

Wednesday 17th May 2023

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

MR MYERS: Ms Letby, count 22, [Baby Q]. We are looking now at the third of that sequence of days, 25 June, but we'll start just by looking at [Baby Q]'s details from his birth and if we can go to tile 1, please, Mr Murphy, and have a look inside that tile. We have 22 June 2016. Born at 04.09. Gestation 31 weeks and 3 days. Weight at birth, 2.076 kilograms.

Born to [Mother of Baby Q] and [Father of Baby Q] by caesarean section.

There's one event in the case of [Baby Q] and that's on the morning of 25 June 2015 (sic) when at 9.10 that morning it's recorded that:
"[He] vomited clear fluid nasally and from the mouth."

There was desaturation and bradycardia and he was mottled. There was Neopuffing and suction, which produced...
"Neopuffing, suction and air ++ aspirated from the NGT."

That's the incident that we're dealing with, 9.10 that morning:
"Vomited clear fluid nasally and from mouth. Desat and bradycardia, mottled. Neopuff, suction and then air... aspirated from the NGT."

To put it in context, you may recall that [Baby Q] was settled during the day, began to tire in the evening, and he had an unsettled night, there were continuing concerns the following morning and further concerns identified by [Dr A] during the morning of 26 June. We may recall this concludes [Dr A] making a diagnosis ultimately of probable NEC, for which [Baby Q] was transferred to Alder Hey at 18.20 on 26 June. So that's 6.20 the following day in the afternoon.

He went there on 26 June, he returned back to the Countess of Chester on 28 June, and remained there until he was discharged on 25 July. So in outline those are the events relating to [Baby Q].

Before we actually go to the events of that day, Ms Letby, I'd be grateful, with Mr Murphy's assistance,

if we could look at one of the handover sheets that was recovered from the bag that we looked at earlier. This one is a handover sheet dated 28 June with [Baby Q]'s name on it.

Just to remind everybody, we looked earlier on at handover sheets for 23 June, 24 June and 25 June, which are the dates we've been dealing with on these 3 days in this series of events.

Also recovered from the same bag with them is this one, 28 June. Can you see that clearly, Ms Letby?

A. Yes.

Q. As it happens, 28 June is not a date we are concerned with in terms of this indictment or any allegation. Were you designated as [Baby Q]'s nurse?

A. No.

Q. Who was designated to look after [Baby Q] on that day?

A. Caroline Bennion.

Q. of course, the redactions, the black lines we see, have been added for the purposes of these proceedings. But when you received this handover sheet would you have been able to see all the names on it?

A. Yes, I would, yes.

Q. How many babies had you designated -- are designated to you for this shift?

A. I had three babies in nursery 3.

Q. And if it wasn't for confidentiality we would see their names --

A. Yes, you would.

Q. -- on that sheet?

A. Yes.

Q. No allegation with regard to them and you're not being blamed with regard to them. How is it you come to have a handover sheet when you were designated as their nurse?

A. So we get handover sheet at the start of every shift with every baby's name that's on the unit at that point. That has come home with me.

Q. All right. Does this in fact have any connection to [Baby Q] --

A. No, none.

Q. -- so far as you're concerned?

A. No.

Q. Or any child on this indictment?

A. No.

Q. Just reminding us of the timings, you weren't working, were you, between the 16th and 22 June, you were on holiday?

A. That's right.

Q. We've dealt this morning -- or we dealt with 15 June and [Baby N] and then with the triplets, [Baby O] and [Baby P], on the 23rd and 24th. How were you feeling by the time you came to work on 25 June?

A. Emotionally drained and just exhausted.

Q. We'll have a look at the layout for this shift. On 25 June, tile 87, please. We see there the shift leader is Minna Lappalainen. You're the designated nurse for [Baby Q] and also on the shift are [Nurse B], Mary Griffith, Nicola Dennison, Rebecca Morgan.

Was Rebecca Morgan still with you as a student nurse at this point?

A. No. So at this point I had expressed that I couldn't give her the time that she needed so she started to work with other members of staff.

Q. Can we scroll down to see who you were with? Can you tell us who you were looking after on this day?

A. I was looking after [Baby Q] in nursery 2 and then another baby, BM, in nursery 1.

Q. Right. When you're doing that, what do you have to do to be able to observe and look after the babies you're

designated to care for?

A. You need to physically be able to be with the baby.

Q. If you're in different nurseries what do you have to do?

A. You'd have to split yourself between the nurseries.

Q. Right. Do you recall anything about the handover that morning, anything in particular? I'm not suggesting you do, I'm just asking if there is anything about the handover that you do recall?

A. No, there isn't, no.

Q. Do you recall what condition [Baby Q] was in when you took the handover?

A. I don't recall there being any significant problems, no.

Q. Do you recall who you took the handover from?

A. No.

Q. It's Nurse Samantha O'Brien. Again, would you have read the notes from her record and the charts that she'd kept?

A. Yes, I would.

Q. Well then, before we turn to what you describe, I'd be grateful if we can look at tile 70 to see the situation with [Baby Q] when you came on duty. Go to tile 70, please, Mr Murphy. It's the lower part. The right-hand side if we could, please.

This is the note by Nurse O'Brien, first of all at 5.20 in the morning on 25 June:

"Care taken over at 20.00 hours."

That's 20.00 hours on the 24th. It describes checking the emergency equipment, everything working correctly, and the monitors are working correctly and: [Baby Q] is self-ventilating in air, no respiratory distress observed, maintained saturations in high 90s, nursed in humidified incubator 55%. Axilla temp slightly low."

What's axilla temp, by the way?

A. It's the temperature under their arm. It's measured

under their arm, in their axilla.

Q. Okay, thank you:

"Axilla temp slightly low at start of shift, incubator temp increased. Accordingly axilla now within normal limits."

It sets out the fluid requirements and how they are to increase this morning:

"Babiven and lipid infusing as prescribed via UVC. Site satisfactory. Feet pink and warm. New lipid syringe put up overnight using sterile ANTT."

What is an ANTT?

A. It's the technique used for sterile medication.

Q. "Having trophic feeds of donor EBM, 0.5ml two-hourly due to moderate aspirates. Abdomen is full but soft. Baby passed meconium and urine. Nystatin given as prescribed."

Where it says "trophic feeds of donor EBM 0.5ml two-hourly due to moderate aspirates", what lies behind that as a matter of practice?

A. The trophic feeds are feeds that we give that don't have any nutritional value to the baby, so they are still receiving their full requirement via IV fluids, but we give what we call a trophic amount just to get their digestion system going.

Q. When it says "due to moderate aspirates", what's the relevance of that?

A. So at this moment he's got moderate aspirates, which would be an indication that he is not ready to start having milk feeds in any large quantity.

Q. Right. Could we look at the bottom. There's a further entry at 7.30 which is at the time of handover, or approaching it:

"Capillary blood gas carried out this AM. Result not as good as previous, however acceptable. Seen by [Dr D]. To continue. U&E and bili done on gas machine [that's bilirubin]. Remains below treatment line."

It mentioned aspirates there. I've got some questions, if you could help me, with some feed charts. Would you have looked at the feed charts when you came

on duty?

A. That's part of the checks we do when we come to shift.

Q. Can we go then to tile 61 which is the first part of the feed chart we look at.

This chart follows the course over the 23rd up to midnight on the 23rd, so this is midnight on -- I apologise, up to midnight on the 24th. So this is leading -- the midnight before the shift when you came on.

Can you see where it says 24.00 on the right-hand side --

A. Yes.

Q. -- Ms Letby?

A. Yes.

Q. So that's midnight before your shift commences. If we just look -- if we take a line down from 20.00, which is the start of that shift, thank you. We've seen reference to aspirates. Can you see aspirates recorded at that time?

A. Yes.

Q. That's 2ml; yes?

A. Yes.

Q. What are the size of the trophic feeds that [Baby Q] is receiving?

A. Half a millilitre, 0.5ml.

Q. And can we see those recorded as we go along?

A. Yes.

Q. And where are they?

A. They're in the feeds box.

Q. That's the second --

A. Just above that.

Q. -- block up, is it?

A. Yes.

Q. When it says "total", how is that totted up?

A. Each time we give a quantity of milk, that is added to the total that was given as all the feeds accumulate together, so in total the baby's had 3.5ml at 8 o'clock in total in that 24-hour period.

Q. [Baby Q]'s been receiving 0.5ml, is it every 2 hours?

A. Yes, from 9 o'clock.

Q. If we see at 18.00, there is a 2ml aspirate, isn't there?

A. Yes.

Q. And at 20.00 there is a 2ml milky aspirate?

A. Yes.

Q. Is that something which is to be expected as a standard finding of a baby being fed like this?

A. No, you would hope that the aspirates would be decreasing over time.

Q. Right. Can we go past midnight to tile 62. Go into that and follow this through. We look next at 03.00, is there an aspirate produced then?

A. Yes, 3ml.

Q. And again, is that something that you would regard as acceptable in a baby like [Baby Q]?

A. No, we would be hoping for the aspirates to be decreasing in size.

Q. These are just of 0.5ml feeds?

A. Yes.

Q. Is 3ml considered a significant quantity for a baby of this size on these feeds?

A. No, it wouldn't be of great concern, no.

Q. It's not the same --

A. It's something to monitor but ideally we would want the

least amount of aspirate possible.

Q. It's not the same scale as the ones we looked at in the case of [Baby P], the day before, is it?

A. No, this is relative to the amount that he's been given.

Q. It's to be monitored?

A. Yes.

Q. Is it of any concern at all that he's producing these aspirates?

A. No, and it does say that they're milk aspirates as well so --

Q. All right. Do you recall what view you formed of how [Baby Q] was doing when you took over care on the morning of the 24th?

A. When I took over care, sorry?

Q. Yes. How did you feel that [Baby Q] was doing when you took over care?

A. I noticed on his observation chart that he was on the cold side and, in view of the aspirates that I'd seen on that document overnight, I decided that I would prefer to have [Baby Q] reviewed by the doctors before feeding him at 9 o'clock.

Q. All right. We'll find the obs chart at tile 13. It is in paper as well, but let's put up the obs chart that I'm referring to. I'm going to ask you just to explain what you've just described to us. We've seen the feed charts and the aspirates there and the note by Samantha O'Brien and what she said. We might need to enlarge the right-hand side on the lower part of this chart but we'll probably need to look at the whole column ultimately.

Can we look at 8 o'clock -- if we just identify 8 o'clock first, Mr Murphy. Thank you. Is that the start of your entries?

A. Yes.

Q. So the last four columns?

A. That's mine.

Q. That's yours?

A. Yes.

Q. 8, 9, 10 and 11 o'clock?

A. Yes.

Q. Then if we scroll down, we've got signatures at 8, 9, 10 o'clock?

A. Yes.

Q. There isn't one at 11 o'clock?

A. No, but it's my writing on the observations.

Q. Right. You mentioned a concern you had. Can you describe to us, now we've got that there, what you mean, please?

A. That [Baby Q] was having a persistently low temperature, so he was nearing into the yellow sections on the day before and overnight, which was requiring quite an increase in his incubator temperature.

Q. How do we know it was requiring an increase -- first of all, let's take that in order. Where do you -- so we can be quite, can you use the cursor, if it's possible, to show us where you say there's matters of concern where this temperature is?

A. Initially here (indicating) he's borderline being into the yellow area --

Q. Yes.

A. -- and the incubator has been increased each time to try and bring that temperature up.

Q. We can see that's -- just so we can keep a note of that, that's at 12 o'clock -- sorry, well, 12.25, 13.20 and 16.00 on the day before.

A. Yes, it's then improved and it's within normal limits and then overnight it has dipped almost to the yellow again on two occasions requiring an increase in incubator temperature.

Q. So you're now looking at the times at 20.30 --

A. Yes.

Q. -- the evening before and 03.00 in the morning?

A. Yes. And we can see the incubator temperature is recorded here and it's gone from 30 degrees up to 32 degrees.

Q. Of the previous ones, the ones we have looked at, the first five, that's not you that's made those entries, is it?

A. No.

Q. So that's what you've seen there. Can you take us across to 8 o'clock and your entry for 8 o'clock. What does that tell us?

A. At 8 o'clock here his temperature again is borderline being in the yellow area despite having the incubator turned up by an extra 2 degrees over the preceding hours, so that is a cause for concern.

Q. All right so overall what were the issues that you wanted to raise?

A. I was a little bit concerned that he'd had an ongoing borderline temperature that wasn't responding to an increase in the temperature of the incubator. He'd also had some aspirates overnight and I was aware that his blood gas that had been taken that morning hadn't been as good as previously.

Q. Right. So going back to where you were as you were telling us about this, what did you decide should happen as a result of that?

A. I felt that I should not feed [Baby Q] until the doctors had reviewed him.

Q. Would the doctors be due to review him?

A. Yes, the doctors came on to the unit around 9 o'clock to start doing their ward rounds.

Q. That's a regular event, is it?

A. It is, yes.

Q. So what did you plan to do then?

A. I would ask them to come to see [Baby Q] before I did any feeds or cares for him.

Q. Now, as we approach that time, we're talking about [Baby Q] here, were you with him constantly from the start of the handover up to the time of the incident at about 9.10?

A. No.

Q. Where did you go?

A. So I was caring for another baby in intensive care, in nursery 1.

Q. Is that baby B that we've seen?

A. Yes.

Q. She's one of the babies that you were designated to look after; is that correct?

A. Yes.

Q. So if you've got to deal with that, what did you do to make allowance for the fact you were going to do that?

A. So in order for me to go to my baby in nursery 1, I would have to make sure that somebody was present in nursery 2 to be able to keep an eye on [Baby Q] for me.

Q. Can we put tile 87 back up so we can just see who was where, please. This is the image of the nursery so we can keep track of what you're describing, Ms Letby. Thank you.

So you've been in nursery 2 with [Baby Q]?

A. Yes.

Q. Who else was in there with you?

A. Mary Griffith.

Q. And where else did you need to be for other observations or care?

A. I needed to go to my baby in nursery 1, who was intensive care.

Q. Right. Who else is in nursery 1?

A. [Nurse B].

Q. So you having to do that, what did you do? Tell us about it.

A. In this event you wouldn't leave a high dependency nursery unattended, so knowing that I had to leave, I made sure that Mary Griffith and Minna Lappalainen were aware that I was going into nursery 1 and that I was leaving nursery 2.

Q. Did you go to nursery 1?

A. Yes.

Q. Was there anybody else who could see what was taking place at this time or would have noticed who was going where?

A. Minna Lappalainen was sat at the nurses' station --

Q. Right.

A. -- and the doctors were starting to carry out the ward round in nursery 1.

Q. Again, anything unusual about you asking the nurse that was already in nursery 2 to continue looking after a baby there in your absence?

A. No, that's standard practice. The same as -- Mary was split between nurseries 3 and 4 and she would have had to have done the same process for her babies.

Q. So, approximately, at what time would you estimate you went to nursery 1?

A. Shortly after 9 o'clock.

Q. And when you got there, how was the baby that you were looking after?

A. I don't recall specifically.

Q. Do you recall anything that you were involved in when you went to nursery 1? As a matter of free recollection do you recall anything?

A. I know the doctors were doing the ward round. I'm not

sure if they'd started on this baby or another baby on the unit. I think I may have been assisting [Nurse B] with some medications.

Q. I'm going to ask if we could just look in the neonatal review for this event and go to page 3 of it. I'd be grateful if we could put that on the screen, Mr Murphy. Can we enlarge the section from tiles 53 just to the bottom, please? It should be the final one of the neonatal reviews, page 3 of 7, from the second file.

So we've got you in with [Baby Q] at 09.00, Ms Letby. Can you see that --

A. Yes.

Q. -- at line 55? We know you'd conducted observations at 8 o'clock, we just looked at those, and you conducted observations also at 9 o'clock, did you?

A. Yes.

Q. You tell us that you had then gone, some time around then, to nursery 1?

A. Yes.

Q. What does the neonatal -- we can see actually for nursery 1 at line 59, there's some entry made on a chart for baby BM, although no name is recorded. Can you see that --

A. Yes.

Q. -- at line 59? Do you have any recollection whether that involves you or not? Don't guess.

A. I couldn't say without actually seeing the chart, no.

Q. All right. Let's move to where we do have you identified. Go to line 62, which is a format we're familiar with. 62 and 63 are a pair we now understand. What's happening there?

A. Here myself and [Nurse B] are administering medication to baby JA, which I believe is a baby in nursery 1.

Q. It's one of the babies [Nurse B] is looking after. So you assist [Nurse B] in that regard at about 9.04?

A. Yes.

Q. Did you remain in nursery 1 for any length of time after that or not?

A. Um... I don't think I was in the nursery for a long time, but I was in there for a few minutes, yes, doing this.

Q. All right. What was the next thing that happened so far as we're concerned in this allegation?

A. I could hear something going on outside in the nurseries, so I came out of nursery 1.

Q. So can you describe to us what it was that happened when you came out of nursery 1?

A. I could hear that something was going on outside of nursery 1, so I went out through the door and, as I walked out, I could see down the corridor to nursery 2 and I could see that Minna and Mary Griffith were with [Baby Q], so I immediately went over.

Q. We can take the neonatal review down. You immediately went over to where?

A. I went to [Baby Q]'s cot side.

Q. We'll come to the note you made shortly. But do you have a recollection yourself, as in unaided, as to what took place?

A. Now I recall that I was informed that he had vomited, but by the time I had got there the vomit had ceased, there was no vomit.

Q. Who informed you that he'd vomited?

A. Minna Lappalainen and she'd said it was mucousy.

Q. She said it was what, sorry?

A. Mucousy, very mucousy.

Q. Was Nurse Griffith present when that happened, when you were informed of that?

A. Yes.

Q. How was [Baby Q] at the time you were informed of that?

A. He was still receiving a little bit of pressure from the Neopuff, but otherwise he'd recovered.

Q. Did you have any involvement from your recollection in the steps taken to assist [Baby Q]?

A. No.

Q. I'm going to ask to look at the note you made next, Ms Letby, which is tile 143.

This is a note at 12.53 that day, 25 June. I'm not going to read all of it immediately. Perhaps could you read from the start of this to the point we're now dealing with?

A. "Written for care given from 08.00 to present. Emergency equipment checked, fluids calculated. [Baby Q] nursed in an incubator with humidity. Observations as charted. Temperature low, incubator increased x2. Tachycardic, active and alert."

Q. Pausing there, when you say "temperature low", does that refer to -- what does that refer to that we've already seen?

A. It refers to the readings that we were looking at previously on the obs chart.

Q. Right:

"Temperature low. Incubator increased x2."
Please carry on from "tachycardic" then.

A. "Active and alert. IV fluids 120ml/kg Babiven and lipid via triple lumen UVC. Lower limbs pink and warm. Abdomen soft and non-distended."

Q. Read the next section, please.

A. "09.10. [Baby Q] attended to by Staff Nurse Lappalainen. He had vomited clear fluid nasally and from mouth. Desaturation and bradycardia, mottled ++. Neopuff and suction applied. [Dr A] attended. Air ++ aspirated from NG tube."

Q. And he was then transferred to nursery 1 and placed on CPAP?

A. Yes.

Q. Just whilst we still have this note here, can you help us with -- as we look at the part that says:

"9.10. [Baby Q] attended to by S/N Lappalainen..."

Can you tell us which items there are things that were told to you and things that you saw, if there's any distinction?

A. This whole passage was what was fed back to me, it's what I was informed of.

Q. Right. Can we go to the apnoea chart at tile 101, this is completed by Nurse Lappalainen. Again, this isn't you that's made the note, but I'll go over it with you and then I can ask you the questions about it.

25 June 2016, 9.10:

"No apnoea. Brady."

So heart rate down to 98:

"Desaturation 68%."

And a question mark under "fit":

"Duration: 3 minutes intermittently."

And Nurse Lappalainen entered this:

"Baby found to be very mucousy. Clear mucous from nasopharynx. Oropharynx: removed clear fluid +++.
Oxygen via Neopuff given post-suctioning. [Dr A] emergency called to attend. NGT used to aspirate stomach by Nurse L Letby."

Do you see that?

A. Yes.

Q. Just going through some of the items here, where it describes:

"Baby found to be very mucousy. Clear mucous from nasopharynx. Oropharynx: removed clear fluid +++."

Is that how it was described to you in those sort of terms?

A. Yes.

Q. Was there any other type of vomit ever described to you?

A. No.

Q. So only ever as some sort of clear fluid?

A. Yes, and that was he was very mucousy, that was the term

that was used, mucousy.

Q. Right. And after clear fluid it makes reference to oxygen being given via Neopuff. Did you have any involvement in that?

A. No.

Q. [Dr A] is called. It then says:
"NGT used to aspirate stomach by Nurse Letby."

Do you recall that?

A. No.

Q. Could I ask you, if that's in the note, is it something you take issue with? Are you saying you didn't do it or it's just not something you recall?

A. I can't say. I don't have any specific memory of that.

Q. All right. But it's in the note that Nurse Lappalainen put there?

A. Yes.

Q. Your note -- one moment.

(Pause)

If we could just go back to tile 143. We can see where Nurse Lappalainen's note ends. If we just enlarge the section we were looking at before. Your note describes:

"Vomited clear fluid nasally and from mouth, desaturation and bradycardia, mottled ++."

It says:

"Neopuff and suction applied. [Dr A] attended. [Then] air ++ aspirated from NG tube."

Where has that information come from, air ++?

A. That's what I was informed of.

Q. We have "air ++" in your note after the section saying that Neopuff and suction had been applied?

A. Yes.

Q. We've seen where Nurse Lappalainen refers to you

aspirating the NGT.

A. Yes.

Q. Are you involved, from your recollection, in any of what we see in this note?

A. No.

Q. You say this is what was reported to you?

A. Yes.

Q. In any event, we have it there and we have the order set out there.

Did you continue to care for [Baby Q] after he was moved to nursery 1?

A. Yes.

Q. We have looked at so many different events with babies in this case, Ms Letby, and a large number compressed into a period of time with you. But in the course of events, without undermining it, how big an event is what happened to [Baby Q] in terms of how it stands out with what happens on the unit in the course of what goes on there in a day?

A. This wasn't a significant event. This is something that we do deal with on a routine basis.

Q. By significant, do you mean it's not important?

A. Well, not that it's not important, but it doesn't require a level of intervention that is high.

Q. Did this stand out at the time to you, first of all, as an event that was especially serious, and I mean that in a medical way, not emotionally for people involved, for [Baby Q]'s parents, but in the clinical way (inaudible) we understand what I mean?

A. Clinically, no. He needed minimal intervention.

Q. And certainly until we come to the evening did it seem to lead to any further complication initially?

A. No.

Q. In the course of that day did [Baby Q] have any further

collapse?

A. No.

Q. We know, it's in your note, that by evening he'd become tired.

A. Yes.

Q. We had that in the note from [Dr A]. Are you aware that he was intubated that evening?

A. Yes.

Q. Can we just go down -- if we scroll down, please, in the note, in fact, to the addendum at the bottom of the page, 20.13. It actually has the timing there and then content across the page. So it's 20.13. We can see an addendum that you entered at that time, Ms Letby. Can you read this for us, please?

A. "Respiratory rate declining, 15 to 19 breaths per minute, and intermittent pauses in breathing. Blood gas stable but on downward trend and [Baby Q] appearing tired. Oxygen requirement developing. Discussed with Consultant Gibbs and decision made to electively intubate. Drugs given as prescribed: 2x 100mcg/kg morphine boluses given as active ++. Uneventful intubation: size 3 ET tube at 19.25, 8 centimetres at the lips, clear bilateral air entry and chest movement. CMV 18/5, rate 40. Inspiratory time 0.4. Oxygen reducing on ventilator. 40 micrograms per kilogram morphine commenced via UVC 2nd lumen. 3ml urine passed, equivalent to 0.1ml/kg/hour, and 10ml/kg bolus given at 19.50. Care handed over to Staff Nurse Davies."

Q. Thank you. In between [Baby Q] appearing tired with a higher requirement for oxygen, which led to intubation towards the end of the shift, and the incident at 9.10, had there been any other significant deterioration in his condition?

A. No, the only change was that he was now needing CPAP.

Q. Right.

A. But he remained stable on CPAP throughout the day.

Q. And that was during the day?

A. Yes.

Q. And any other significant deterioration by way of vomiting or desaturations or anything like that?

A. No, none.

Q. We know in the case of [Baby Q] that he was transferred the next day to Alder Hey, as I described when we just began to look at the evidence relating to him, and he was there for a couple of days before returning to the Countess of Chester.

After [Baby Q] returned, did you continue to care for him on occasion; do you remember?

A. No.

Q. All right.

A. I don't believe so, no.

Q. Well, I'm just going to ask if we can put up the note at exhibit page 24465 to assist with this, Ms Letby. No one expects you to be able to remember dates everywhere. Are you all right?

A. Yes.

Q. This is 29 June at 20.46. So about quarter to 9 in the evening. A note by you for [Baby Q]. I just identify it because, do you agree, that indicates you're his designated nurse on that occasion?

A. Yes, that's right.

Q. Yes. Would you have any recollection of that but for the note?

A. No.

Q. And also could we look, please, at the note at page 24467? I'm not going to the detail because it isn't the detail that's relevant. So far as we understand nothing is alleged with this, it's the date and the time.

Again this is 30 June now, 16.03. Why is it that you're writing up the note for [Baby Q] on this occasion?

A. I'm his designated nurse.

Q. As his designated nurse, what's your role with respect to him?

A. I'd be responsible for his care throughout that shift.

Q. Is that what you did?

A. Yes.

Q. All right, thank you, Mr Murphy. We can take that down. That was just looking at continuing care with you and [Baby Q]. We know that -- we've heard in the evidence after the event with [Baby Q], Dr Gibbs was making enquiries. I'm going to ask if we can put up tile 240, please. We see that tile no -- there's a message from you to Dr Gibbs (sic). This is back on the day --

MR JUSTICE GOSS: [Dr A].

MR MYERS: Sorry, [Dr A]. Dr Gibbs it's about, but it's you to [Dr A]. Thank you, my Lord.

It's 22.45 on the night of 25 June 2016. So this is the night of the day we've been looking at. Your message is:

"Do I need to be worried about what Dr Gibbs was asking?"

Can we just look, please, at [Dr A]'s reply to you on the next tile, 241. The answer you got was:

"No." From [Dr A].

And then that was followed, 4 minutes later at tile 242, from [Dr A] again saying:

"He was asking to make sure that normal procedures were being carried out."

There's some more messages on this which we're going to turn to next, but just starting here, what was it you were asking about when you said at the start of those messages:

"Do I need to be worried about what Dr Gibbs was asking"?

A. I'd become aware during the shift that Dr Gibbs had been making enquiries as to who was present in the nursery when [Baby Q] had this episode.

Q. What would there be to be worried about that?

A. I was worried that -- um, that I shouldn't have left him in the nursery.

Q. All right. We'll go to tile 246 next, please, if we could, Mr Murphy. [Dr A] says to you:

"What exactly did he ask?"

We'll go through these relatively rapidly. Tile 247
your response at 23.01:

"I walked into equipment room and he was asking Mary who was present in room and how quickly someone had gone to him as I wasn't in the room."

That's followed at 248:

"He asked who was there. I said I had popped out of room but Mary was in room and Minna at the desk." Again, what is the issue you thought was concerning Dr Gibbs? What was he checking on?

A. Whether [Baby Q] had been left unattended.

Q. Can we go to tile 251, please, which is [Dr A] to you at 23.08:

"All he was doing was checking that there wasn't a delay and that a room had been left empty. Was he HDU level because of UVC? There's nothing to worry about."

And your response at tile 252:

"Okay. I was worried because I wasn't with him at the time but Mary was in room and Minna outside.
I had B in 1. ITU because of UVC."

When you said:

"I was worried because I wasn't with him at the time but Mary was in room and Minna outside."

Again, what criticism were you seeking to meet when you said that?

A. I was concerned that Dr Gibbs was implying that I shouldn't have left the nursery or that [Baby Q] had been left unattended.

Q. And had [Baby Q] had been left unattended?

A. No.

Q. Who had been in charge of him?

A. Mary Griffith and also Minna Lappalainen knew that I was leaving the nursery.

Q. We looked a few moments ago at two further occasions when you cared for [Baby Q] and the second of those was 30 June. Did you work in the unit again after 30 June, Ms Letby?

A. No.