due to

constant occlusions. Neonatal nurse Lucy Letby unable

to flush, so paediatric Registrar Rachel Chang informed."

Pausing there, do you have any recollection of being

required to flush or asked to assist by flushing a long

line?

A. I don't recall that from memory, no, but that's common practice.

Q. Is it unusual for a nurse to get assistance from another nurse for a task like that?

A. No, you have to be intensive care trained to access a long line, therefore Ashleigh has asked me to flush it for her, which would be routine procedure.

Q. She was not intensive care trained --

A. She wasn't, no.

Q. -- at this time? So she would have to find a QIS nurse to do that?

A. That's right, yes.

Q. And you were QIS?

A. Yes.

Q. So that deals with what happened at that part of the shift. I'm going to move down a little bit. It says three lines up:

"Cannula sited in right foot. TPN given peripherally and lipids stopped until long line could be sited. High pressures via this initially, then reduced on repositioning. [Baby I] tolerated this very well. Sucrose offered but happy with dummy. [Baby I] pink and well perfused at this time, awake and alert."

That's the entry so far as it's made by Nurse Hudson. Before we come to -- there's a gap and then we have 23.57, which is the first part of this incident:

"[Baby I] was very unsettled [query] due to hunger as rooting. Dummy offered and containment holding to no effect. [Baby I] then placed prone as this usually settles her. After repositioning, [Baby I] became quiet, apnoeic and dusky in appearance. With the help of Neonatal Nurse Lucy Letby, I repositioned [Baby I] on to her back and at first applied the Neopuff..."

And it has the settings:

"Neopuff applied due to colour and apnoea. Colour didn't improve and [oxygen] and heart rate began to drop rapidly until oxygen at 47% and heart rate 50. Neopuff increased to 50, then 100% with no effect. At the same time paed's Reg Rachel Chang and paed Reg Bhuvaneshwari Ladde were crash bleeped to the unit. This was 00.00 hours. Cardiac compressions started after confirming Philips monitor trace via auscultation. Dr Gibbs called. [Baby I] intubated and placed on a ventilator whilst awaiting chest X-ray. Prior to ventilation, [Baby I] had become more alert and crying. Abdomen soft and non-distended prior to resus, no change from handover. Please refer to clinical notes for resus information."

And then it refers to "X-ray NAD". Do you know what NAD means there?

A. Yes, "no abnormalities detected", so normal.

Q. This is the note by Ashleigh Hudson:

"No abnormalities detected. Decision made by medical team to extubate [Baby I] as quite distressed and working against the ventilator. On extubation, [Baby I] awake and alert and breathing independently. Still rooting. Dummy and sucrose given for comfort." Right. That's the note made by Ashleigh Hudson. We see at 23.57, if we go back to the top of that, please, a description to -- "[Baby I] was very unsettled".

A. Yes.

Q. Did you have any awareness of how [Baby I] had been before this point of the evening?

A. No.

Q. Where it says "[question mark] due to hunger as rooting", by rooting is that what you were describing to us earlier?

A. Yes, displaying signs of hunger, yes.

Q. In relation to the note that Ashleigh Hudson has made, at what point do you recall becoming involved with [Baby I]?

A. At this point I think Ashleigh called me to help.

Q. Right.

A. But that's based on the memory around my notes. I don't have independent memory of that.

Q. So after the period when [Baby I] had appeared to be unsettled?

A. Yes.

Q. Had you been with [Baby I] in any close period of time to that beforehand?

A. Not that I recall, no.

Q. One moment, please.

(Pause)

If we go to the neonatal review, please, can we go to the neonatal review for [Baby I], the fourth [Baby I] event.

Who are you caring for when we look at the first page of the neonatal review from 10 o'clock through to 23.18?

If we go back a page to page 2 of 8, can we see who HS is?

A. It's a baby in nursery 2.

Q. Right. A baby you're designated to look after?

A. Yes.

Q. Thank you. Go back to 3 of 8, please, Mr Murphy, over the page. No involvement recorded by you with [Baby I] over the period up to 23.18?

A. No.

Q. Let's go over the page, please, to page 4 of 8. If we just look at the first seven or so lines down to 63, taking us up to the event at 23.57. Any involvement by you with [Baby I] in this period?

A. No.

Q. Do you recall any involvement?

A. No.

Q. Do you recall anything before you were called in after the events as first set out in the note by Ashleigh Hudson?

A. No.

Q. When you were called in by Ashleigh Hudson, do you remember what [Baby I]'s condition was at that point?

A. Not from my memory now, no.

Q. Do you remember anything about whether or not [Baby I] was upset?

A. I recall going to [Baby I] at some point, yes, and she was upset. I can't recall if it's this specific time.

Q. Can we go back, please, to the note made by Ashleigh Hudson at tile 91? Thank you. We're just going to carry on with the second part of this event.

Just scroll down to where it starts at 01.06.

It says:

"[Baby I] became unsettled again. Dummy and sucrose offered with no effect. Slowly became dusky and SaO2 [oxygen] dropped to the 60s. Heart rate 70s. I ran to labour ward theatre to inform Paediatric Registrar Chang. Neonatal Nurse Letby and Senior Neonatal Practitioner Chris Booth maintained airway and applied Neopuff at this time. Compressions started. Dr Gibbs called again to unit. [Baby I] intubated and Neopuff breaths continued with 3:1 compressions. Please refer to clinical notes for full resus information and drugs."

Just looking at what we have there, do you recall where you were between going to help Ashleigh Hudson with [Baby I] after

the first part of this event and when we come up to the second event at 01.06, the second part?

A. No.

Q. Any recollection at all?

A. No.

Q. Do you know whether you'd left nursery 1 in between the two times?

A. In between the two?

Q. Don't guess. I'm just asking if you have any --

A. I don't have any recollection at all. I don't know.

Q. Were you there during the period that Dr Gibbs and Dr Chang had been dealing with the question of whether or not to keep [Baby I] ventilated?

A. I know there was a discussion, I don't know if I was present for that or whether that's something I heard afterwards.

Q. Do you recall what it is that led up to what we see in the note where it says:

"Neonatal Nurse Letby and Senior Neonatal Practitioner Chris Booth maintained airway."

Do you know what, in terms of events, had led up to that?

A. I'm not sure if this is the -- when I remember [Baby I] being unsettled, I'm not sure if it's this event or the previous one, so I can't say now from memory.

Q. Do you remember being there with Christopher Booth?

A. Yes.

Q. And do you remember doing whatever it means when it refers to the airway being maintained?

A. Yes, and I remember Ashleigh going through to the labour ward.

Q. Right. Is that after you and Nurse Booth were present?

A. Yes.

(In the presence of the jury)

MS LUCY LETBY (continued)

Examination-in-chief by MR MYERS (continued)

MR MYERS: Good morning, Ms Letby.

Yesterday when we concluded we had been dealing with the final event involving [Baby I], count 12 on our indictment. That's the event on the night of the 22nd to 23 October. We'd looked at how that was in two parts: what happened a couple of minutes to midnight on the 22nd when she was with Ashleigh Hudson and then what happened at about 01.06 in the morning. And I had been asking you about your involvement at that point. So with apologies for going back perhaps a couple of sentences, could I ask you, were you involved in the measures that were given to support [Baby I] after the second part of that collapse, after 01.06?

A. Yes.

Q. And do you recall, as you sit there now, when it was that you had first been in the nursery dealing with her, whether it's from earlier in the event or later on? I'm not prejudging it, but can you help us with when it was?

A. I couldn't say.

Q. Do you recall whether you were already in the nursery when she deteriorated that second time or if you came to the nursery after she had deteriorated? Do you recall that now?

A. No.

Q. But you do recall being there at some point?

A. I recall going to her at some point and she was crying and I helped Ashleigh settle her, but I can't remember on which occasion that was.

Q. Right. And did you take a part in what happened afterwards with the attempts to support [Baby I] and help her?

A. Yes.

Q. Were you there when, sadly, [Baby I] died?

A. Yes.

Q. Were the parents there?

A. Yes.

Q. Were you involved in helping the bereaved family after [Baby I] had died?

A. Yes, it was Ashleigh's first experience of a death, so I assisted her with the bereavement paperwork and process.

Q. Right. Did she play a part in it as well or was that handed across to you?

A. No, Ashleigh remained the designated nurse for [Baby I], but I just supported her with the things that needed to be done.

Q. If she had been more experienced in a situation like this, would there have been the same need for you to give support in the way that you did?

A. No, I gave her more support because it was her first time.

Q. Can we put up tile 297 from the fourth [Baby I] sequence, please?

[Baby I]'s funeral was on 10 November 2015, 12 o'clock.

Were you aware as to whether or not members of staff went to that funeral?

A. Yes, members of staff did go.

Q. Do you know how many did go?

A. Um... I know it was more than two, I couldn't say for definite, but a few nurses went.

Q. Was it a common event for nurses to attend a funeral if a baby had died?

A. No. Usually it's if the parents request somebody to be there, then the unit would represent them.

Q. Were you able to go to the funeral?

A. No, I was working.

Q. Could we put up the shift pattern, please, at page 33225? Thank you.

If we just enlarge the dates for November, the lower part of this. The funeral was on the 10th, as we've seen. Had you been working the night before the funeral?

A. That's right, yes.

Q. So you'd have finished at some time on that morning?

A. Yes, and I was due in again that night as well.

Q. All right. So you weren't able to go?

A. No.

Q. Did you convey your sympathies to the family in any other way since you couldn't go to the funeral?

A. Yes. I was advised by other staff that I could send a card to the family via the people that were going to the funeral and that's what I did.

Q. Could we put up the images that we've got of a card at exhibit 13163, please, Mr Murphy. 13163 and 13164.

That's 13163. Then could we look at 13164? We have seen these before.

First of all, Ms Letby, what is the item that we're looking at on those pictures?

A. This is the sympathy card that I wrote for [Baby I]'s family.

Q. And did you send it to them?

A. I gave it to one of the nurses that was attending the funeral for them to pass on.

Q. We know, again, from our agreed facts, it's agreed facts 41 and 42, that images of that card were recovered from the handset of your phone and they show that the images were taken at 7.34, so a little after 4.30 (sic) in the morning, of 10 November 2015. And again, as with the other images we've looked at, the coordinates there were of a location in the south-west corner of the Women's and Children's building at the hospital?

A. Yes.

Q. So, first of all, about 7.30 on 10 November, where would you have been?

A. At work.

Q. Is that where you took the photograph?

A. Yes.

Q. And then you handed it to a member of staff to take to the funeral?

A. Yes. I'm not sure who I handed it to, but yes, it was given to one of the staff members going.

Q. Was it unusual for you to take a photograph of a card?

A. No. I photograph the majority of cards that I send or letters. That's just normal behaviour for me.

Q. Could we have a look, please, Mr Murphy, at an item you have designated D29. It's from the exhibits in this case, pages 33733, 33734 and 33735. We're going to go through these images and ask you about them, Ms Letby. This is from the exhibits we've been served.

Page J33732. Just look at the pages. Could we look at the next page, please?

That's actually the end of the exhibit we just looked at in fact for [Babies E & F].

This is the page I wanted to go to. This is page 1. Is it possible to rotate that? We can see names there and we have to have them so we know who this is related to. That's the first page of this. Who is this card from?

A. It's me writing the card to somebody.

Q. All right then. What's the card for?

A. It's congratulating my close friend on the birth of her daughter.

Q. Is this to do with work or to do with friends?

A. No, this is a friend. Nothing to do with work.

Q. Could we look at the next page, please. Just enlarge that, please, Mr Murphy.

Is that another picture of the card?

A. Yes.

Q. The same?

A. Yes.

Q. Can we look at the next page, please, Mr Murphy? Page 33735 from the exhibits. If it's not there, don't worry. We see in fact that image follows on in the exhibits from the image of the card to the [family of Babies E & F]; is that correct?

A. Yes.

Q. Sorry, the [family of Baby I], I apologise. This is the same card on the two photographs that we're looking at?

A. Yes.

Q. Is it unusual for you to take a picture of a card that you are sending?

A. No, that's regularly what I do.

Q. And when you say regularly, is that something to do with work or for other reasons?

A. No, for anything that I'm sending or receiving, I usually take a copy of that, and that's something I've done for many years.

MR JUSTICE GOSS: Sorry, can I just be clear? The two images we have seen are both of the same card but they were two images that were taken? And there is a third one that we haven't seen?

MR MYERS: Yes, I'll check that, my Lord. It's how it comes from the exhibit so it's included in this way. We've got page 33 and then 34. They appear to be in fact the same image, whether it's the same photograph or a --

A. I think there's only one. I think this is the photograph and the other one is zoomed in.

MR JUSTICE GOSS: So it's just one photograph?

MR MYERS: It's one photograph but zoomed in.

MR JUSTICE GOSS: That's what I just wanted to clarify because it wasn't clear, if we can. All right. Anyway, it's the same card, whatever it is. Whether it's one or

two images, it's the same card and it's to a family friend congratulating them on the birth of their child.

MR MYERS: Yes, thank you. And you say that's something you do, cards that are sent or cards that are received?

A. Yes.

Q. One of those things you do, Ms Letby?

A. Yes.

Q. All right. I'm going to move from the case relating to [Baby I] and we'll turn to count 13 on this indictment, which is the case relating to [Baby J].