

Tuesday 16th May 2023

**Direct Examination of Lucy Letby regarding Baby J
by Ben Myers KC**

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]. So we can put aside anything we have for [Baby I].

First of all, as we've been doing, we'll just remind ourselves of the basic facts relating to this particular count, count 13. I'm going to ask Mr Murphy if we could start by going to tile 1 on the [Baby J] sequence and just go into that, please.

We can see, Ms Letby, the details of birth, [Baby J] was born on 31 October 2015 at 15.00 hours, a gestation of 32 weeks and 2 days, weight, 1.709 kilograms, born by caesarean.

Could we go into the tile, please? If we scroll down a little bit, please. Thanks very much.

Looking at the detail, there are various problems in pregnancy for [Baby J]. Sadly, we can see that a twin died in utero. There was twin-to-twin transfusion syndrome for [Baby J]; that's where identical twins share a placenta, we've heard that, and there can be uneven blood flow.

There had been, we were told in evidence, antenatal, so before birth, rupture of the membranes, and just to assist everybody with their recollection, it's [Baby J], ladies and gentlemen, where, after birth, and after some production of bile, an abdominal X-ray revealed a problem with the bowel loops and [Baby J] went to Alder Hey Children's Hospital for an ileostomy, which she had on 1 November. That's detail that can help place where we are on the indictment.

As a result of that ileostomy, she was provided with two stomas so that faeces could be recycled outside the body and there was a Broviac line inserted as well. Does that assist you with what we're dealing with as well, Ms Letby?

A. Yes.

Q. [Baby J] returned to the Countess of Chester Hospital on 10 November 2015. Count 13 that we are dealing with relates to events on 27 November 2015, so a couple of weeks later or thereabouts.

Now, with the assistance of the neonatal review I'm going to remind you and the rest of us, Ms Letby, if it's needed, of the events we're looking at because there's almost two pairs of events that we're dealing with on 27 November. The easiest way to remind ourselves of this is to go to the neonatal review. So I recommend actually getting the paper copy if you would, ladies and gentlemen, and you do that too, Ms Letby.

A. I've got it.

Q. We'll be grateful to Mr Murphy for putting it up on the screen.

If we open up this neonatal review, Ms Letby, could you go to page 4, please? Ladies and gentlemen, if you could go to -- it should say page 4 of 8. At this point the purpose of this is just to remind ourselves of what we're dealing with and when. I have suggested it's helpful to think of this in the way of two pairs of events, but think of it as you wish, of course.

If we look at page 4 of 11 and enlarge the section which goes from, let's say, line 75 to line 90, the first pair, as they're recorded, are at lines 77 and 87.

We can see at line 77 at 4.40, as it's recorded here, in the care of Nicola Dennison, who was the nurse designated to [Baby J], it's recorded on the apnoea/brady/fit chart and we'll have a look at the detail of that. There's an event at 04.40 and then, if we look down to line 87, again with Nicola Dennison, there's an event at 05.03 recorded on the apnoea/brady/fit chart and we'll see that. so there's a pair of events there, 4.40 and 5.03.

Both events relating to desaturations to 30% and then 50%, although in the evidence there was a question raised as to whether the percentages were the other way round. But in any event, there are desaturations on two occasions, 4.40 and 5.03. Nicola Dennison was the nurse caring.

Then if we go over the page to page 5 of 8, we actually come to those that have been identified for the purposes of the charge on the indictment, and they're easier to pick out because they've got the black bars across them. I'm going to ask if we can enlarge the section from lines 131 to 150 so we can place them. This second pair, one is at line 134 at 6.56, simply down as "[Baby J] event", and then at line 148 at

7.24, another event relating to [Baby J]. Again, these events relate to low desaturations and associated with clenching of hands and stiff limbs and a description given by Dr Gibbs, "Eyes deviated to the left", and the period that they lasted.

So just to help us keep in mind, it's one count but we looked at a number of different events. The first pair there for Nicola Dennison, 4.40 and 5.03. And then the two which you've got in front of you now, Ms Letby, members of the jury, on page 5, 6.56 and 7.24.

Thank you.

We can take the neonatal review down, though we will be going back to it, so if we keep this out for the time being, ladies and gentlemen. You too, Ms Letby.

Let me ask you some general questions first about [Baby J]. How familiar were you with stomas when [Baby J] first came on to the unit, Ms Letby?

A. I'd had very little experience with stomas. I'd seen a couple at Liverpool Women's on my training there but otherwise I had no experience.

Q. And are you able to say how others that you worked alongside were in terms of familiarity with stomas?

A. Very similar. So a lot of the staff had no direct relevant sort of recent experience with stoma care.

Q. [Baby J] had had the procedure, the ileostomy, at the Alder Hey Children's Hospital.

A. Yes.

Q. What is it that children or babies go to Alder Hey for principally?

A. For surgery.

Q. Right. So is that sort of surgery something that would routinely be done at the Countess of Chester?

A. No, that's not something that can be done at the Countess of Chester, it's something they have to go to a tertiary centre for.

Q. Therefore do you regularly find yourself looking after babies who have had surgery like that?

A. No.

Q. How familiar, from what you could see, did nurses appear to be in handling the stoma bags and recycling?

A. I don't recall anybody being overly confident in doing it because it had been a long time for anybody -- for anybody to have had any recent experience of the stoma.

Q. Are you able to say who was involved, a lot of the time, in dealing with the bags and the recycling?

A. Predominantly it was the parents, we took their lead, very much so.

Q. And why was it that the parents knew what to do from what you could tell?

A. They had been taught how to do it in Alder Hey and they were very attentive to [Baby J], so they knew what to do far better than we did at the Countess.

Q. If we look at some messages relating to this and can we go first, please, Mr Murphy, to tile 45.

We're going to look at a series of messages from here through to tile 58. This is on 18 November that we start at 17.32, so it's about 9 days before the events we're looking at on the indictment, but let's have a look at these.

So from [Nurse E] to you:

"Was just a lot going on this morning with B's discharge and liaising with stoma nurses, et cetera, plus dealing with safeguarding lol. All go. Oh, and Kate Bissell has raised about Jenny having [Baby J] has looked like she's been doing the re-feeding."

I'm going to move on a little bit and then ask you some questions about this. Could we go to tile 46, please. This is 18.09, you to [Nurse E]:

"Ah, keeping you busy. Has B gone? That's good. Glad Kate has done that. Was talking about it with Minna and didn't don't think it's right."

Just pausing there, what are you and [Nurse E] talking about with regard to what you didn't think was right?

A. We are there talking about the fact that Jennifer Jones-Key, who was a nursery nurse, was looking

after [Baby J] and carrying out her recycling, which is dealing with the stoma bags.

Q. What duties do nursery nurses have in the unit?

A. So generally, the nursery nurses tend to care for special care babies and predominantly do bottle feeds, breastfeeding, things like that. They don't tend to do clinical care.

Q. Is there a particular band that nursery nurses are at?

A. They're a band 4.

Q. Can they do intensive care?

A. No, they can't. Nor high dependency.

Q. Not high dependency, not intensive care?

A. No.

Q. So far as you understand, should they be involved in handling and recycling stoma bags if that is required?

A. No, and particularly as nursing staff there were unfamiliar, nursery nurses would have been even more so unfamiliar than nursing staff.

Q. Is there any reason why you had a band 4 dealing with something that presented the problems that stoma bags did?

A. I think the unit was very busy and we had to use staff where we could.

Q. Can we go to tile 47, please. From [Nurse E] to you:

"Yeah, you discharged her. No, I know." Is she talking about baby B at that point?

A. Yes.

Q. Tile 48, please. You to [Nurse E]:

"Glad B gone. Does Jenny not have [Baby J] tonight?"

Tile 49, 8 o'clock in the evening, [Nurse E] to you:

"No 101."

Tile 50, please, 20.01, from you to [Nurse E]:

"Did Kate speak to Eirian then as Yvonne G approved?"

Bet you're pooped."

Tile 51, 20.16, from [Nurse E] to you:

"Yvonne G approved it? Didn't realise that as Kate spoke to Yvonne [and] Eirian on the phone when they were together today at study day."

Pause there for a moment. When it refers to "together today at study day", what's a study day?

A. A study day is anything that takes place outside of the unit that's paper-based, so it might be an exam or it could just be attending lectures somewhere. So you're not on the unit yourself, you are studying something elsewhere.

Q. Did you ever go on study days?

A. Yes, many.

Q. Would you ever be given material when you went on a study day?

A. Yes.

Q. And what would you do with the material you were given?

A. I myself would keep it to go through it --

Q. Is it unusual for you to keep -- sorry, you were saying something.

A. I would keep it and often refer back to it.

Q. Is it unusual for you to hang on to material like that when you're given it?

A. No.

Q. Can we move please to tile 52. 20.17:

"Yeah, Belinda didn't think it was right but was struggling [this is you to [Nurse E]] with allocation as only three trained, so asked Yvonne G (who was in office) and she said okay to have [Baby J] and TPN babies as would be supervised. Just off to salsa." 53, please. 20.18, [Nurse E] to you:

"That's interesting as don't think she said that to Eirian."

54, next tile, you to [Nurse E]:

"I bet she has got wind of Eirian not thinking it's

[right] and now backtracking."

Can we look at 55, please, and just go through to 58 now. [Nurse E] to you:

"Apparently Eirian said she would have been okay Jenny having [Baby J], but others would need to do recycling, et cetera, but she was the one performing it."

Tile 56:

"Okay, that makes sense [you say to [Nurse E]] but Jenny was actually doing it. Hmm, don't know when to stop, do they?"

Tile 57 from [Nurse E] to you, 17.19 on the 19th we are now, I should say:

"Nope, Laura and [Nurse B) thought it was terrible."

Then this at tile 58, 17.21 you to [Nurse E):

"It's shocking really that they are willing to take the responsibility for things that they have no training or experience, et cetera, on. Don't think they appreciate the potential difficulties.'

Pausing there, Ms Letby, should nurses take on tasks for which they have no training or experience in the care of babies like this?

A. No.

Q. When you say, "Don't think they appreciate the potential difficulties", what are you referring to?

A. That it's a safety implication, so if they don't have the training and experience to know what they are looking for when they're dealing with stomas, assessing what the sites look like, attaching bags, then it's potentially dangerous.

Q. And why was the unit using a nurse like that for a situation like this?

A. It was so busy at the time, I think they were just trying to use staff wherever they could.

Q. Could we look at tile 61, please?

MR JUSTICE GOSS: Just before we leave that, can I just ask this:

"It's shocking really that they are willing to take responsibility for things that they have no training or

experience, et cetera, on."

Who is the "they"?

A. The nursery nurses, the band 4s.

MR JUSTICE GOSS : So you're saying it's shocking that the band 4s are prepared to do this?

A. Yes.

MR JUSTICE GOSS: Right.

MR MYERS: Who's asking the band 4s to do that?

A. It would be the shift leader who's allocated them.

Q. And who were the shift leaders that would do that, whichever shift leader was allocated?

A. Yes.

Q. Would the band 4 decide themselves if they were going to take on a baby for which you say they didn't have training?

A. No, but they could voice whether or not they were happy to care for that baby.

Q. They would be asked, would they, to do it?

A. Sorry?

Q. They would be asked, would they, to do it --

A. Yes.

Q. -- as the designated nurse?

A. Yes, it would be up to the shift leader to allocate and give that responsibility to them.

Q. In an ideal world, would anybody think of getting a band 4, in your experience, to look after babies who require stoma recycling?

A. No.

Q. Can we go to tile 61, please. This is 23.00 on 25 November, so a little closer to where we're going now. It's you to [Nurse E]:

"Went to Las Iguanas, was really nice. At salsa had 3 missed calls. They don't know how to give immunoglobulin and I was last person to give so just phoned and told them. Caroline said it's mad. Ravi is there. What a nightmare. It's all getting they'll have to send babies out."

Las Iguanas, we might be able to work it out, but if anyone can't, what is that?

A. A restaurant.

Q. It says "at salsa". Is salsa something you did regularly?

A. Yes.

Q. Was it salsa at Las Iguanas?

A. No, it's Las Iguanas and then gone to salsa.

Q. Eating then salsa-ing?

A. Yes.

Q. What are the missed calls relating to?

A. So this is in relation to a baby that was on the unit at that time who needed an immunoglobulin infusion, something we do very rarely on the unit, and I was the last person to have done it, so I had multiple calls on my phone from staff asking me for advice on how to prepare this infusion.

Q. By reference to where it says, "Caroline said it's mad", what do you understand the madness relating to? What's mad?

A. The unit at that time was mad, busy, lots going on.

Q. You put:

"Ravi is there. What a nightmare. It's all getting they'll have to send babies out."

Can you explain when you say "what a nightmare" what is it you are saying is a nightmare?

A. The amount of babies that we had on the unit and the amount of care they needed. It was very high acuity and we felt that they should start sending babies out to other hospitals.

Q. Did you have the staff at the right levels to cope with the babies you were receiving?

A. No.

Q. If we turn, if we could, then, please, to the shift on 27 November 2015 and could we look at tile 140 for the layout. We can see on this occasion the shift leader Caroline Oakley. You're on duty, Mary Griffith and Laura Eagles, then below that Nicola Dennison and Vicky Blamire. What banding are Nicola and Vicky?

A. Band 4s.

Q. They're band 4?

A. Yes.

Q. Following on from what you said earlier, who will have decided this allocation on this night?

A. So this would have been allocated by the shift leader from the shift prior to this.

Q. Right. So whoever the previous shift leader was will have set this up?

A. Yes.

Q. If we scroll down we can see the layout on the unit.

Where's [Baby J] and who's caring for her, please?

A. [Baby J] is in nursery 4 with Nicola Dennison.

Q. Nicola Dennison was one of the band 4 nurses?

A. That's right.

Q. She's also caring for NW in nursery 4?

A. Yes, nursery 4 is the special care nursery for babies preparing to go home.

Q. Where were you and who were you --

A. I was in nursery 3.

Q. And two babies in nursery 3?

A. Yes.

Q. I'd asked if we could just keep the neonatal review to hand, so if it's there I wonder if we could go to page 3, ladies and gentlemen. You too, Ms Letby.

We can see, if we look at lines 22 and 23, they're the only lines with blue and yellow on this page, that's you and Mary Griffith delivering an e-prescription to [Baby J] --

A. Yes.

Q. -- and that's at 00.02.

A. Yes.

Q. You can look forwards, if you like, to satisfy yourself about what we have or don't have up to the first of the first pair of events over the page. But did you have any other involvement with [Baby J] before that first desaturation at 04.40?

A. No.

Q. In fact, if we want to see your first involvement again recorded here with [Baby J], could we turn to page 5 of 8, please? If you look at line 136, at 6.56, what do we have there, Ms Letby?

A. That's a nursing note regarding a desaturation that's been witnessed by myself and Mary.

Q. And that is at 6.56?

A. Yes.

Q. So that's the first of the second pair of events?

A. Yes.

Q. But between that and what we looked at a few moments ago at 00.02 with Mary Griffith, was there any other involvement with you and [Baby J]?

A. No.

Q. Who was caring for [Baby J]?

A. Nicola Dennison.

Q. When we look at page 5 of 8, in addition to [Baby J] we can also see a baby with the initial [initials of Baby J]. If we just run our eyes down that, ladies and gentlemen, you'll see that letter, [initials of Baby JJ. If we look at 178, Mr Murphy, line 178 on the paper, just enlarge that, the [initials of Baby J] there, is that [Baby J] or somebody different?

A. No, it's somebody different.

Q. Do you recall who? I can help you if you've got no recollection. Do you recall who [initials of Baby J] relates to when we look at it on this schedule?

A. No.

Q. If we just look at page 8 so there's no mystery. You look too, Ms Letby. Page 8, we have the plan for the way the nursery was populated at the end of the shift and does that help you with --

A. Yes, I know.

Q. Who was [initials of Baby J] that you were looking for -- after?

A. [initials of Baby J] is an admission that came into nursery 1 in the early hours of that morning.

Q. Do you have recollection of this shift independently of the various notes and schedules?

A. Yes. Some.

Q. Some. Do you recall how busy it was?

A. It was extremely busy.

Q. Right. We know, for instance, that Dr Verghese was called to the unit at some point after that or during that first pair of desaturations that Nicola Dennison records. Do you recall him being there at any other points during the night?

A. I think the doctors were quite present for a lot of the shift.

Q. Do you remember which doctors?

A. I know Dr Gibbs came and he was there for quite a lot of the evening. I couldn't be specific on times.

Q. Do you recall it being busy that evening?

A. Yes, very.

Q. We'll have a look at the first pair of events. They're not in the black bar. Can we look at the nursing note, please, by Nicola Dennison at tile 209.

We can put the neonatal review to one side. Can we scroll down to this? This is the note by Nurse Dennison. I'll read the relevant part of this and ask you some questions. 27 November, 07.37, so this is in the morning. ND, Nicola Dennison. There are some preliminary comments. I'm going down to:
"Shortly after the feed at 04.00 hours, [Baby J] became unwell and desaturated to the 30s, initially not apnoeic but then did require some Neopuff to recover. Colour looks poor, pale and mottled. Doctors informed and examined her. A further episode just after 5 am again requiring O2 though no apnoea at this time. Decision made to screen [Baby J]."

Can we also, before I ask about this, look at the note that was made by Dr Verghese at tile 165? It's this section. This is the section which I'd like us to look at. The note is made at 5.15:
"ATSP."

Do you remember what --

A. "Asked to see patient."

Q. "Two profound desats. First to 30s, being handled during stoma cares. Second to 50s, not being handled. HR remained above 100. Both episodes required bagging for..."

A. "A few minutes", I think.

Q. "Since then, pale and mottled. Increased work of breathing. Previously (overnight) settled, no desats, feeding well, no concerns."

That relates to "previously". And also, could we look at the apnoea chart at tile 160 and the neonatal review referred to the apnoea chart. We'll just have a look at this. Other witnesses were taken to this, that's the signature of Nurse Dennison. It records two events:

"04.40, apnoea, yes. Brady, 100. 3 mins duration,

100% Neopuff."

Then under that for the same morning:

"05.03, no apnoea, 100 brady. 30s desat. 2 minutes duration. 100% facial oxygen."

That's the information we have. Did you have any idea that this was happening at the time that it was happening?

A. No.

Q. Did you have any involvement with it?

A. No, not at all.

Q. We saw in Dr Verghese's note it makes reference to "[Baby J] being handled during stoma care" --

A. Yes.

Q. -- in relation to the first event. Were you there when anything like that was happening?

A. No, I wasn't.

Q. Do you recall whether you were on the unit at the time these things were happening?

A. I can't say.

Q. Do you recall whether you were on or off the unit at various points during that evening?

A. Yes, I was off the unit at points, yes.

Q. If we look at tile 151, please. We don't need to go into these. It's door swipe data and this has you, it says:

"In: maternity neonatal entrance doors, 01.57."

A. Yes.

Q. So where will you have come in from, do you know?

A. I have come in from the main hospital corridor on to the neonatal unit.

Q. Do you know why you would have been off and coming on at 01.57?

A. No. We do have cause to leave the unit at times to

access other rooms that are on the corridor or the toilets, things like that.

Q. If we go to tile 152, please. Now:

"In: maternity neonatal entrance doors at 03.47."

Again, do you know where you will have been or what you were doing that means you were coming in at 03.47?

A. I can't say exactly what I was doing, but we do go in and out of the unit frequently if needed.

Q. Could we look at tile 159, please? Thank you.

Again, this is:

"Maternity neonatal entrance doors, in, 04.29."

A. Yes.

Q. It doesn't appear to record when you go out, it just records when people go in; is that right?

A. Yes, you only have to swipe to come into the unit, not to leave the unit.

Q. Do you know how long you will have been out for, any way of knowing?

A. No.

Q. So we know the first episode, depending on which timing we go for, is any time -- well, at 4.40 on the chart that we saw last of all. Do you know what you were doing at that time?

A. No.

Q. But did you have anything to do with [Baby J]?

A. No.

Q. Whose care was she in as far as you know?

A. Nicola Dennison's.

Q. I have asked predominantly about the event that is timed at 4.40. Were you aware of any event at 5 o'clock of this pair?

A. No.

Q. Were you aware of what we have as the second pair of

events concerning [Baby J]?

A. Yes.

Q. Before we look at the note I'll ask you, do you have any independent recollection of what took place?

A. Yes.

Q. We know we're talking about 6.56 in the morning and then 7.24, so we've moved on a bit. Before we look at any notes, you tell us what you recall about what took place at those times.

A. So from my memory at the 6.56 event, Mary and I heard the monitor alarming down in nursery 4, we both went to the nursery to see [Baby J], and found her to be fitting.

Q. Can you describe that further when you say fitting?

Keep your voice up, please, Ms Letby.

A. When a baby fits they display certain characteristics. In this case [Baby J] wasn't breathing properly, she had her hands very clenched and tight, and her eyes were deviating to one side, so they were rolling to one side of her head; they're all signs of a seizure.

Q. Do you recall where you had been or what you had been doing before you encountered [Baby J] in that condition?

A. No, I just recall that we both heard the monitor and both attended but we weren't in the nursery at that time.

Q. Do you recall whether anybody else was in the nursery at that time?

A. No, there was nobody with [Baby J] when we both arrived.

Q. But you attended with Mary Griffith?

A. Yes, we both went together.

Q. So carry on. You described how she was when you found her at that time. What happened next?

A. We began to use the Neopuff system and I believe Dr Gibbs was on the unit at that point and we asked him to come and review [Baby J]. From my memory that is when she was then transferred to nursery 2.

Q. So there was a transfer to a different nursery?

A. Yes, so that she could be under closer observation in the high dependency room.

Q. Do you recall how quickly it was that Dr Gibbs attended?

A. Very quickly.

Q. Remind us (overspeaking) --

A. I think he was on the unit at the time and we shouted for him.

Q. Do you know how long he'd been on the unit for?

A. I couldn't say for definite. Again, there was a lot going on that night and I know the doctors were present for quite a lot of the shift but I don't know exact timings.

Q. We'll just pause to see what Mary Griffith records about this then and we'll move to the second part of this.

Can we put up tile 209, please? If we look at the higher entry. There we are. At 7.11 Mary Griffiths has put:

"[Baby J]'s monitor went off at 6.56. Myself and L Letby attended. Found baby with pale hands and baby very rigid. Sats went to 7 [sic] and heart rate down to 68."

And it describes the support given with Neopuff and Dr Gibbs being on the unit and being called to help. And that's how you remember it?

A. Yes.

Q. And before this happened, anything to do with [Baby J] at all before you went in there and found this happening?

A. No.

Q. If we just move to the next part of this. Can we look at tile 210, please, Mr Murphy. The lower of the two entries, please.

This is a note at 09.00 by Mary Griffith, the same morning:

"At 07.40 [Baby J] had a further episode: fists white and clenched, rolled eyes to the left. Sats 70s.

[Baby J]'s sats became lower and were unstable. Neopuffed again by Dr Gibbs for a further 8 minutes."

Then it goes on to describe the support that was given to [Baby J] at that point. Following on from that can you tell us where -- do you know where you were at the time this episode began?

A. This second episode?

Q. Yes, 7.40.

A. I think I was in nursery 3 and I was called to help.

Q. Do you recall who called you?

A. No.

Q. Had you had -- we've seen that at 6.56, when we looked at the neonatal review, at the beginning of [Baby J], we've seen that you and Mary Griffith had given some support to her, to [Baby J].

A. Yes.

Q. Just for our record, as we follow it, we see an infusion started with you and Mary Griffith at 7.09.

A. Yes.

Q. For those following it in the sequence of events, that's line 141. That repeats at 7.20 at line 144. Do you recall doing those infusions with Mary Griffith for [Baby J]?

A. No, not from memory, no.

Q. It's 7.24 for the event on the neonatal review. We have 7.40 in Mary Griffith's note. Do you recall when the event took place or can you not help with that?

A. No, I know the day staff were on the unit at that point, so it must have been around half 7 onwards.

Q. All right. Do you remember what time you remained on the unit until?

A. It was shortly after 8 o'clock I think. I did stay a little bit later that day, but I can't be specific on what time I left.

Q. So of these four events in two pairs with [Baby J] that morning, do you recall being in the nursery with her at the time that any of them happened?

A. No.

Q. Just to be clear, with the first two events, the first event with the two parts, were you even aware of that taking place?

A. No, I wasn't, no.

Q. When we come to the second pair of events, were you aware of them?

A. Yes.

Q. And you were involved with both of them?

A. Yes.

Q. Did you or were you involved in caring for [Baby J] after this particular shift? Do you have any independent recollection of that, I should ask first?

A. Yes, I'd cared for [Baby J] before and after this event, yes.

Q. So it's not just this event or this shift that you had anything to do with [Baby J] then?

A. No.

Q. Could we put up tile 290, please. This is the handover for 27 November at 19.30. So this is -- is this the evening of the day we've been looking at?

A. Yes.

Q. So were you working the following evening?

A. Yes.

Q. And you're designated on this occasion for [Baby J]?

A. Yes.

Q. Could we go to tile 324, please. Is it possible to enlarge that so we can see it a little better? If we go

to the right side of this page if we could, please. Now this is 28 November, 05.06. This is you, a note by you --

A. Yes.

Q. -- caring for [Baby J]?

A. Yes.

Q. So this follows on from what we've just seen about you being designated to look after her the following night?

A. Yes.

Q. Any issues with [Baby J] the following night --

A. No.

Q. -- in your care?

A. No.

Q. Can we look at tile 335, please. This is a message, a message from [Nurse E) to you, 08.00 on 28 November. So this is after the shift note that we've just looked at --

A. Yes.

Q. -- when you had care of [Baby J] the night following the shift that's on the indictment.

A. Yes.

Q. [Nurse E] asks:
"How was it?"

Can we go to tile 336, please. Your response at 08.14 to [Nurse E):

"Fine. Kept going with all the antibiotics, fluids, et cetera, but much better. Just about to leave."

So when you say "much better", what was much better?

A. The workload on the unit that evening was much improved from the night before.

Q. Can we go to tile 337, please. [Nurse E] to you:
"Ah good."

At tile 338 there's a number of messages of a social

nature between you and [Nurse E], and then tile 339, please. You to Jennifer Jones-Key:

"Sorry didn't reply. [Baby J] fine. Had blood and hasn't done anything else silly. Getting lots of bile and large losses so discarding and replacing with saline but otherwise okay. Still busy but had much nicer night. Did you have a good day?"

When you say "much nicer night" what are you referring to?

A. That the workload on the unit that evening was much more manageable and we'd all had a better shift than the previous shift.

Q. Is that your preference, Ms Letby, for it to be, as it's put there, "a nicer night"?

A. Yes.

Q. That's what you would want --

A. Yes.

Q. -- with things going smoothly?

A. Yes, and being able to give every baby the time they need.

Q. Would you want things to be going wrong?

A. No.

Q. Would you want babies to be getting hurt?

A. No.