

Q. I'm going to move to the period that follows this and just remind us just where we are with the shift pattern as it ends. Let's just look at this to have the dates in mind. Can we just look at the shift pattern, page 33229.

We've got the months of June and July here. In June for the 23rd, the 24th and the 25th, that deals with the events we've been looking at today, doesn't it?

A. Yes.

Q. The 28th, 29th and the 30th, is that you working in the unit?

A. Yes.

Q. And we can see it here, but again did you work in that unit again after 30 June?

A. No.

Q. We pick it up on 1 July. Can you just tell us, what was happening over the week or so in your life -- the week or so following 30 June?

A. I was on a family holiday.

Q. Is that the time off followed by the annual leave?

A. Yes.

Q. Do you recall when it was that you found you wouldn't be going back on the unit at least at this point? Do you recall when that was?

A. Yes, it was the day before I was due to go back to work.

Q. Right. And looking at this --

A. Sorry.

Q. It's a little bit small, I appreciate. I see you squinting to see it there. Is it the last day of your annual leave? Do you remember which day you were due to go back to work?

A. No, I don't recall without looking.

Q. But would it be shortly after your return from annual leave?

A. Yes.

Q. So shortly after that is when you found you wouldn't be going back, at least for the time being?

A. I found out the day before I was due to return to work that there was going to be a meeting with Eirian Powell, yes.

Q. All right. Well, we'll put this to one side, we've seen the patterns there and the dates, and just work through some of the material that applies after this.

Do you remember, we've been given by the prosecution something called a post-indictment schedule of messages?

We looked at it at the end of the case.

It was produced and introduced by the prosecution and we may see, maybe, more of that in due course.

At this stage I just want to look at some of it at this point.

Can we go to tile 18, first of all, please.

What I'll do, where there is a sequence, unless it's necessary to stop, just to make it run a little bit more smoothly, we'll go through the relevant tiles and we can all see who sent what to who, unless it's necessary for me to point out exactly who sent what to who, and I can ask you whatever questions I need to coming out of them.

We're going to look at tiles 18 to 20 first of all.

We've got -- we can see [Dr A] to you:

"did you manage some sleep?"

I should say, this is 27 June just to get this in context, so this is a couple of days after the day with

[Baby Q]:

"Did you manage some sleep? Back on NNU, just about to do J drugs and Badger. [Initial of Baby R] is very well.

They want to send [Initial of Baby Q] back as a medical NEC. Not sure if the unit is open for transfers. Few managers/medical director around this morning."

Where it says, "They want to send [Initial of Baby Q] back", do you know who "they" is that he is referring to?

A. Alder Hey Hospital.

Q. They want to send him back?

A. Yes.

Q. And "medical NEC". Can we go to tile 19. You reply: "Yes, got some sleep. Did you? Good news about both. Hope they don't rush [Initial of Baby Q] back." Why were you hoping they didn't rush [Initial of Baby Q] back? That's [Baby Q].

A. We'd experienced over the months that quite a few babies would go to Alder Hey and be brought back very quickly.

Q. Have we dealt with any of them in the course --

A. Yes.

Q. -- well, in this trial? Who's that?

A. [Baby H] and [Baby G].

Q. Was that Alder Hey in their case? Are you thinking of other tertiary units when you say that?

A. Um... No, that was the case for Alder Hey and other tertiary units.

Q. Right. So you're talking about Alder Hey and other tertiary units?

A. Yes.

Q. We know that both [Baby G] and [Baby H] did move between the Countess of Chester Hospital and tertiary units.

A. Yes.

Q. Tile 20, please. [Dr A] says:

"Got about 3 hours. Coffee is good. It was odd, he's only been there for 14 hours. I think this is a sign of how AH [is] going to be."

And then he said:

"They are so short of beds that they can only accommodate emergency patients. It's not good holistic care and it's rubbish for his parents."

When he said, "They are so short of beds", who is he referring to, "they"?

A. He's referring to Alder Hey.

Q. So what is the reason as to why it is that [Baby Q] came back as quickly as he did from what you understood here?

A. That at that time they were short of beds and they were only looking after patients on an emergency basis, which [Baby Q] no longer was --

Q. Thank you.

A. -- so they needed to send him back.

Q. We'll go next, please, to tile 24. This is the next day, 27 June, and it's a message from you to [Nurse E]. If we look at 24 through to 29. At 12.52 in the afternoon you say:

"I reckon there's going to be big meetings et cetera about what's gone on with unit being closed, lack of staff, et cetera."

If we just pause there, what are you talking about when you send that message to [Nurse E]?

A. So at that point the unit had been busy for a long time with poor staffing and the unit was also closed because we were full at that time.

Q. Does that happen sometimes or did that happen sometimes?

A. That we'd have to close the unit?

Q. Yes.

A. Yes.

MR JUSTICE GOSS: Sorry, when you say close the unit --

A. It means that we are full, we can no longer take any admissions.

MR JUSTICE GOSS: Exactly. You're not closing the unit as such, you are still operating the unit --

A. It's closed to admissions --

MR JUSTICE GOSS: -- but there's no room for any new admissions?

A. That's right.

MR MYERS: So closed to new admissions.

A. Yes, and we would look then at transferring babies out to make room.

Q. Because there's the maternity -- child and maternity department at the Countess of Chester Hospital?

A. Yes.

Q. And what is the arrangement meant to be to ensure that babies with difficulties at the time of birth can be cared for properly? What should the arrangement be?

A. We need to make sure that we have relevant space and staffing on the unit to take any baby that might come through.

Q. All right. Thank you. We'll move to tile 25, please, from [Nurse E]:

"Yeah, Eirian came in this morning. Got no hello and haven't seen her in ages."

26, again from [Nurse E]:

"Was asking why girls were saying unit short and staffing fine."

What does that mean, "Asking why girls were saying unit short and staffing fine"? Do you know what that means?

A. I think she was questioning why people were saying that the unit was short staffed; to her the staffing was fine.

Q. That's Eirian?

A. Eirian, yes.

Q. Line 27 -- tile 27:

"Caroline B said that although can hope today got an MRI and something else going on, et cetera."

Then 28 from [Nurse E] to you:

"Don't think she realizes how horrific it gets as rarely when she's in. Very flippant and flits through."

What does she mean "how horrific it gets"? What did you understand that to be a reference to, "how horrific it gets"?

A. How horrific the daily tasks are that we do on the clinical job.

Q. Tile 29, please, from you back to [Nurse E]:

"Bloody stupid with all that's happened. We're way over capacity and its skill mix too."

What's that a reference to?

A. That's referring to the babies that we had on that unit and who was able to care for them at that time.

Q. Was that adequate?

A. No.

Q. Was it unusual over this period for it to be inadequate?

A. It was an ongoing issue.

Q. If we go to tile 58 next, please. There's a message from you to [Dr A] at 17.41 on 27 June saying:

"Eirian has just phoned telling me not to come in tonight and do days instead. I asked if there was a problem and she said no, just trying to protect me a bit and we can have a chat about it tomorrow, but now I'm worried."

What were you worried about?

A. That Eirian had phoned me last minute like that, asking me to change my shift.

Q. And why would that be a worry?

A. Because it would be unusual to do that, to cancel a shift when I was about to go in that night.

Q. Were you aware of any particular problem?

A. No.

Q. Can we go to paragraph 59 -- sorry, tile 59, please.

You add:

"E just phoned [this is to [Nurse E] now, sorry] telling me to do days this week and not go in tonight as 'trying to protect me'."

Is that something she had said, Eirian, that she'd been trying to protect you?

A. Yes, and I didn't know what it was she was trying to protect me from.

Q. So did you understand what was going on potentially elsewhere at this point?

A. No, I didn't.

Q. At tile 60, [Nurse E] says:

"What's that mean?"

And at tile 61, you respond:

"I don't know. Asked if there was a problem and she said, no, just trying to protect me as had a difficult run just before the holidays, less people on nights et cetera and we can have a chat et cetera tomorrow ."

62, please: "But I'm worried I'm in trouble or something."

And was there anything, first of all, that was worrying you that you could be in trouble for?

A. No.

Q. Why were you worried then, some people might ask? Why would you worry?

A. I was worried because Eirian was making a change to my shifts, I'd asked her if there was a problem, she said no, but it seemed an unusual thing to do.

Q. Let's just look at the next few tiles, tile 63, please.

From [Nurse E] to you:

"Don't worry. How can you be in trouble?

You haven't done anything wrong."

Followed at tile 64:

"Just very unfortunate."

And tile 65, perhaps you could read this to save my voice for a moment. What do you reply?

A. "I know, but worrying in case they think I missed something or whatever. Why leave it till now to ring?"

Q. Does that help you with the question of what was worrying you?

A. Yes, I think I was worried that potentially I had missed something, that there was an issue of some sort.

Q. How much did you want to get things right when you were at work?

A. That is the aim, that is what you go to work to do, to do your best.

Q. How much did being good at what you did matter to you?

A. It was everything. It was my life, my job.

Q. Can we go to tile 107, please. Moving forwards to later that night. This is at 23.29. We can see it says:

"SMS outgoing."

No name is recorded, so it's something on your phone, recovered from your phone.

It's got: "Death Datix x2. Datix. No bicarb delay in IO access."

What does IO stand for there?

A. Intraosseous.

Q. "Sign out FFP on Meditech and pink chart"?

A. That's fresh frozen plasma, a blood product.

Q. Perhaps if you read and explain what this means and then I'm going to ask you what this was doing on your phone.

A. This is a list of things that I still needed to do when I next went back into work.

Q. All right. Let's just finish it off if we could. So can you read it through please, Ms Letby?

A. I've got:

"J charts obs. Fluids in sluice. Sign drugs. Sign Curosurf out. Traffic light drug compatibility. Inotropes and no policy for panc. Delay in people doing drugs."

Q. So can you explain in a little bit more detail what were you (overspeaking) --

A. This is referring to the days with [Baby O] and [Baby P] and things that were still outstanding that I needed to do.

Q. Right. Did do you all those things?

A. I can't recall from memory now, no.

Q. Is this a message you sent anywhere or not?

A. No.

Q. Whose benefit was it for?

A. It was myself. It was a list for myself.

Q. Okay. Can we go next please to tile 131. We've moved to 5 July, so this is now the period after you've been having annual leave or at about that time; is that correct?

A. Yes.

Q. And we saw that in the chart a moment ago. 14.15,
[Nurse E] to you:

"I only found out yest about the business with J's
UVC."

Do you know who J is referring to at that point?

A. Yes.

Q. Who is that, is it --

A. A baby that's not on the indictment.

Q. Your reply at tile 132, please -- perhaps if you read your replies for the time being.

A. "Really? I thought they were going to take it straight out. Did he still have it in?"

Q. [Nurse E] at tile 135 replies, "Yes". At tile 136: "[Dr A] came in chatting to me at the start of last night's shift and I said A needs LL soon as UVC been in nearly 2 weeks and he said something about J's already being changed and I said it hadn't and he told me about the open port."

And then this at tile 137, please.

A. "Jeez, well, that was on Thursday. [Dr A] didn't have time to look for access in the evening so said to label it and not use port overnight and they would sort it out the next day. Abby knew."

Q. At tile 136 [Nurse E] replies to you: "I handed over to Abby this morn and she said she knew nothing about it being changed and why would it be."

137, please.

A. "Bloody hell. Thanks goodness I did a Datix."

Q. 138:

"Did you? Good."

At 139, [Nurse E] to you:

"Well when that gets looked into they'll see it never got changed."

And then 140, please.

A. "I told her about it that night. Yes, because thought it's a massive infection risk and risk of air embolism. Don't know how long it had been like that."

Q. Can we look at the next tile, come back to that in a moment, [Nurse E] to you:

"He has been persistently tachycardic now and tachypnoeic, feeds slow to increase as having few vomits, larger asps so asked for review last night."

Then tile 142:

"Jess and Tony not bothered as CRP lower than 1 on weekly bloods."

You're talking about a baby in that sequence that you say isn't a baby on this indictment; is that correct?

A. That's right.

Q. That's the first thing. Can we go back to tile 140, please, where you send this message to [Nurse E]:

"I told her about it that night. Yes, because

thought it's a massive infection risk and risk of air embolism. Don't know how long it had been like that." What was it that you were talking about there and identifying?

A. So this baby had a UVC in situ and one of the ports on it was open, it did not have a bung on it, which meant it was just open to the air, which is against normal practice.

Q. And is that a matter of, when you say practice, is that a matter of standard practice?

A. No. There should be a bung on it at all times.

Q. And how familiar are nurses with the risk of air embolism if there isn't a bung on something like that?

A. It's something that nurses would be well aware of.

Q. And how would they get that information, how would they know?

A. It's part of your training when you learn how to access lines and give fluids and drugs.

Q. Is there anything unusual in that knowledge so far as a nurse's training is concerned?

A. No, it'd be expected.

Q. And in terms of a potential risk with a line that is open, is it something that's unusual or something that you're trained to be on the lookout for?

A. This is what we're trained to look out for

Q. So why was it something that came to mind on this situation then given all that of that when you were talking about this with [Nurse E]?

A. Because the issue hadn't been addressed by other nursing staff.

Q. Can we move forwards, please, to tile 177.

A. Yes.

Q. Now there are a series of messages here from [Dr A] about "just had the email"; can you see that?

A. Yes.

Q. And there's an exchange between him and you about that.

But to cut through this, in case we focus upon it at any point, what email is he talking about?

A. At this point [Dr A] was applying for a consultancy post at Alder Hey Children's Hospital.

Q. Right. And that's something that he informed you about?

A. Yes.

Q. Thank you. Can we go next then, please, to tile 226. This is on 15 July at 11.16. We've looked at it earlier, we're not going to read all of this again. This relates to your move to another part of the hospital, doesn't it?

A. Yes.

Q. But to remind us, we're coming to the conclusion of this, is this a move that you had wanted to make?

A. No, it was a move that was forced upon me.

Q. And why were you told that you were being moved?

A. So that I could redo my competencies.

Q. And how you did you feel about that?

A. I wasn't happy.

Q. At this point were you given any other reason as to why it was you were being moved?

A. No.

Q. This is on 15 July. Were you aware that on 7 July the unit had been redesignated from a level 2 to a level 1?

A. Yes.

Q. Did you know that at this time?

A. Yes.

Q. And did you have any idea of some of the things that were being said that lay behind reasons for removing you from the unit?

A. Not at this point, no.

Q. Can we go to tile 263, please. Before we do, apologies, can we go to tile 253, Mr Murphy? This is a message now -- we've got to 8 August, we've moved on. It's 11.25 in the morning, it's you to [Nurse E]:
"Tony phoned. He's going to speak to Karen and

insist on the review being no later than 1st week of September, but said he definitely wouldn't advise pushing to get back to unit until it's taken place. Asked about social things and he said it's up to me but would advise not speaking with anyone in case any of them are involved with the review process. Thinks I should keep head down and ride it out and can take further once over. Feel a bit like I'm being shoved in a corner and forgotten about by the trust. It's my life and career." Can you just tell us simply what is the review you're talking about there?

A. The competency review.

Q. And who is the Tony?

A. Tony is a representative from the Royal College of Nursing, the union that I was part of.

Q. All right. Can we go to 254 next, please. You to [Nurse E]. Perhaps you could read this.

A. "He's not been given any information about the evidence he asked for, which is good. He's not sure what the external people are going to look at in relation to me but we are in the process now, so have to ride it out."

Q. And the next tile, please, [Nurse E] to you at 11.28:

"Okay, well, just have to take his advice then I suppose."

11.28, an emoji -- the next one, an emoji from [Nurse E] to you.

A. "Still can't believe this has happened."

Q. Next tile, please.

A. "It's making me feel like I should hide away by saying not to speak to anyone and going on for months, et cetera. I haven't done anything wrong."

Q. How is this beginning to make you feel, the way this was going? We're at 8 August now.

A. It was really hurtful. I was being completely isolated and expected to lie about things that were going on.

Q. You were expected to do what, sorry?

A. To lie -- so I had to pretend that I wanted to leave the unit and work in a different area.

Q. Right. Can we go to tile 263 with that in mind, please?

We saw this when Eirian Powell gave evidence and when this was put into evidence by the prosecution and it sets out what it is that you're due to be doing as someone who is seconded to the Risk and Patient Safety office. It's from Eirian Powell on 9 August. I just want to look at the messages that follow this, please, tile 264. What do you say to [Nurse E]?

A. "Oh my God, she's sent email about secondments."

Q. Tile 265. Emojis from [Nurse E]. Tile 266:

"Email is on fire [from her]."

267 from you to [Nurse E].

A. "Bloody hell, fuming."

Q. What do you say at tile 268, in conclusion on this issue?

A. "I'm in email and makes it sound like my choice."

Q. And had this got anything to do with your choice?

A. No, not at all.

Q. Did you know at this point some of the more serious criticisms that were being made about you in terms of blaming you for things that had happened on the unit and, in particular, the deaths of children?

A. No.

Q. Could we go to tile 272, 1 September 2016, meeting with review panel. 16.00. Hayley Cooper also present.

What was the purpose of that meeting?

A. The trust had an external review carried out into --

Q. I'm not going to ask you for any details, but a review, and that's what that related to?

A. Yes.

Q. So that's an external review with the trust?

A. Yes.

Q. And then can we go, please, to the next tile, tile 273, registration of grievance procedure. And who was registering a grievance procedure?

A. Myself.

Q. This is in September 2016?

A. Yes.

Q. And is this in the light of your removal from the unit, if I put it that way?

A. Yes.

Q. Now, by this point, how were you feeling? It's been a couple of months now of this building up. How were you feeling?

A. At this point I just -- I didn't know what to do. It was having -- it was having a massive impact on all aspects of my life.

Q. How were you feeling, if it's possible to describe it, emotionally?

A. It was emotionally very difficult, I was very lonely, I was worried. I didn't know what was going on.

MR MYERS: There's only a short area of evidence I'd like to deal with, my Lord, it'll probably take about 15 or 20 minutes, but I wonder if we could take a break at this point and then I can deal with that.

MR JUSTICE GOSS: Of course, yes.

MR MYERS: Thank you.

MR JUSTICE GOSS: We'll have a 15-minute break now.

(3.19 pm)

(A short break)

(3.33 pm)

MR MYERS: Mr Murphy, can we put up page 48 from the prosecution images? It's one of the notes we've had, that we haven't looked at yet actually. There's a front and a back to this, so we'll have to enlarge it. We're not going to look at everything on this.

Just to assist you, this was recovered by the police from a blue folder in the desk at Mostyn Lodge.

So where is Mostyn Lodge?

A. That's the office that I'd been redeployed to.

Q. And that's where you were working, is it --

A. Yes.

Q. -- over the period after you'd been --

A. Up until my arrest.

Q. Up until your arrest. All right.

Take time to look at this. I'm going to ask you, do you remember when it was that you wrote this or parts of it?

A. No.

Q. Would it all have been written on one occasion?

A. No.

Q. Is it a standard piece of paperwork that you might have in the office where you worked?

A. It is, yes, it's a work form.

Q. Before we look at any of the entries, why have you written all over it like this?

A. That's what I do with paper, I write a lot of things down.

Q. If we perhaps look at the top half. We might have to turn the top half round. Is that your signature written in various places?

A. Yes.

Q. Is that something you would do repeatedly?

A. Yes, it's just doodlings.

Q. Would this have been written -- certainly this has been written at the a time that you'd been removed from the unit. We know that, don't we?

A. Yes.

Q. Is it written at a time when you were aware what was being said about you, the type of blame that was pointed your way?

A. I couldn't say at this point.

Q. Might it help if we read on with the document?

A. Yes.

Q. Can we just turn that round 180 degrees so we can see the upside down writing at the top. We can see repeated

"Everything is manageable"; can you see that?

A. Yes.

Q. We've got it written three times on the left-hand side underneath the table and it's written across on the right-hand side too; yes?

A. Yes.

Q. Can you help us? Why are you writing "everything is manageable"?

A. It was something that a lady in the occupational health department that I was under, that was something she used to always tell me. It was something that resonated with me. She would always say, "Everything is manageable".

Q. Right. You've written "love" and love hearts all over it. Why were you writing that?

A. That's just doodling, it's...

Q. Right. Can we turn it round and look at what's on the lower half of this form now? I'm not looking at everything, it's there if anyone wants to look at other details. Just enlarge the lower half, please,

Mr Murphy.

When we look at this, we can see various names, we can see Minna Lappalainen; can you see that?

A. Yes.

Q. On the left. We see Minna written several times.

We know -- we can see Karen Rees.

A. Yes.

Q. Can you remind us who Karen Rees is?

A. Karen Rees was the director of nursing.

Q. Right. We can see that underneath the type print that says "the above request", the name is there several times. If we look across on the right-hand side we can see the words "paid" and "unpaid" with a line round them and underneath that we can see you have put your name, L Letby and we can also see [Dr A], can you see that, and [surname of Dr A] under that? Why are you writing not just your own name but the names of these other people on this piece of paper?

A. They were important people to me at that time.

So I had very limited contact/support network at that time and these people were the main people that I could talk to.

Q. Right. Can you help us with what's written at an angle -- if we look at that table, the square or the rectangle, rather, in the central upper part of the page. You have names written down the left-hand side. Then you have "Lucy" written at the bottom corner and under it there's something written there. Can you help us with what that says?

A. Is it this here (indicating)?

Q. That's it, yes. What does that say?

A. Um... Can it go any bigger? Sorry, I can't...

(Pause)

I'm not sure. I can see it says "much longer
I know".

Q. All right. Just whilst we've got that, under it does it then say, "I can't do this anymore"?

A. Yes.

Q. What does that mean, what is it you can't do anymore when we look at that note?

A. It was I can't do this, it was fighting for my life, really, fighting for my career, my job, everything.

Q. If we pull out, can we have a look at this again, this section here, a little bit further down? If we just have a look at the lower part and enlarge it.

Thank you. Why are you writing -- can you see above the blue it says, "Please help"?

A. Yes.

Q. "Help me", under it. Why have you written that?

A. I wanted somebody to help me.

Q. What was going on?

A. At this point, I'd lost everything. I was in a job that I didn't want to be in, I was isolated from friends, I was being forced to lie about things and I just warned somebody to help me.

Q. Had you done anything, as far as you knew, to merit that happening to you?

A. No, that's why I couldn't understand how all this was happening to me.

Q. Can we go over the page, please? Turn it round so the -- that's it, so the love hearts are that way, they're the wrong way round. Is this something you've written on perhaps on more than one occasion, Ms Letby?

A. Yes.

Q. Do you know whether at this point you understood the things that were being said about you so far as harming children was concerned?

A. From the content, yes.

Q. How was that making you feel? You talked about the job and how you couldn't do the job. How did it feel when you discovered what was being said about the children and being blamed --

A. It was devastating to have to have that allegation upon you.

Q. Had you done it?

A. No.

Q. What's it feel like to be told you've done it if you haven't?

A. It's beyond comprehension. I just could not understand how it was happening.

Q. Could you cope with it?

A. No.

Q. If we look down at the bottom, right in the centre there's some text. I'm going to ask to enlarge that and ask if you could read that for us, please. What do you write there?

A. "I really can't do this anymore. I just want life to be as it was. I want to be happy in the job that I loved with a team who I felt a part of. Really, I don't belong anywhere. I'm a problem to those who do know me and it would be much easier for everyone if I just went away. I wish I could give myself a break and just go away from [something]."

Q. All right. Had you done anything to hurt anybody?

A. No.

Q. Can we just move up the screen, please? Go back there.

There's a bit with a box round it. Can we have a look at that, please? Can we just enlarge that, please? What do you say there?

A. "Please help me."

I've also written:

"[Dr A], love, you were my best friend."

Q. Why did you say -- it says elsewhere around here, "Please help me". Why were you saying "please help me"?

A. Because I just felt so on my own, I wanted somebody to help me.

Q. Anywhere do you accept that you have deliberately hurt babies?

A. No.

Q. For all of the material that's put out there, is that something you ever did?

A. No.

Q. Is there any truth in the allegation that you deliberately harmed babies?

A. No.

Q. Or intended to kill them?

A. No.

Q. Or the allegation of air being used intravenously; would you do that?

A. No.

Q. Forced into babies' abdomens; have you ever done that?

A. No.

Q. Or if the blood analysis is accurate, that you are responsible for giving them insulin when they shouldn't have it; have you done that?

A. No. I only ever did my best.