MR MYERS: Count 21, Ms Letby, [Baby P]. I'm going to ask Mr Murphy to put up tile 2, please, so we have the details and just have a look what's behind the front page of the tile.

[Baby P], born, of course, on 21 June 2016 at 14.23, making him the first of the triplets. Birth weight of 2.066 kilograms, delivered by caesarean.
The count that we're dealing with next, ladies and gentlemen, count 21, as you now know, as you recall, follows after the events with [Baby O], so it's 24 June, the next day. Again, just to assist with where we're going, I will identify key times that we have looked at in the evidence and then we'll go through, Ms Letby, and look more closely at this with you.

But in fact, ladies and gentlemen, we start at 18.00 the day before, 23 June, when there was mild abdominal distension recorded in [Baby P]'s clinical notes and we'll look at this shortly. Overnight, the 23rd into 24th, he was cared for again by Nurse Ellis and there were recorded milk and air aspirates of some size. We'll look at the size shortly just to remind ourselves. That was overnight.
Ms Letby, you were designated to look after [Baby P] the following day when we get to the 24th. At 09.40 that morning, [Baby P] experienced apnoea, bradycardia, desaturation, and he was seen to be mottled and with a distended

abdomen. You may recall, ladies and gentlemen, that's just shortly after there'd been an examination by Dr Ukoh, who had been in that nursery.

That's at about 9.40 that morning.

At 12.28 that afternoon, there was further desaturation and bradycardia. That's the point at which in her evidence, again to assist you, ladies and gentlemen, [Dr B] says she noticed a tube had moved or been dislodged. I don't say these to make any concessions on the evidence, but it's just to assist us with the details that we heard, just to place things as we go to them now.

It's also at around that time that it turns out a right-sided pneumothorax was identified on a chest X-ray.

Later that afternoon, 15.14, there was a collapse and cardiorespiratory arrest during which [Baby P] received two infusions of adrenaline. You'll recall they're the ones for which we applied the mathematics as to the level of dose, and also 16 additional boluses of adrenaline. And again, sadly, at 16.00, resuscitation ceased and [Baby P] died.

So these are the events we look at, Ms Letby, ladies and gentlemen, in fact so far as they've been presented, starting at about 18.00 on the 23rd with that mild abdominal distension, going overnight, and then the first of the deteriorations at 9.40 on the morning of 24 June and going on from there.

Can we look at tiles 17 and 18 for the layout, please. Just to remind ourselves, 23 June, we just looked at this, is the morning after you came back off holiday.

A. Yes.

Q. Just briefly can we look at tile 18 which shows how matters were at the start of that day for [Baby P]. To be quite clear, ladies and gentlemen, we're back on that first day again, the first day with [Baby O] as well, but because the events follow on alongside that, we're just starting there to keep track of everything. So we have seen this this morning already and you're looking after all the triplets in the high dependency nursery; is that right?

A. Two of the triplets, yes.

Q. Yes, two of the triplets in the high dependency. When we come to the end of the shift on 23 June, the end of the shift on 23 June, how did [Baby P]'s condition seem to be for you, if you can remember?

A. I don't recall there being anything significant happening, but I was busy with [Baby O], so --

Q. Yes.

A. -- I can't be specific on what was happening with [Baby P] at that time.

Q. I understand. Let's go to the note that you made then, which is in the [Baby P] sequence at tile 168. Thank you. This is the note. We can see 20.24, so this was written at the end of that day when, sadly, [Baby O] had died; is that correct?

A. Yes.

Q. We know you had a number of events to document. Can you just read into the record, so we have it, what you noted for [Baby P] at the end of that day?

A. "Written for care given from 08.00 to 14.00. Emergency equipment checked, fluids calculated. [Baby P] nursed in an incubator, observations within normal range. Continues with two-hourly feeds. EBM/donor EBM via NG tube. Minimal aspirates obtained. Abdomen appears full but soft and non-distended. Urine and meconium passed. Alert and active. Handling well. CUSS performed this morning, NAD. Delay in giving caffeine due to workload. Septic screen carried out this evening by Consultant Gibbs in view of sibling's deterioration. Difficulty obtaining IV access. Secured after numerous attempts. For IV cefotaxime and flucloxacillin. Requires blood gas."

Q. In fact we can see the note is timed 20.24. The first part said "Written for care given from 08.00 to 14.00"; can you see that?

A. Yes.

Q. Does this actually consist of two parts, this note, as it happens?

A. Yes.

Q. It covers right to the end of the shift, does it?

A. Yes.

Q. From your care for [Baby P] were there any particular concerns that you identify at this stage?

A. No.

Q. And this is how he was -- does this reflect how he was at the end of your shift.

A. Yes.

Q. Again, just to keep track of events that we know apply here, can we look at the note made by Dr Cooke for the evening. It's at tile 134.

This is a note made by 18.00 by Dr Cooke.

She'd been there with Dr Gibbs and an examination had been conducted with [Baby P] then. We can see here, if we look at "on examination", the fourth line down:

"Abdomen full. Mildly distended."

Do you see that?

A. Yes.

Q. That's something that was identified in the evidence. Anything that you saw with [Baby P] that casts any light on that or raises any issue with that?

A. No.

Q. Is there anything unusual for a baby to have an abdomen that's full and mildly distended?

A. No.

Q. We can see in the plan that included a plan to have an abdominal X-ray; can you see that?

A. Yes.

Q. The third item.

A. Yes.

Q. Again, because it features in the evidence as we move forwards, can we just remind ourselves what that X-ray shows. That's at tile 173. Just go into that, please. If we just look at the image first of all on the first page. The timing of this, although it was ordered at 6 o'clock, it's taken at 20.09. Can you see that?

A. Yes.

Q. Were you still caring for [Baby P] at the time this X-ray was taken?

A. No.

Q. What time had you ceased to be looking after [Baby P] on this evening?

A. Officially at the 14.00 that I'd written in my notes.

Q. Officially at 14.00?

A. Yes.

Q. What do you mean there?

A. I'd written in my notes care given from 8 in the morning until 14.00. After that time, other nurses assisted with his care.

Q. Right. Is that because you were occupied with looking after [Baby O]?

A. Yes.

Q. So had you been involved closely with looking after [Baby P] after 14.00?

A. No.

Q. Do you know precisely who was looking after [Baby P] after 14.00?

A. No.

Q. And at what time did that shift finish in any event?

A. 20.00.

Q. Right. So had you been looking after [Baby P] in the period leading up to this radiograph, this X-ray?

A. Not that I recall, no.

Q. If we just scroll down to see what's written by the radiologist:

"NG tube in satisfactory position with its tip in the gastric body. Gas-filled bowel loops throughout the abdomen through to the lower rectum, with no evidence of obstruction and no plain film signs of perforation. No intramural or portal vein gas demonstrated."

That's how that presented, but you had -- in that note it said "Care given up to 14.00"?

A. Yes.

Q. And you had been preoccupied with [Baby O] from then until the end of the shift?

A. Yes.

Q. Is that right?

A. Yes.

Q. Do you know whether Rebecca Morgan had been involved in caring for [Baby P] during the afternoon of 23 June? We're still on 23 June. Do you recall what she had been occupied with?

A. Sorry, is this the day with [Baby O]?

Q. This is the day with [Baby O] still.

A. Yes, so -- yes, she was.

Q. We start there because attention has been focused on abdominal distension at 18.00 and this X-ray. So that's why, so you understand, not critically, but that's why we're looking at events concerning you over this period because it's something the prosecution point to, so we're dealing with it.

A. Yes, so at that point I still had three babies in nursery 2, which Rebecca Morgan was helping me with and caring for.

Q. With that in mind, and what we're looking at here, can we look at the observations for [Baby P] at tile 22, please? Again, these are in paper for anyone who wishes to see them in paper. At this stage we're concerned with events on 23 June, so if we go into the tile and scroll down, we're going to -- we're looking at the central part of these observations and we can see where 23 June begins at 00.
We're going to look at the entries at the bottom and the timings of the observations.

Again, I don't know if it's possible to carry the timings down or not. Otherwise, if it isn't, can we go to the top to see where 08.00 begins? 08.00 is the start of the shift on the 23rd, it's the first of the 3 days we're looking at, the day, sadly, that [Baby O] died. We're looking at care for [Baby P] at 08.00. Can you help us there with who's conducted observations, in fact, at 08.00?

A. So that column, the writing looks like it's Rebecca Morgan's and that's my signature at the bottom.

Q. That's 08.00?

A. Yes.

Q. Next column along, this day, 10.00.

A. That's Rebecca Morgan and again I've co-signed at the bottom.

Q. Next column, 12.00. Who's dealt with the observations with [Baby P] then?

A. Rebecca Morgan.

Q. 14.00?

A. The same, Rebecca Morgan.

Q. And then 18.00, which is the time at which mild abdominal distension is identified?

A. That's Rebecca.

Q. Right. Identified in the notes by Dr Cooke. Who's completed that?

A. Rebecca Morgan.

Q. When we come to 20.00, who's caring so far as the signature is concerned?

A. That was Nurse Ellis, who was on the night shift.

Q. That's the observations. Can we look at the fluid chart at tile 24. Again this is also in paper, ladies and gentlemen, for anyone who's following it in paper.
Tile 24.
We've seen observations by Student Nurse Morgan around at 8 o'clock, 10 o'clock, 12, 2, 4 and 6 o'clock.

A. Yes.

Q. We're going to look again on the fluid chart for who's dealt with the entries for [Baby P] on this day. If we look across the top we can see 08.00.

Have you completed the entries for 08.00 on this chart, Ms Letby?

A. I've co-signed a signature at the bottom, but the actual written documentation is Rebecca Morgan.

Q. This deals with the feeding of [Baby P], doesn't it?

A. Yes.

Q. So who would be feeding [Baby P] with regard to this?

A. Rebecca Morgan, because she's written -- she's completed the chart.

Q. Right. And at 10 o'clock, who's completed the chart?

A. That's Rebecca Morgan and I have co-signed for it below her signature.

Q. Who's dealt with the feeds for [Baby P] then?

A. Rebecca Morgan.

Q. 12 o'clock. Who's signed it and who's done the feeding?

A. Again, that's Rebecca Morgan's writing and I have co-signed it.

Q. 14.00, same, please?

A. That's the same. Rebecca has completed the feed and I have co-signed at the bottom.

Q. During this period what's the scale of the aspirates that have been obtained?

A. Minimal, enough to just test the NG tube.

Q. How do you know they're minimal, is there anything written there that tell us --

A. It's written "trace" in the aspirates column, yes. I can't see the one in the middle but there's four trace aspirates.

Q. I think we have got "small vomit" in the middle.

A. (Overspeaking).

Q. At 16.00, so 4 pm, who's dealt -- filled the chart and who's done the feeding?

A. Rebecca Morgan.

Q. And then 18.00, please. Who's filled the chart and who's done the feeding?

A. That's Rebecca Morgan and it's my signature, I believe, in the bottom.

Q. Your signature in the bottom. Whose writing is it where we've got "EBM" and --

A. Rebecca Morgan.

Q. We know, sadly, what was happening with [Baby O] at this time. Who was therefore dealing with [Baby P] so far as you can assist us with?

A. Other members of staff.

Q. Who was feeding [Baby P]?

A. Rebecca Morgan.

Q. We'll return to this chart shortly when we look at what happens as we go into the evening shift. Were you aware of any conditions or any problems with [Baby P] at the end of that shift?

A. No.

Q. Were you looking after [Baby P] the following day?

A. Yes.

Q. Would you have received an update on his condition when you went to work on the morning of the 24th?

A. Yes.

Q. Do you recall now anything that was identified about his condition overnight?

A. Yes, I recall that Sophie Ellis was quite concerned about [Baby P] in view of what had happened to [Baby O] and he had been reviewed several times overnight and had been placed nil by mouth due to some concerns for his abdomen and some aspirates that he was having.

Q. Was that anything like the condition he'd been in when you were caring for him, or Rebecca Morgan and you, the day before?

A. No.

Q. Would you have read the nursing notes and the relevant charts when you started your shift?

A. Yes.

Q. Can we look then, please, at the notes immediately preceding what you dealt with on the 24th and that's Sophie Ellis' note at tile 169 for the period overnight. It's the section in the middle. There are two notes for this shift from Sophie Ellis. The first note,
24 June 2016, 01.31:
"Cares taken over for night shift at 20.00. Safety checks completed and fluid requirements calculated. Nursed in incubator. Philips monitor in situ. Apnoea alarm also now in situ as on caffeine. Observations have been within limits. Did have 1 desat into 80s and 1 brady into high 90s. Self-corrected."
Tell us, when it says "self-corrected", what does that mean the nurse has done or hasn't done?

A. So no intervention has been required, she's observed the baby and they have resolved themselves without intervention.

Q. Even with a desaturation into the 80s?

A. Yes.

Q. "No intervention required. Does at times have a low-lying HR..."
Meaning?

A. Heart rate.

Q. "... between high 90s and 110. SHO Henton aware."
It describes the feeding on DEBM by nasogastric tube:
"15ml 2x12. 14ml part-digested milk aspirate gained at 20.00 feed. Nurse in charge informed. Placed on to tummy (monitoring in situ). Continued with feed.

"00.00 feed, 20ml part-digested milk aspirate gained.
Abdo is full but soft. Reg Mayberry informed.
Plan to put nil by mouth and start 10% dextrose.
Cannula site satisfactory. Blood gas completed at start of shift."
And it has the figures there. Then the addendum at 06.39 by Nurse Ellis:
"Abdo has been soft and non-distended. 25ml of air aspirated by Senior Nursing Practitioner Kate Ward [who we know as Kate Percival-Calderbank]. NGT placed on free drainage."
That's the note so far as the care for the baby is concerned for [Baby P] by Sophie Ellis.

Can we also, with reference to what we're looking at, go to the fluid chart, please, at tile 24. We looked at it a moment ago and we're returning to it now. We're looking at the right-hand side now for the shift where Sophie Ellis is the designated nurse. We can see, Ms Letby, it was referred to in Sophie Ellis' note, at 20.00 she records, "14ml replaced". Can we see that in the aspirate line?

A. Yes.

Q. Is that consistent with the condition of how [Baby P] had been during the course of that day when you and Nurse Morgan had been looking after him?

A. So throughout the day shift for us he had had minimal trace aspirates, so this was a change.

Q. If we go to the end of that chart, 24.00, midnight, what happens then by way of aspirate?

A. The aspirate has increased in volume.

Q. What have we got, what's taken out?

A. 20ml and that has been discarded.

Q. Discarded. If there's been a 14ml aspirate at 20.00 and then 20ml at 24.00, what picture does that paint?

A. That the baby is not digesting the milk.

Q. Can you help us, from what we've seen from the notes and what's written in this chart, as to what happened at this point? If you look up above the aspirate recorded.

A. That he went nil by mouth, yes.

Q. Again, is that something that would be an aim of treatment for a baby?

A. No, that's a decline.

Q. When aspirate has been removed like this, what has the nurse actually done to remove it?

A. They've attached a 10ml syringe to the end of the nasogastric tube and pulled back the plunger.

Q. So it's a 10ml syringe and they have pulled back and there's 20ml of aspirate here.

A. She would have to have used two syringes.

Q. Right. How would she know when to stop?

A. When you pull back and nothing else comes out, you get resistance. Nothing will come if the stomach is.

Q. What about if there is air in the stomach, will that come?

A. Yes.

Q. So if you've got a lot of aspirate and you're seeking to pull out whatever's there --

A. The air would come as well.

Q. Right. Would you know when to stop and leave just air inside?

A. No.

Q. You keep going until when?

A. Until you don't get any resistance on the syringe, there is nothing else to draw back.

Q. When do you know to stop? Can you keep pulling stuff out?

A. No.

Q. It stops coming out?

A. Yes, once you reach that resistance, that's it, you can't take anything else out.

Q. Does that mean air is left in the stomach at that point?

A. No.

Q. So if 20ml of milk has been removed, would you expect the stomach to have other items in it at that point?

A. No.

Q. Would you expect it to have air in at that point?

A. No, I'd expect it to be empty.

Q. Can we move on then, please, to this chart where it continues at tile 237. We can see the bottom. This is going past midnight with care continuing by Nurse Ellis for [Baby P]. By this point, has he stopped receiving feeds?

A. Yes, so he's now receiving 10% dextrose instead of milk.

Q. Right. So the feeds row is empty --

A. Yes.

Q. -- because he is nil by mouth?

A. That's right.

Q. So we can see no output at 01.00. If we just move across to when we get to 04.00, what's happened at that point?

A. From reading the chart, 25ml of air has been aspirated.

Q. Right. We may recall this involved Nurse Calderbank-Ward also being asked to assist round about this time in the evidence. Is 25ml of air something you would expect to find if he'd been aspirated as he had been at midnight?

A. No, that's a very large volume of air.

Q. Should it be there?

A. No.

Q. What about if we move forwards to just before your shift commences? We can see at 07.00 we've got 5ml --

A. Of air and 2ml of milk --

Q. Right.

A. -- that's been aspirated.

Q. Again, if 25ml of air were aspirated at 04.00, would that process mean more air could be left behind at that point?

A. No.

Q. So should there be further air aspirated 3 hours later?

A. No, and there's -- also milk has come back at that point as well.

Q. From the charts that we have here, how does the overall picture of [Baby P] appear to be in terms of how he was when you had -- he'd been handed over the night before?

A. There's been a noticeable decline in his health.

Q. Let's move then into the day shift of 24 June and the layout is at tiles 257 and 258, Mr Murphy, if you could help us with that, please.
We can see shift leader is unknown, but you are the designated nurse for [Baby P] on this shift.

A. Yes.

Q. Student nurse Rebecca Morgan is also present. Was she still with you at this point?

A. Yes.

Q. If we scroll down to see the actual layout of the nurseries, please, Mr Murphy. Move to tile 258.

Can you just confirm for us which nursery you were in and who you were caring for?

A. I was in nursery 2 with [Baby P].

Q. Also, another baby in there --

A. Yes.

Q. -- being looked after by Christopher Booth, Nurse Booth.

A. Yes, that was a sibling of [Baby P].

Q. We know that, [Baby R].

A. Yes.

Q. When was it that you knew that you'd be caring for [Baby P] on the 24th? Do you recall when you were told?

A. Um... Yes, so the night shift -- the evening shift before, the nurse in charge, Belinda Simcock, had asked me if I would like to continue with [Baby P] the next day as continuity for the parents.

Q. And how did you feel about that?

A. I felt that was the right thing to do, that the parents had that level of continuity.

Q. The shift began, it's got here, at 7.30. Did it follow the normal start to a shift?

A. Yes.

Q. We know that we're going to be looking at an event next that happened round about 9.40 -- I say round about because sometimes the timings aren't absolute precise. I'm saying that neutrally. A little after 9.35. Do you recall this happening on the morning?

A. Yes.

Q. Can you describe to us, before we go to any notes, what it is that you recall had happened in that nursery with [Baby P] leading to -- the events leading up to it and then the event itself?

A. I was conducting my safety checks and just general observations round the cot side. I noticed that [Baby P]'s abdomen was quite loopy.

Q. What do you mean by loopy?

A. That's when we can see visible loops of bowel. It's like, I can't... I can't describe it. You can just see that the stomach has changed and it's raised. I spoke to the nurse in charge about this and we were going to wait for the doctors to review him. Dr Ukoh then came to review [Baby P] and shortly after that is when he had an apnoea.

Q. Right. Are you able to say how soon after Dr Ukoh had reviewed?

A. Very soon. He was still in the nursery at that point.

Q. Did Dr Ukoh actually review [Baby P] from what you recall?

A. Yes.

Q. He reviewed [Baby P]. And you say he was still in the nursery?

A. He was still in the nursery, yes.

Q. Still in the nursery at the time of what?

A. When [Baby P] had an apnoea that needed intervention.

Q. And do you recall who else was in the nursery at this point?

A. Potentially Rebecca Morgan from my memory.

Q. So there's --

A. I couldn't say for definite.

Q. So there's you?

A. Definitely myself and Dr Ukoh.

Q. Rebecca Morgan?

A. Yes.

Q. Can you remember where Christopher Booth was at this time?

A. No.

Q. Do you recall what happened after there was a deterioration? Can you describe it and tell us what happened?

A. [Baby P] was apnoeic, Dr Ukoh went over to [Baby P] and began to use the Neopuff on him, and I went out to call for help from [Dr B], who was on the unit at that point, and the doctors who were in nursery 1 doing the ward round.

Q. So you've got Dr Ukoh in the room?

A. Yes, with Rebecca.

Q. With Rebecca. You can't remember where Christopher Booth was. [Dr B] was on the unit?

A. She was, yes.

Q. Did you say there were other doctors on the unit?

A. Other doctors were in nursery 1 carrying out the ward round.

Q. Do you remember whether any other doctors came to assist?

A. I remember [Dr A] came.

Q. Right. Did [Dr B] assist?

A. She did, yes.

Q. Did a crash call go out?

A. I can't recall that because the doctors were on the unit at the time. I don't recall putting a crash call out.

Q. Did [Baby P] stay where he was at this point or was he moved?

A. He stayed in nursery 2. At that point nursery 1 was busy and it was felt that it was safer to keep [Baby P] in nursery 2.

Q. Thank you. We'll just have a look at the notes, if we could, regarding this -- what happened that day. Can we go to tile 263, first, Mr Murphy.
We start here then we have to move to another tile to actually complete this entry. Now you've described it to us as best you can from your memory, can you assist us by going through the note that you wrote?
Can you see what time you wrote this note?

A. It was started at 21.18 and then finished at 22.00.

Q. This is actually on the night of --

A. Yes.

Q. -- of the day?

A. Yes.

Q. All right. We'll have a look at what happens at that evening went on in due course, but please read the note for us.

A. "Written in retrospect for care given from 08.00. Emergency equipment checked, fluids calculated. [Baby P] nursed in an incubator, observations within normal range. [Baby P] nil by mouth. IV fluids 10% glucose at 90ml/kg running via peripheral line. Line occluding. High pressures. NG tube on free drainage. Trace amount in tube. Abdomen full. Loops visible. Soft to touch."

Q. Is that the loops you were telling us about, is that what you were describing?

A. Yes:

"Reg Ukoh arrived to carry out ward round. [Baby P] had an apnoea/brady/desat with mottled appearance requiring facial oxygen and Neopuff for approximately 1 minute.

Abdomen becoming distended. Decision made to carry out bloods and gas at approximately 09.30."

Q. Can we go to tile 292, which is where this continues, please.
Read through to the end of this section --

A. "Shortly after, acute deterioration. Emergency intubation successful. Resus commenced as documented in medical notes."

Q. We'll stop and take the tile down for a moment but we might go back to it. Can you recall how [Baby P] seemed to be to you at this point?

A. At which point, sorry?

Q. The point we have reached now, with the care he's been given. He'd been intubated?

A. He'd been intubated, yes.

Q. Did he seem to be stable at this point?

A. Yes, he'd improved, yes.

Q. Are you involved with the pressures that are set for [Baby P] when he's intubated?

A. I may set the ventilator, but that would be on the guidance of the medical team.

Q. And once that happened, was he stable for a period?

A. Yes.

Q. We know there's a deterioration at 12.28, it was the second of the events that morning that we've focused on in particular. Do you actually have any independent recollection of what happened leading up to and around that deterioration at 12.28?

A. No, I don't, no.

Q. What about moving on from there, the events from 15.15 when, again, there was -- [Baby P] deteriorated? Do you recall that?

A. No.

Q. We're going to turn to your note and see what that says and then I'll have some questions to ask you about it.
Can we go back to tile 292. To just summarise first, we've got an entry for 11.30.
It says:
"CPR for 6 mins."

Is this as part of the resuscitation for the earlier event?

A. Yes.

Q. "Peripheral access obtained."
It describes his condition, how he presented:
"Colour and perfusion poor. Mottled and capillary refill 3 to 4 seconds. Nil obtained from NG tube. Abdomen full but soft. Nil urine passed, meconium passed."
Can you tell us the next thing that you document, please?

A. I've documented at 12.28 that there was a further collapse:
"Resus as documented in medical notes. Adrenaline infusion commenced along with dopamine. Needle aspiration for right-sided pneumothorax."

Q. I'll ask you to pause there at that point. There's no reference in the notes to anything about a tube dislodging at that time?

A. No.

Q. From your recollection, did a tube dislodge?

A. Not from my recollection, no.

Q. Was there any issue about a tube dislodging?

A. Not from my memory, no.

Q. Did anyone ask about a tube dislodging?

A. No.

Q. What you do note is:

"Needle aspiration for right-sided pneumothorax."

A. Yes, I recall that.

Q. We know, without doubt, there was a pneumothorax.

A. Yes.

Q. Do you have any recollection of when that was first identified? Any independent --

A. After the collapse.

Q. Pardon?

A. After the collapse --

Q. Yes.

A. -- and the CPR.

Q. Outside what we have in the note, can you help us with it?

A. Oh, no.

Q. Right. Do you recall who performed the needle aspiration for the right-sided pneumothorax?

A. No.

Q. Do you recall what happened after the collapse at 12.28 outside what we have in this note?

A. I just remember there being a general decline throughout the rest of the shift then. It's just a lot of interventions required, more and more.

Q. Were you involved in the care for [Baby P] as the day went on?

A. Yes.

Q. We can see, if we look at 12.47, it says:

"Adrenaline infusion doubled to..."

And it's got a change in the rate. Can you see that?

A. Yes.

Q. I'm not going to go through the mathematics with you, Ms Letby; that's to be dealt with elsewhere and has been already. But were you involved in giving any of the doses of adrenaline that [Baby P] received?

A. I would have to check the charts but I know I did give a lot of medication on this day.

Q. You gave medication?

A. Yes.

Q. Because in this note you have written down things that you did and the technicalities, haven't you?

A. Yes.

Q. But you didn't write the note until that evening, did you?

A. No.

Q. So again, I know I've asked you this before with regard to [Baby O], how did you have available the information that you could use to complete this?

A. So notes were made at the time on a piece of paper or paper towel.

Q. All right. We can take this note down if you would, please, Mr Murphy.
Notes are made on a piece of paper or towel and then what do you do with those notes?

A. They would then be written up at a later point into the Meditech system and on to the relevant charts.

Q. Do you recall at any point as the afternoon moved on any significant aspect of [Baby P]'s colour or discolouration?

A. No.

Q. Was this something that the doctors at the Countess of Chester Hospital could deal with, what was happening, from what you saw?

A. [Baby P]'s condition at that time?

Q. As the afternoon went on.

A. No, there was an increasing sense of anxiety on the unit and there was a huge sense of relief then when the transport team did arrive.

Q. So transport team. Who are they, where are they from?

A. The transport team is an intensive care team from Arrowe Park Hospital and that was led by Dr Oliver Rackham at that time.

Q. He gave evidence here, didn't he?

A. Yes.

Q. And why were they called, do you know?

A. For extra support for [Baby P] and for transferring him out for tertiary level care, which is what he was needing at this point.

Q. Do you recall during the afternoon which doctors were present, which Countess of Chester doctors were present?

A. Yes, [Dr B] throughout, [Dr A], Jessica Burke. I think Dr Cooke was around at points and also Dr Brearey.

Q. How was [Dr B] coping with what was taking place as the afternoon went along?

A. She was becoming increasingly agitated and quite stressed about things. She was regularly leaving the unit to go and have a cigarette, which she often does when she's stressed.

Q. So she'd go outside the building and then come back in?

A. Yes.

Q. You are saying she was stressed, how are you feeling?

A. The same: we were all very anxious, particularly in view of what had happened to [Baby O] the day before.

Q. And I don't mean to be indelicate, but what were you anxious about?

A. That there didn't seem to be any clear plan from the doctors. Nobody seemed to know what was happening and very much just wanted the transport team to come and offer their expertise.

Q. And why did you need them there?

A. Because of how poorly [Baby P] was and the things that we were offering him weren't working. It was beyond our level of care.

Q. Did you speak to [Dr B] during the afternoon as to how you were feeling?

A. Not from my memory.

Q. Did you ever voice to her your concerns that maybe [Baby P] wouldn't make it or wouldn't make it out?

A. I can't recall that specific conversation, no.

Q. Could you have said something like that?

A. Potentially. I have no recollection.

Q. Were you there when [Baby P] died?

A. Yes.

Q. Were you involved in giving support to the family as well as you could when that happened?

A. Yes.

Q. What did you do?

A. The family were present throughout the afternoon while [Baby P] was declining. Then support was given afterwards in terms of what we could give them -- I'm sorry, what do you mean?

Q. What did you do with the family? [Baby P] has passed away. What was your involvement, Ms Letby?

A. In supporting them.

Q. Yes. And what did you do for them, do you recall?

A. No.

Q. I'm not trying to test your memory unfairly.

A. Sorry, no.

Q. We can go to your note in a bit but I am giving you the opportunity to see if you can remember and tell us what you did.

A. I know I dressed [Baby P] and [Baby O] at their request.

Q. I know necessarily in the way we're dealing with things in this trial we deal with an event and then another event and another event, a baby and a baby and a baby because we're having to do it that way, but can you convey to us what the atmosphere was like on that unit when a second baby, a second twin, had died like this on 24 June?

MR JUSTICE GOSS: A triplet. Second triplet.

MR MYERS: I apologise.

A. It was a completely flat atmosphere. Everybody was shocked, devastated.

Q. You use the word flat, but then you said shocked and devastated.

A. I think the general mood -- you can just tell that the whole unit just was flat generally, there just wasn't -- it wasn't the usual sort of positive atmosphere that we would have.

Q. And how did you feel about -- you feel personally about what had happened where [Baby P] was concerned, as you had with [Baby O], his triplet?

A. I was really upset about this. To have it 2 days in a row and to imagine what those parents had gone through to lose two of their babies, it was harrowing.

Q. Harrowing?

A. Yeah.

Q. Can we look at the note, please, at tile 292. Go across to the right-hand side. Just to see the family communication. Scroll across or, rather, slide across. I appreciate I was asking you what you'd done to support the parents and I appreciate you're being asked about things that happened a while ago and there's a lot of detail here as we deal with count after count after count.

A. Yes.

Q. So in fairness, to assist, let's look at the family communication. What time were you writing this note up?

A. 22.00.

Q. What do you note that you did where the family are concerned? And you can read the note out, please, as the easiest way.

A. "Parents present and updated throughout. Aware of how ill [Baby P] was and that transport team were coming to take him to Liverpool Women's Hospital. Baptism offered and accepted. Parents held [Baby P] as he passed away and have spent time with him and sibling [Baby O].
I have dressed [Baby P] at their request and taken photos of [Baby P] and [Baby O] together. Support ++ given to parents and extended family. Time spent on Lavender Suite as a family. Mum discharge and parents have gone to Liverpool Women's Hospital to be with sibling, [Baby R]."

Q. All right. Again, we've dealt with this before. Why is it you that's dealing with the family at this point?

A. I'm the designated nurse.

Q. And where it makes reference to photographs taken, is that something that does happen as part of the policy?

A. Yes, it's part of the bereavement pathway.

Q. Who decides if photographs are to be taken?

A. It's offered to the parents and they would have to consent to those photos.

Q. Are you following a policy that's set up to be dealt with in circumstances like this?

A. Yes.

Q. The note here is written at 22.00 and we can take that down now, please, Mr Murphy, thank you.

Is there any particular reason why this note comes to be written so late that evening?

A. Obviously it was a busy shift and a lot of the notes needed to be done retrospectively, but I'd also had to go to A&E for a period of time that evening after having a needlestick injury.

Q. Let's just scroll back a moment. You said you got a needlestick injury; what needle was that?

A. It was one of the needles that had been used for the intraosseous access on [Baby P].

Q. And where had that needle gone?

A. It penetrated through his limb and had come out of the skin.

Q. No, so far as you were concerned, where had the needle gone? To you.

A. Sorry, in my finger.

MR JUSTICE GOSS: Why you needed to go to A&E.

A. Sorry, it pricked my finger.

MR MYERS: All right. It's a lot of detail we're going through and we've dealt with three babies this morning that together took two/three weeks of trial time. We appreciate that, Ms Letby. Just take our time. You'd hurt your finger?

A. Yes.

Q. And that was caring for [Baby P]?

A. Yes.

Q. Is that before or after he died?

A. It was afterwards. It was when I was dressing [Baby P] and [Baby O] for the parents.

Q. What happens, whatever the circumstances, if you get an injury like that, what do you have to do?

A. There is a pathway that you have to follow. And the first part of that is attending A&E.

Q. Is that where you went?

A. It is, yes.

Q. And what happens when you get to A&E?

A. You have blood samples taken and boosters, booster vaccinations such as hepatitis.

Q. And whilst you were there, is that what was done for you? Is that what was done for you?

A. Yes.

Q. How were you whilst you were at A&E?

A. I was unwell when I was there. I fainted.

Q. So it's probably difficult to answer, but do you know why you fainted (overspeaking) --

A. The stress of the day. I hadn't eaten, we hadn't taken any breaks. I think the overall enormity of the last 2 days had sort of taken its toll.

Q. Yes. Did you return to the unit after you'd been to accident and emergency?

A. Yes, because I still had notes to complete.

Q. And did you complete those notes?

A. Yes.

Q. We don't need to go through them all again. We saw some messages when we went through the evidence with [Dr A] about enquiries from him to you about how accident and emergency had been.

A. Yes.

Q. Is that relating to what you're describing to us?

A. It is.

Q. There are also some messages where he had waited to give you a lift home. Can you perhaps take us through that, what was that about?

A. [Dr A] was aware that I'd been unwell in A&E, and that I would be walking home alone that evening, so he offered to give me a lift home.

Q. Did he drop you off?

A. He did.

Q. Where did he go after that?

A. He went home.

Q. I just want to ask you, before we finish at lunchtime, a little bit about some of the material that was found relating to the triplets, [Baby O] and [Baby P], when the police went to the house, to your house. So can we put up on the screen, please, Mr Murphy, first of all, page 22 from those prosecution images.

We've seen this before. This is the Ibiza bag. There are various handover notes or documents found within that. So let's just move forwards to the ones we need to look at. Page 23, please.
This is items spread out on the surface by the police.
I would like us to go the handover sheets. The handover sheet for 23 June, are you all right to deal with this, Ms Letby, just before lunchtime?

A. Yes.

Q. If we remind ourselves what they are. We've got the handover sheet -- this is the 25th. I am sorry if I said the 25th, I meant the 23rd first of all.

I just want to look at the 23rd and the 24th. The 25th, by the way, which is on the screen, is the day you were carrying for [Baby Q], isn't it, Ms Letby?

A. Yes.

Q. We'll deal with that after lunchtime.

(Pause)

If there's a difficulty, I can move on with questions, Mr Murphy. Don't worry.

(Pause)

Whilst we are waiting for this, Ms Letby, I will ask you some questions about it because it's just to have the image of the handover sheet there and we can probably stretch our imaginations to think of it whilst we wait for it to appear.

23 June. You have the handover sheet, which includes on it [Baby P] and [Baby O] --

A. Yes.

Q. -- and the various notes on the back of that.

A. Yes.

Q. Is that the handover sheet that you would have taken home with you at the end of that shift, if you remember?

A. Yes.

Q. You told us earlier on about that.

A. Yes.

Q. Then we'll also see, either now or at some other point, that you have the handover sheet for 24 June too.

A. Yes.

Q. Which on it has [Baby Q], although you weren't his designated nurse on that occasion, but also, [Baby P] --

A. Yes.

Q. -- and [Baby R], who Christopher Booth was looking after.

Can you help us with how it is those notes, and indeed the one we've got on screen, 25 June for [Baby Q], how it is they come to be at home with you?

A. They've come home in my uniform and I have not done anything with them.

Q. You described earlier a particular reason why the note on 23 June had come home.

A. Yes, it was kept because I still had notes to do the following day.

Q. Right. We know on the backs of these handover sheets there's various handwritten notes.

A. Yes.

Q. Are they by you?

A. Yes.

Q. What are those handwritten notes of?

A. Events that had happened throughout the day for the babies I was caring for.

Q. Are they just for the babies on this indictment or do they include other babies who aren't on the indictment?

A. No, any baby that I was allocated to look after.

Q. You have the handover sheets with the notes on the back of them over this period?

A. That's what the handover is for: we would write on the back of the sheet about the babies we were looking after.

Q. I wonder, Mr Murphy, if we could actually go to tile 59. Don't worry about the handover sheets for now. I'm sure we can see them again or will do. Can we go to tile 59 in the sequence?

Just something we noticed travelling through the sequence of events. This is 23 June, so the first of the 3 days, the day when you were looking after the triplets, and the day, sadly, when [Baby O] died and it's at 9.55 to [Dr A]:

"I lost my handover sheet. Found it in donor milk freezer! Clearly I should be in Ibiza."

What was going on with that, do you recall?

A. I'd mislaid my handover sheet at that point and I found it in the donor milk freezer, so --

Q. Right.

A. We use the handover sheet to document when we take milk out of the freezer and I must have left the sheet in there by accident.

Q. That's what that relates to?

A. Yes.

Q. I just wanted to ask about that.

Again, I've asked you before about Facebook searches, but if we look at tile 719, we see on 23 June 2017, so a year later from the events we're looking at, a search for "[Surname of Babies O, P & R]" at 23.46. Do you remember that taking place?

A. No.

Q. Is there any particular reason why you may have searched for "[Surname of Babies O, P & R]" on this particular date?

A. It was the anniversary and they were on my mind.

Q. Were they something that did stay on your mind?

A. Yes.

Q. Why was that?

A. It was such a harrowing experience, just to see parents lose two of their children. And to have that happen 2 days running. You don't forget something like that.

Q. Can we just see if we can find page 9 from the prosecution images? Hopefully we have a bit more luck with this. Page 9. I'd like to get to this, please. It's something we looked at earlier but perhaps now we've reached this point in the evidence I'd like us to go back to it before lunchtime.

(Pause)

One of the notes, by the way, so you know, that we are going to be looking at that was taken from the handbag in your room when the police attended.

(Pause).

Thank you.

Can you help us with the names that are written at the top there?

A. [Baby P], [Baby O] and [Baby R].

Q. Yes. Can we go straight to the passage -- the lines I'd like you to help us with, which we saw earlier, but perhaps this a good time to look at these again. Can you see the word "today"?

A. Yes.

Q. We've seen there's actually a script that runs through this at intervals. Can you help to pick this out for us and read this for us now?

A. Yes.

Q. That's helpful, start at the top and move down to the second half. Could you read on from "Today is"?

A. "Today is your birthday, but you aren't here and I am so sorry for that. I'm sorry that you couldn't have the chance at life you should have [possibly] and for the pain that your parents must experience every day."

Q. Could you carry on? You have to drop a line down to "we tried". We need to go down, thank you.

A. "We tried our best and it wasn't enough. I don't know if many people will think of you today or any day, but I do and I hope I will always remember."

Q. Can we just go down a little bit more? Thank you.

A. "Because you should be -- I can't do this any more. I want someone to help me but they can't. So what is the point in asking? Hate my life."

Q. Is that how you felt --

A. Yes.

MR MYERS: -- looking back at that? All right.

My Lord, perhaps we could stop there.

MR JUSTICE GOSS: Yes, certainly.

2.10 then, please, members of the jury.