

Monday 5th June & Wednesday 7th June 2023
Cross-Examination of Lucy Letby regarding Babies L & M
by Nick Johnson KC
(Transcribed from audio/hard-coded subtitles)

Monday 5th June 2023:

Q. Right. I'm going to move on to [Baby L] and see where the parallels are between what happened to him and what we've just established happened to [Baby F].
Okay?

A. Okay.

Q. I'd like to start, as I tend to, with your defence statement. This is paragraph 136 onwards.

You begin by saying that:

"You did nothing to harm either [Baby L] or [Baby M]. After the twins had been born on 8 April, [Baby L] and [Baby M] were put into Nursery 1. Amy Davies and I took them to the nursery and we looked after them on their first day. I looked after [Baby L] and Amy looked after [Baby M]."

Then at 138 you say that [Baby M] wasn't in a proper space. At 139:

"[Baby L] had low blood glucose levels. There was a conversation with Dr Bhowmik about why we were starting [Baby L] on fluids straightaway rather than doing a feed. Normally if the sugars are low you feed a baby and move on to fluids if they remain low. Starting with fluids is against that policy and it means a line is put in when it may not be necessary. Once Dr Bhowmik explained why this was the reasonable cause to take, we proceeded as she instructed us."

And this was what -- is this the hypoglycaemic pathway, is that a reference to that?

A. Yes.

Q. And this is an example, isn't it, of evidence that we've heard that you were more than willing to challenge doctors if you thought they weren't doing the right thing?

A. Yes, when they've deviated from a policy, yes.

Q. Yes: "We put the bag up at 11 am on 8 April and the infusion started at midday. I wasn't due to be working on April 9th and I was asked to do the extra shift because the unit was so busy and we needed to get the skill mix right. We were exceptionally busy. I think I may have had three babies to look after."

As a matter of fact, as we will see, you had two. Is that right?

A. Yes.

Q. Paragraph 142: "From the medical notes, the second bag of 10% dextrose was put up for [Baby L] at midday on April 9th. I did this with Mary Griffith. As the blood sugar levels remained low, a bolus was signed for and provided by Mary and me at 15:40." And just to put that into chronological context, that's shortly before [Baby M] collapsed, isn't it?

A. Yes.

Q. "I cannot be sure precisely who administered the bolus. A new bag of 12.5% dextrose was signed for and given by Belinda Simcock and Ashleigh Hudson at 16:30. At 19:00 a new bag was signed for and given by Belinda Simcock and Mary Griffith."

A. Yes.

Q. Then at 143: "[Baby M] collapsed as Mary and I were making up fluids for [Baby L]. His alarm went off so we went over to him and he was apnoeic. When I look back, I am not sure if he wasn't breathing or whether he had had a desaturation."

You then talk about [Baby M], so I'm going to skate over that for now because we're concentrating on [Baby L]. And to 150, please:

"I did not administer insulin to [Baby L]. I don't understand why [Baby L]'s insulin test results were at the level they were. Also, I don't understand how the results can have been so abnormal and yet there was no immediate investigation into this, therefore I am unable to accept the accuracy of these tests."

Do you now accept the accuracy of the tests?

A. Yes.

Q. "If insulin entered [Baby L] via one or more of the bags that were used, I am not responsible for that." Okay?

A. Yes.

Q. So that's what you say in the defence statement. Save for the correction in relation to your acceptance of the test results, is there anything else in that information that is now, on review, incorrect?

A. No, I don't think so, no.

Q. Right. So I just want to put [Baby L] into a bit of context very briefly. Born on 8 April 2016, is that right?

A. Yes.

Q. As you said in the defence statement, you and Amy looked after one twin each?

A. Yes.

Q. You had [Baby L]?

A. Yes.

Q. Amy Davies is a band 6, isn't she?

A. That's right.

Q. You identified straightaway that the hypoglycaemic pathway was not being followed?

A. Yes.

Q. And I am going to suggest to you that that was one of the reasons why you decided to attack [Baby L].

A. No.

Q. A departure from the pathway has nothing to do with somebody putting insulin into dextrose, though, does it?

A. No.

Q. You told us, I think, that the dextrose bags are stored in Nursery 1.

A. Yes.

Q. The insulin in the locked fridge in the room where the locked fridge is?

A. Yes.

Q. But the fact that they're stored in different places doesn't help us, does it, because somebody put insulin into the dextrose?

A. Well, I -- I can't answer that.

Q. Well, do you accept from the evidence that somebody put insulin into the dextrose?

A. Yes.

Q. And do you accept that there is no legitimate reason for putting insulin into dextrose?

A. Yes.

Q. That it is highly dangerous?

A. Yes.

Q. And that the results of the blood test prove that somebody put insulin into [Baby L]'s dextrose?

A. Yes.

Q. I want to see if you accept any of these propositions. There was insulin in at least one bag of dextrose that was attached to [Baby L]?

A. I'm... I'm not sure without looking.

Q. Well, at least one. We'll come to the precise number later perhaps, but given that you've just accepted there was -- well, do you accept it was in a bag of dextrose at any point?

A. Yes, if that's the evidence, yes.

Q. Yes, absolutely. Do you accept that the first time it was done was sometime between midnight and 9:30am on 9 April?

A. I don't think I can answer that. I'm just reliant on the expert opinion, I don't know.

Q. 8 April 2016 was a long day so far as you were concerned?

A. Yes.

Q. We can see the blood sugar reading in the third column between 10:58 and midnight, can't we?

A. Yes.

Q. And we can see the gradual -- if you go to column 5, the dextrose rates don't change -- or "other event" column, we can see a gradual decrease in the amount of dextrose being given to [Baby L].

A. Yes.

Q. And a gradual increase, albeit with some anomalies along the way, in the blood sugar reading?

A. Yes.

Q. It's not a linear progression, it's not a straight line, but we go from 1.9 at the beginning of the day at 10:58 to 3.6 at the end of the day.

A. Yes.

Q. Do you remember Professor Hindmarsh saying of the reading at 24:00 hours, at midnight -- I'm quoting him now: "One could relax seeing that evolve." In other words, the progression in the blood sugar.

A. Yes, that's normal levels, yes.

Q. Exactly. And on this particular night shift of the 8th into the 9th, albeit she was a bank nurse as far as the Countess of Chester was concerned, the nurse was Tracy Jones --

A. Yes.

Q. -- who we heard is a band 8A.

A. Yes, she is, yes.

Q. That's a very, very senior nurse, isn't it?

A. Yes.

Q. Yes. We can see, by looking at the chart that you have there, that that was the final blood sugar measurement taken until 10:00 hours the following morning.

A. Yes.

Q. And this is where we come back to a point that we've just dealt with in the context of [Baby F] about the half-life of insulin. Do you remember the 25-minute point?

A. Yes.

Q. It's that point that led Professor Hindmarsh to say that by 9:30 on the morning of 9 April, somebody had put insulin into that dextrose bag.

A. Okay.

Q. Do you accept that as a proposition, first of all?

A. Yes, if that's what he said, yes.

Q. I'd like to look at who was where and who was doing what at about 9:30, okay, that morning?

A. Yes.

Q. The first point then -- do you remember me suggesting to you that this was a targeted attack against [Baby L]?

A. Yes.

Q. Just so you understand, the reason I am suggesting it is a targeted attack is that the same bag was hanging from midday on the 8th to midday on the 9th. Do you see that in the table?

A. Yes.

Q. It didn't have insulin at the beginning -- on the 8th.

A. No.

Q. But it had insulin in it on the 9th.

A. Yes.

Q. Yes. So it follows, doesn't it, from that that the insulin was put up -- put into the bag whilst it was hanging, doesn't it?

A. Um... I don't know.

Q. Well, let's just take a step back. We've dealt with the readings on 8 April, yes?

A. Yes.

Q. They show that there was a naturally resolving hypoglycaemia that was resolved by the administration of the dextrose.

A. Yes.

Q. So it had resolved by midnight?

A. Yes.

Q. But then there was an exceptionally low and series of low blood sugar readings from 10:00 hours on the 9th?

A. Yes.

Q. It was the same bag that was connected to [Baby L] from midday to midday, so it follows, doesn't it, that somebody has put insulin into the bag whilst it is hanging?

A. If that's what the experts suggest, yes.

Q. Well, it is what the experts suggest.

A. Okay.

Q. Therefore it follows, doesn't it, that it is a targeted attack? The victim has been selected.

A. Well, I can't answer that.

Q. Alright. Somebody has injected insulin into a bag that is connected to a specific child?

A. Yes, if that's the evidence, yes.

Q. Yes. Well, it is the evidence just as [Baby F] got, on one view of the evidence, two separate bags that were contaminated with insulin, TPN bags in his case.

A. Yes.

Q. So let's look at the population distribution for this shift, first of all, please. If we go to -- it's page 2 of 12 in the neonatal review, which shows the same information that we have at tile 88 on the screen. Okay?

A. Yes.

Q. This shows four babies in Nursery 1?

A. Yes.

Q. [Baby L] and M being cared for by your friend Mary Griffith?

A. Yes.

Q. You with GT and TSB?

A. Yes.

Q. Nursery 2, four more children, three with Ashleigh Hudson, one with Nurse B?

A. Yes.

Q. Belinda Simcock with three in Nursery 3?

A. Yes.

Q. And then Angela McShane with three in Nursery 4 and Nurse B with the fourth baby in Nursery 4?

A. Yes.

Q. So it follows, doesn't it, that the only common nursing staff, the only nursing staff in common between the shift on which [Baby F] received insulin and the shift on which [Baby L] was to receive insulin were you and Belinda Simcock.

A. Yes.

Q. Now, bearing in mind the question or the issue identified by Professor Hindmarsh as to the timing at which the insulin was put in, overnight, under the care of Tracy Jones, [Baby L] had done very well, hadn't he?

A. Yes.

Q. If we go to jury bundle number 2, please, there at page 17948 we have the dextrose prescriptions, don't we -- showing Dr Bhowmik's several attempts to resolve the calculation on 8 April and also showing the replacement of the original bag at what you have entered as 12:10 hours?

A. Yes.

Q. Albeit, I think, in answer to your counsel you said that actually reads 12:00 hours, is that right?

A. I read it to be that, yes.

Q. You read it to be 12.00?

A. Yes.

Q. Alright. Moving on in that document, we have the observation chart at 17978, is that right?

A. Yes.

Q. We have the lab blood results at 17997 with Dr Ukoh's manuscript additions at the back of the form at 17998. Then at 18000 we have the blood gas. Then following that, we have the printouts, two printouts, from the lab --

A. Yes.

Q. -- about which we heard quite a lot of evidence.

A. Yes.

Q. I am going to suggest that you put insulin into [Baby L]'s dextrose bag at about 9:30 or just before 9:30 on 9 April, okay?

A. Okay.

Q. So if we just keep in mind who is where, if we could keep that on the screen, please, Mr Murphy, and can we go to page 3 of the neonatal review. This shows events that were going on in the unit from the beginning of the shift, doesn't it?

A. Yes.

Q. And we can see that [Baby L]'s entries are in that sort of salmon pink type shading.

A. Yes.

Q. And that [Baby M]'s are in the yellow shading, which is used in other cases for the child in question.

A. Yes.

Q. I just want to concentrate on you and Mary Griffith as you were the two nurses that were in Nursery 1 with [Baby L] and [Baby M], okay?

A. Yes.

Q. From 9 o'clock we see an entry for you in relation to the child GT, who is one of the children in Nursery 1, don't we?

A. Yes.

Q. What I'm directing your attention to at the moment is what you were up to between 9am and 9:30, alright?

A. Okay.

Q. So starting with tile 21 then, we see an entry made by Mary Griffith on [Baby L]'s neonatal fluid balance chart, don't we?

A. Yes.

Q. And at the same time you are giving a feed to the child GT?

A. Yes.

Q. At the same time as you were giving the feed, you appear to be co-signing medication for the patient AW?

A. Yes.

Q. The child AW is one of the children in Nursery 2 who was being looked after by Ashleigh Hudson?

A. Yes.

Q. Then in the couple of minutes after that, there's some more medication ou are co-signing for for AW?

A. Yes.

Q. And in between lines 29 and 32 inclusive, four entries for the child GT, who is one of your two children in Nursery 1?

A. Yes.

Q. Which you are signing and co-signing with Mary Griffith?

A. Yes.

Q. Mary Griffith then left the room, didn't she, as we can see from lines 34 down to 39?

A. I can't say that she left the room. Medications are predominantly drawn up in Nursery 1. I couldn't say where this happened.

Q. Well, this is Mary Griffith co-signing with a -- who is Angela Mcshane?

A. She's a nursery nurse.

Q. And are nursery nurses allowed to give medications to children?

A. Yes, oral medications.

Q. Oral medications.

A. Yes.

Q. These are prescribed medications, aren't they?

A. Yes.

Q. All signed for between 9:25 and 9:29?

A. Yes.

Q. And for the three children --

A. Yes.

Q. -- ML, ND and MB?

A. Yes.

Q. And that was the opportunity that you took to poison [Baby L], wasn't it?

A. No.

Q. Are you suggesting that staffing levels caused or contributed to somebody putting insulin into the dextrose bag or bags for [Baby L]?

A. No. I don't know how the insulin got there.

Q. Well, whoever did it did it deliberately, didn't they?

A. If it happened on the unit, yes.

Q. Yes, well, we've already established it has to have happened on the unit, doesn't it, because it happened some time between midnight and about 9:30 in that bag that was connected to [Baby L] throughout that time?

A. Yes, so then when the cannula is replaced, yes.

Q. And that's why it's a targeted attack, isn't it?

(Pause)

What do you say?

A. Not by me it wasn't.

Q. If it's not by you, it's by somebody else then, isn't it --

A. Yes.

Q. -- poisoning a child in the same way that [Baby F] was poisoned --

A. Yes.

Q. -- with the same substance?

A. Yes.

Q. And is the reality that unless there is more than one poisoner, it has to have been either you or Belinda Simcock?

A. I can only answer for myself and say that I've never put insulin into any bags.

Q. It was never suggested to her that she did it though, was it?

A. I can't answer that, I don't know.

Q. We can put the neonatal review away, if we go back to the table that Professor Hindmarsh dealt with in his evidence behind divider 6 in Jury Bundle 1. You were asked several questions on 16 May about this table, do you remember?

A. Yes.

Q. I think you started by suggesting that the entry at what you have interpreted for as being 12:00 hours on 9 April might have been a rate change, but I think you then decided, and I don't mean that in any pejorative way, but you thought that actually that was a change of bag at midday?

A. Yes.

Q. Just for the jury's benefit, you're looking at the prescription there, aren't you?

A. Yes.

Q. Thank you. So there we see -- it's the entry where I asked you just to confirm what you'd said earlier. You're saying it doesn't say 12:10, it says 12:00 hours, is that right?

A. I would read it as that, yes.

Q. Ten minutes either way in this circumstance probably doesn't make any difference, but this, in any event, shows a different bag and I think we heard from several witnesses that the practice is to change a dextrose bag every 24 hours anyway.

A. Yes.

Q. But the giving set doesn't change, is that right?

A. Dextrose is changed 24-hourly without fail. It's TPN that's 48 hourly.

Q. Well, you tell us: the changing of giving sets with dextrose, what's the policy?

A. That it would be changed.

Q. Every time?

A. Yes. I don't -- sorry, I'm confused with what you're asking now.

Q. A dextrose bag, as I understand you to have told us, is changed every 24 hours?

A. Yes.

Q. The bag is hooked up to a giving set?

A. Yes.

Q. Connected to a giving set?

A. Yes.

Q. Does the giving set have to be changed every time a bag of dextrose is changed?

A. Not every time, no.

Q. No. Well, that actually was the proposition I was putting to you, but there we are, we got there.

A. Sorry I misunderstood.

Q. It's alright, it's not your fault. Despite the fact that the bag was changed, so looking at the table that Professor Hindmarsh took us through, despite the fact that the bag was changed at midday, 12:00 hours, the insulin kept being administered to [Baby L], didn't it?

A. Um... Yes.

Q. Yes. And we know that because, if we look at page 2, we see the time at which the blood sample was received in the lab being either 18:26 or 18:29.

A. Yes.

Q. And that blood sample contained exogenous insulin, didn't it?

A. I can't recall.

Q. Well, that was the evidence from the lab.

A. Okay.

Q. So I'm going to suggest for your comment or your answer, that not only was [Baby L] targeted on the first occasion whilst the bag was hanging, but he also got a second bag that had insulin in it. What do you say about that?

A. I'd have to be guided by the evidence, the expert evidence.

Q. We have a third bag hung, don't we, at about 16:30 or thereabouts?

A. Yes.

Q. So a third bag hung at 16.30 and the hypoglycaemia continued?

A. Yes.

Q. Fourth bag hung the following day when you were not working on 10 April, it's a 15% bag at either 2:30 or 3:00 hours?

A. Yes.

Q. And the hypoglycaemia gradually resolved, didn't it?

A. Yes.

Q. We end up, as we go from the 10th into the 11th, 23.00 hours on the 11th, which is right to the end of page three, with a resolved episode of hypoglycaemia?

A. Yes.

Q. And the reason for the hypoglycaemia was that somebody had poisoned at least two glucose bags with insulin, isn't it?

A. Yes.

Q. And that was you, wasn't it?

A. No.

[The court adjourned until Wednesday 7 June 2023 - a Jury member was sent home unwell]

Wednesday 7th June 2023:

Q. On Monday, before the midday adjournment, we dealt with two cases, [Baby F] and [Baby L]. Is there anything you said about any of those children that you, on reflection, wish to amend?

A. No.

Q. And so far as the wider case is concerned, in other words questions that I've been asking you since we started this exercise, is there anything that you wish to amend?

A. No.

Q. Do you give that some thought at the end of each day, that issue?

A. Yes.

Q. So you -- it's not a criticism at all, but you reflect on the evidence you have given?

A. As much as I can remember, yes.

Q. Yes, and you think about whether or not there's something that you have said with hindsight, you might either wish to change or re-emphasise or add to or take away from?

A. Yes.

Q. Yes. And each time I've asked you that question, you have confirmed that, in effect, there is nothing you wish to change?

A. Yes.

Q. Thank you. Now, if we can move on to the case relating to [Baby M], please, who is named in count 16 on the indictment. I'd like to start, as I have done from time to time, with your defence statement. Alright? The jury now have a typed copy of the statement. The part I'd like to ask you about starts at paragraph 137, which in the jury's copy is page 17. I've dealt with parts of this already because, as we see from the document, this section of it concerns both brothers, [Baby L] and [Baby M].

Alright?

A. Yes.

Q. So on Monday we dealt with the parts that refer simply to [Baby L] --

A. Yes.

Q. -- and we will now turn to [Baby M].

At paragraph 137 you say that after the twins were born on 8 April, they were put into Nursery 1, that you and Amy Davies took them there, and you looked after them on their first day, you had looked after [Baby L] and Amy had looked after [Baby M].

A. Yes.

Q. Then you say: "I used the Neopuff that was on the wall, but because of how [Baby M] had been fitted into the nursery, it wouldn't reach the cot and the mask pulled off. Someone brought me a new Neopuff mask."

A. Yes.

Q. So paragraph 145: "We asked Belinda Simcock and Ashleigh Hudson to do the bag for [Baby L] while we dealt with [Baby M]."

So the bag in that context of course is the more concentrated dextrose that Mary Griffith had started to put together?

A. Yes.

Q. And then you say:

"We put a crash call out. Nurse B came and tried to turn the incubator round to get [Baby M] onto a proper monitor. Dr Jayaram then came in and probably other doctors. Eventually, we moved [Baby M] to the intensive care side of the nursery because we needed a ventilator."

You then say at 147:

"I didn't notice any change in skin colour in [Baby M], although I have not dealt with many sick Asian babies, so I may not have been accustomed to the changes in skin colour. However, no one mentioned any changes in skin colour at the time."

You then say at 148 you took care of [Baby M] once he came off the ventilator:

"He'd been given medication prior to his collapse. I can't recall if it was me or Mary Griffith who did this."

And you then turn back in the document to [Baby L] at 150 and 151.

A. Yes.

Q. Then paragraph 152:

"Sometimes when we do a resuscitation we write notes on whatever is available. This would sometimes be a paper towel. That is what happened with [Baby M]. I wrote notes on the paper towel which then remained in my pocket and ended up at home with me."

I just want to understand what you're saying. I have asked you some questions about this and I will return to it, but I just want to understand what it is you're actually saying in the document there. Are you saying in the document that once you had written notes on the paper towel it went into your pocket and that is where it remained until it got home?

A. I'm saying that I wrote notes on the paper towel, yes, and at the end of the day it came home with me in my pocket.

Q. And where had it been in between?

A. Well, it would have been used during the shift to write up notes.

Q. Alright. We'll come back to that. At paragraph 153:
"A number of my diary entries were written retrospectively, for example 'Twins resus'. Matters like this were written after I'd been removed from the unit. I was documenting matters that I believed might be significant. LD stands for long day."

And that's how you deal with the case of [Baby M] in this document.

A. Yes.

Q. Was there anything that was particularly memorable about [Baby M] so far as you were concerned?

A. The delivery of the twins stood out in my mind because that was the first delivery I'd been to where I was the allocated nurse for a baby by myself, so yes, as a pair of twins, yes, they stood out in my mind, yes.

Q. I want to see whether you agree with a number of propositions. Alright? First, that [Baby M] was born in good condition?

A. Yes.

Q. That within a few hours his observations were being taken every two hours and he was breathing for himself in air?

A. Yes, if that's -- obviously I can't see the chart now, but yes.

Q. Okay. Well, if you want to look at the chart, please don't let me rush you beyond it if you want to. They're all behind divider 16 in that bundle that you have in front of you. I'm doing my best to reflect accurately the evidence that's been given, but it may be from time to time that I can make a mistake. So if you want to check anything, you say so. Alright?

A. Okay.

Q. But do you agree with those propositions?

A. Could you repeat the last one?

Q. Yes: observations every 2 hours, breathing for himself in air, that's within a few hours of his birth.

A. Yes.

Q. He was not an intensive care baby, was he?

A. Um, no, I don't believe he was at this time, no.

Q. No. Is it your case that the staffing levels generally caused or contributed to [Baby M]'s collapse?

A. I don't know what caused [Baby M]'s collapse, but the unit was very stretched that day with staffing, yes.

Q. Yes, but you will understand, I'm sure, that it has been suggested on your behalf from time to time, and you gave evidence in answer to questions from your own counsel from time to time, that may have been taken as suggesting that there is a connection between staffing levels and collapses. Alright? I hope you understand that what I'm trying to do is to look at each case individually and see whether in fact there is a connection on your evidence.

A. Okay.

Q. So putting to one side for a second the fact that you have told us that you don't know what the cause of [Baby M]'s collapse was, are you suggesting that there is a positive association between staffing levels and his collapse?

A. I think that's a potential, yes.

Q. Well, a potential -- what is the potential connection?

A. Because I don't know exactly what happened to [Baby M], but I know we were very stretched that day in providing all of the needs on the babies on that unit to make sure that they were all

cared for. It was very stretched for every child and [Baby M] wasn't in a correct space either.

Q. Are you pointing to a positive event which, had staffing levels been different, would have been dealt with differently?

A. Potentially, yes, if [Baby M] had been in a proper space and we hadn't been as stretched with staff, maybe things would have been acted on quicker, I don't know.

Q. What difference would the space have made?

A. He wasn't on a correct monitor. He wasn't -- he was just in a corner space, which isn't ideal. We don't usually have babies in that space.

Q. Well, we'll come to the population distribution in a moment. But you are postulating the possibility, are you, that had he been on a Phillips monitor there may have been an earlier alarm than in fact there was?

A. Potentially, yes.

Q. Right. That doesn't have anything to do with staffing levels, though, does it?

A. No.

Q. That's to do with the monitor.

A. Yes.

Q. So at the risk of repeating myself, just going back to the staffing levels, what are you suggesting is the connection?

A. Again, I don't know what happened to [Baby M], but as nursing and medical staff we were very stretched that day. Um... Sorry, can you -- what was I saying, sorry?

Q. I'm looking to give you an opportunity, really, of telling the jury what you are suggesting is the connection between staffing levels and [Baby M]'s collapse.

A. As I say, I don't know what happened to [Baby M], but the unit was very busy that day, staffing wasn't at a great level, the doctors were very busy, as were the nurses. Potentially, babies on the unit at that time didn't have such close monitoring as maybe they would have done if there'd been more staff or less babies.

Q. Are you suggesting that anybody's mistake contributed in any way to [Baby M]'s collapse?

A. I don't know what caused [Baby M]'s collapse.

Q. So is the answer no?

A. Yes.

Q. Are you suggesting that medical or nursing competence made a contribution?

A. Again, that's hard to answer when I don't know exactly what happened to [Baby M]. I know he had a few issues earlier on in the day. Maybe that could have been dealt with differently, I don't know.

Q. Right. Well, when we get to them, if you are suggesting that things should have been dealt with differently, will you say so, please --

A. Yes.

Q. -- and tell us what the difference could or should have been, yes? Thank you. Now, I'm sure you will remember that Dr Jayaram told us of discolouration that he saw on [Baby M] at the time of his collapse.

A. Yes.

Q. I want to put to you his description and ask whether you disagree with what he says, okay?

A. Okay.

Q. What he said was this, it was on the 22 February if anybody wants to check:

"Because [Baby M] was darker skinned, it was more obvious. He was generally pale, which one would expect in a cardiorespiratory arrest. There were patches of very bright pink or certainly more obviously pink because it was on a darker-skinned background on his torso that flitted around. It would appear and disappear and then other ones would appear and disappear. I noticed them on his abdomen because that's the most obvious bit of his body that you could see because the rest of his body had people covering his chest, doing CPR. I noted them sort of when I got there during the start of the resuscitation. I can't comment on how long they continued to be there. Once circulation was restored and his heart rate came above 100, they vanished."

And he said he'd never seen that type of a discoloration before [Baby A]. Okay?

A. Yes.

Q. Do you agree with his description?

A. I did not see anything like that, no.

Q. Did the lighting in Nursery 1 make it difficult to see?

A. No.

Q. Because you've told us, haven't you, that the lighting in Nursery 1 is bright?

A. Yes.

Q. This was a daytime collapse.

A. Yes.

Q. And so the lighting would have been on full, wouldn't it?

A. Um, it wouldn't have been on full, no, because no nursery light is on full unless you're actually doing a procedure. But yes, it would have had a fair level of lighting, yes.

Q. Is resuscitation a procedure?

A. Yes, the lights would have been turned up then, yes. Sorry, I thought you meant during the day.

Q. I'm talking about when Dr Jayaram speaks of having seen what I've just recounted to you.

A. Yes.

Q. Do you remember what you said to the police about the lighting in this particular case?

A. Yes, that it was poor where -- the space that [Baby M] was.

Q. Mm. If we just go to your interview, it's the first of the [Baby M] interviews. Do you have an independent memory of saying this or have you been reading your interviews to see what you said before I ask you questions about it?

A. No, I have a direct memory of that event and needing to move [Baby M] into a different space.

Q. Right at the bottom of the page, you're asked a question: "Do you know why he desaturated?" and you replied: "No". Then you were asked the question: "So when you attended him there was nothing obvious that had caused this desaturation?" You replied: "Not that I remembered, no." And then a different officer says: "Any more questions?" And you give a reply, don't you? Would you just read your reply, please.

A. "I do remember that his colour was a little bit harder to assess with him being an Asian baby and also he was in a corner space where there's poorer lighting."

Q. So were you suggesting to the police in this interview that the poor quality of the lighting during the daytime in Nursery 1 may have been a reason why you didn't see a change in colouration?

A. Yes. So at the time that [Baby M] collapsed, the nursery was not in full brightness, so when I went over to [Baby M] he was in a darker corner of the nursery.

Q. But a much lighter corner than Nursery 2?

A. Yes.

Q. You know what I'm going to say, don't you?

A. Yes.

Q. Yes. What am I going to say?

A. That I was able to see Child I.

Q. Yes, in the dark.

A. Yes. Well, not in complete darkness, but...

Q. So this time, you're saying that although a nursery was in daytime with the lighting on, the lighting wasn't good enough for you to have been able to see a change in colour?

A. No, it was harder for me to assess because I was not used to caring for Asian babies, so the colour change, if any, was very difficult for me to see. I did not notice any colour change.

Q. I want to turn to the population layout, please, at tile 83. We can put the interviews away now, please. Here we can see that there were four children in Nursery 1.

A. Yes.

Q. How many spaces are there in Nursery 1?

A. 4.

Q. Why was it necessary to put [Baby M] in a corner space if there are 4 spaces and 4 children?

A. The procedure is because we are an emergency unit, there always has to be one incubator free because obviously we don't know what might come through from delivery ward. So there is always a space set up that's available for any admissions.

Q. Okay. So is this a situation where, as you have told us, because [Baby M] was not an intensive care baby, he didn't actually need to be in Nursery 1 at all?

A. Yes, there was just no room on the outside nurseries, yes.

Q. Yes, we can see the layout there, can't we?

A. Yes.

Q. We see that you were responsible for GT and TSB?

A. Yes.

Q. And that your friend Mary Griffith was responsible for [Babies L & M]?

A. Yes.

Q. As you have told us, four children in Nursery 2, three of whom being looked after by Ashleigh Hudson, one by Nurse B.

A. Yes.

Q. Nurse B had a second child in Nursery 4, who was in there with three others, being looked after by Angela Mcshane, and then Belinda Simcock had the three children in Nursery 3.

A. Yes.

Q. Was the capacity at the time 16?

A. Yes.

Q. So making the allowance for the emergency provision of a single ITU space, you were running, in effect, at capacity?

A. Yes.

Q. Do you remember describing Mary as quite a junior member of staff, Mary Griffith?

A. Yes.

Q. How many years experience did Mary have?

A. I can't answer that, but Mary only did band 5 roles intermittently.

Q. She was predominantly a nursery nurse on the unit and would sometimes go up to a band 5 on days when we were short-staffed, so she wasn't predominantly a band 5 at all times.

Q. Moving on to tile 88, please, do you remember Dr Ukoh saw [Baby M] at 10:25 on the ward round?

A. Yes.

Q. Did you have anything to do with [Baby M] at this stage?

A. I couldn't answer that, I don't know.

Q. Alright. Let's look at what you were doing at the beginning of the shift, if we can. If we go to page 4 to deal with the time at which Dr Ukoh was looking at [Baby M], the notes of which you have on the screen. We see blue typescript showing what you are up to at about this stage.

A. Yes.

Q. Just turn back a page to page 3, we see you doing observations for GT, don't we, at 8:30?

A. Yes.

Q. Some medications at 9:05 to 9:11 between lines 29 and 32?

A. Yes.

Q. Also checking some medications for AW who was in Nursery 2, being looked after by Ashleigh Hudson?

A. Yes.

Q. Then going to page 4, lines 44, 49, 58 and 66, are you doing observations, feeding and making a note relating to the child TSB?

A. Yes.

Q. Who was one of your two children in Nursery 1?

A. Yes.

Q. The child GT was, if this document is correct, which we believe it to be, very low maintenance, would you agree?

A. No.

Q. Let's look at how GT was occupying your time then. At line 22, so back to page 3, do we see you feeding GT --

A. Yes.

Q. -- at 9:00am? That's the first thing you did on the shift that's been recorded by you?

A. Yes.

Q. Lines 29 to 32, the medications that we spoke of earlier?

A. Yes.

Q. At about the same time. The next entry for GT is at midday, isn't it?

A. Yes.

Q. You see, that's why I'm suggesting GT is low maintenance so far as you are concerned.

A. I disagree because the baby at that time was in Nursery 1, it had cannulation issues, she was re-cannulated during that shift. She would sometimes need suction. She had been transferred into Nursery 1 because she was unwell. That's why she'd been moved into Nursery 1. She was initially in the special care nurseries.

Q. You've got an extraordinary memory for the detail of this child, haven't you?

A. I was because she was a very complex baby (As read) that was on the unit a very long time, yes.

Q. But no memory of [Baby D] --

A. No.

Q. -- who died in the same nursery that you were working in?

A. Yes.

Q. Do you agree, just if we could put the doctor's note from 10:30 back up then, 10:25 I should say, that this examination of [Baby M] was unremarkable?

A. Yes. I think he assessed [Babies L & M] after the two other babies because they were more special care than the other two, yes.

Q. You remember that as well?

A. Yes, because I remember the baby GT needed a cannula replacing and I do recall that with the doctor, and I remember the doctor coming to see TSB, who I was concerned about at the time.

Q. I'm not asking you to say it, but do you remember TSB's name as well?

A. Yes.

Q. From 7 years ago?

A. Yes.

Q. If we go to tile 98, please. We see there at 12.30 pm a note made by [Nurse B]. Can you see it?

A. Yes.

Q. With her initials at the bottom, referring to a nasogastric tube feed and the fact that she obtained an acidic aspirate.

A. Yes.

Q. She said that [Baby M] was fine.

A. Yes.

Q. Do you agree or disagree with her?

A. Well, bile isn't a normal finding.

Q. Where is bile?

A. So [Nurse B] has put: "Partially digested stomach acid/bile, 1.5 Bile stained."

Q. That's in Mary's entry at 2.30.

A. Oh sorry, is it not a continuation?

Q. No.

A. Sorry. Then yes.

Q. Well, it's an easy mistake to make, but we'll move on to that because I was going to deal with that anyway. There we see, as you have already pointed out, Mary Griffith's recording of a 1.5ml bile-stained aspirate.

A. Yes, apologies. I was reading it from Nurse B's writing.

Q. It's all right, there's no need to apologise. But you will remember, I'm sure, that Mary said that Dr Ukoh put [Baby M] nil by mouth at that stage, and we can see that fact recorded, or at least the nil by mouth element of it, recorded just above, can't we?

A. Yes.

Q. And the nasogastric tube was put on to free drainage.

A. Okay.

Q. That was the evidence. What's the point of putting the NGT on free drainage?

A. Bile is not a normal finding and that should not be in the stomach, so the tube would go on to free drainage to ensure that anything that is in the stomach comes straight out and doesn't sit within the stomach, and that we can monitor what's coming out.

Q. At 15:30 so we're moving on now, please, to tile 127, a dextrose bag was started for [Baby M] by you and Mary Griffith.

A. Yes.

Q. And there is nothing to suggest, is there, that there was any insulin in that bag?

A. No.

Q. No. You see, I'm asking you this question because I suggested to you yesterday that [Baby L], who was receiving insulin from a dextrose bag at this point, was targeted specifically. Okay?

A. Okay.

Q. There's nothing in any of [Baby M]'s findings to support the suggestion that he was receiving insulin, is there?

A. No.

Q. No. At 15:30 we are now about half an hour or so before [Baby M] collapsed.

A. Yes.

Q. Looking at Dr Ukoh's -- is that Dr Ukoh's prescription, do you know, or writing? It looks like his --

A. I couldn't comment, sorry.

Q. I think he said it was, but it may not matter. Do we see your signature above that of Mary Griffith?

A. Yes.

Q. The rate and the time of the infusion being started, is that your writing as well?

A. Um, yes.

Q. Can we rely on that time?

A. Yes.

Q. Can you remember what Mary was doing at about this time though?

A. No.

Q. Was she taking blood for the lab for [Baby L]?

A. I can't say without looking.

Q. Well, we've all seen the paperwork relating to the blood test for [Baby L], haven't we?

A. Yes.

Q. Do you remember the evidence that she gave that the podding of the sample was interrupted by the emergency with [Baby M]?

A. Yes.

Q. How long in the normal course of events would it take between the taking of a sample and the podding of a sample?

A. That would be dependent on staffing on the unit because it would require somebody to leave the unit to take the blood to be podded. If you had normal staffing, staff that could leave, it would be 5 or 10 minutes.

Q. Yes. There was another job going on, of course, at this same time as well, wasn't there, do you remember?

A. Are you talking about the 12.5%?

Q. I am.

A. Yes.

Q. You do remember?

A. Sorry?

Q. And you do remember?

A. Making up the 12.5%, yes.

Q. Yes. We've seen a video of the way it's done, haven't we?

A. Yes.

Q. And one person, one of the two nurses involved, is the person who actually does the mechanical side of it?

A. Yes.

Q. Is that right? That was Mary's function?

A. Yes.

Q. What were you actually doing physically? Practically speaking, what did your role involve?

A. So generally, the role would involve opening up any equipment that Mary would need and dropping it onto the sterile field, and then watching everything that Mary does to ensure that the calculations are correct.

Q. And what does Mary do that actually has to be checked?

A. Any volume that she's taken out of the bag -- or it would involve using a dextrose vial, which we would need to check, there's a calculation that's involved in making up 12.5%, so we would both be going through the protocol together and working out the calculations together.

Q. Yes. How long does that take?

A. For 12.5% it can take quite a while. It's an unusual thing to do and there's quite a lot of processes to it.

Q. How long does it take?

A. I couldn't tell you, I couldn't give you a definitive time.

Q. How many times have you done it?

A. Um, not that many.

Q. Did you not know how to do it off the top of your head?

A. No, I don't think any nurse would. We had to use the protocol that was on the unit.

Q. Where was that?

A. Nursery 1.

Q. So right where you were?

A. Yes.

Q. How long would that take to find?

A. I don't think I can quantify that. Mary and I would have both needed to go through the policy against the prescription charts and then got all the equipment ready -- I can't tell you how long it would take to read the policy and work out the calculations.

Q. Can't or won't?

A. No, I think it's unrealistic to think that I would be able to remember exactly how many minutes something took to do.

Q. Alright. Around this time, though, you were also involved in giving medication to [Baby M], weren't you?

A. Yes.

Q. How long would it have taken Mary to scrub up to be the sterile nurse?

A. Um, a few minutes.

Q. If we go to tiles 135 through to 138, we see the prescription and the updates that were being made to the computer relating to

the giving of benzylpenicillin and sodium chloride to [Baby M], don't we? Those are all computerised times?

A. Yes.

Q. So they're recorded by the machine when you put in the code?

A. When we've both signed, yes.

Q. Yes. Plainly, Mary wouldn't have been sterile at that point if she's tapping in her code to the computer?

A. No.

Q. Can we take it that it must have been after that, after 15:45, that the process of making up the 12.5% dextrose started?

A. Yes.

Q. And it was while Mary was getting sterile that you sabotaged [Baby M], wasn't it?

A. No.

Q. Do you remember what happened just before [Baby M] crashed?

A. I recall that Mary and I were at the workbench.

Q. Do you remember what [Mother of Babies L & M] said happened in her agreed witness statement?

A. Not from my memory now, no.

Q. "About 10 minutes after we left the boys, a nurse called Yvonne came running up. She said I had to go back and took me down in a wheelchair. When we got there, one of the doctors was pressing [Baby M]'s chest." Do you remember that bit of evidence?

A. Yes.

Q. And so whatever happened to [Baby M] happened just after his mum and the family had left him. Do you remember them being there?

A. I can't remember specifically. I know they had visited during the day and other parents for other babies were visiting. I don't recall the exact timings, no.

Q. So another case where the parents are there but leave and then the baby collapses?

A. Yes, if that's accurate, yes.

Q. And that was your opportunity to sabotage [Baby M], wasn't it?

A. No. I was with Mary.

Q. And this was another case, wasn't it, where air was going in and carbon dioxide was coming out of [Baby M], but his saturations were dropping?

A. Yes.

Q. Do you remember that? And do you remember that during the resuscitation notes were being made --

A. Yes.

Q. -- by several of you, several nurses?

A. I can't recall that specifically. I know that we were writing the drugs down, yes.

Q. You remember the paper towel, don't you?

A. Yes.

Q. Because it ended up under your bed.

A. Yes.

Q. And do you remember the evidence of your friends, Nurse B and Mary Griffith, who said their writing is on the note?

A. Yes.

Q. That's why I say several of you writing down.

A. Oh yes.

Q. And [Baby M] suddenly recovered, didn't he --

A. Yes.

Q. -- remarkably? As quickly as he declined, he recovered. And whilst he was desperately unwell, he had a flitting pink rash on his body, didn't he?

A. I did not see any rash, no. It was not discussed at the time either.

Q. If we go to tile 171, we come to the blood gas. You remember this one, don't you?

A. Yes.

Q. If we click on it we'll see Nurse B's writing at 16:22 and we know that that information or that data replicates the printout that was found under your bed.

A. Yes.

Q. Have you thought any more about how that printout got from what Nurse B says was the waste paper basket or the sensitive waste, to a bag under your bed?

A. No, but I know I've never taken anything out of the confidential waste bin.

Q. Well, putting the confidential waste to one side for a minute, how many blood gas records have you ever taken home?

A. I can't put a specific number on it. I don't know.

Q. Is it a few?

A. I don't know.

Q. Why would you take a blood gas record home?

A. It's come home with the handover sheet.

Q. That's not an answer to the question.

A. It is. It's got put in my pocket like a handover sheet does, and it's come home with me.

Q. Did Nurse B put it in your pocket?

A. I don't know that. I don't know.

Q. Are you seriously suggesting that somebody else might have put it in your pocket?

A. No, I'm saying that I definitely did not take anything out of the confidential waste bin.

Q. Well, who put it in your pocket?

A. Probably myself.

Q. Yes.

A. It did not come from the confidential waste bin.

Q. Who took it out of your pocket?

A. Myself.

Q. Who put it in the bag under your bed?

A. Me.

Q. Why?

A. Because I collect paper.

Q. But not bank statements?

A. No.

Q. No. What's the difference from your point of view -- what makes a blood gas record collectible but a bank statement shreddable?

A. That's not in context. The handover and things came back with me and they were just put to one side and not thought of again. Dealing with a household bill is in the forefront of your mind. Handover sheets aren't.

Q. What's a household bill got to do with a bank statement?

A. Sorry, I assume that's the same thing: a bank statement, a bill, it's -- it's things that are happening there and then.

Q. What do you mean by "happening there and then"?

A. Well, a bank statement comes through, I pay a bill, I would shred the document.

Q. Straightaway?

A. I can't tell you exactly when.

Q. Are you making this up as you're going along?

A. No.

Q. What was the purpose of the towel that had the resus details written?

A. What was the purpose of it?

Q. Yes.

A. To keep an accurate record of what was happening during the resuscitation.

Q. Yes, and for whose benefit primarily was the accurate record?

A. For the medical and nursing staff that would then need to document about the events.

Q. Yes. So as it happened in the context of this particular resuscitation, it was Dr Ukoh who needed the material, wasn't it?

A. It would have been all of the doctors. So the drugs would have all been prescribed retrospectively, so it could have been any of the doctors, yes.

Q. Yes, but you know, don't you, that it was Dr Ukoh to whom the responsibility fell to make the meticulous record of this resuscitation?

A. Okay.

Q. Well, you do know that, don't you?

A. Yes, and Dr Jayaram also wrote some notes.

Q. He did, but it's Dr Ukoh who made the principal note and I'm going to ask Mr Murphy, please, to put up tile 149, which is one of the tiles that bears this data. Can we just scroll down, please? So "cardiorespiratory arrest" underlined double, "Pale +++". Then as we scroll down the page, please there we see what I have just described as the meticulous record.

A. Yes.

Q. "Intervention" underlined. Then in Dr Ukoh's distinctive handwriting: "Cardiac massage commenced [by him] 16.02. Adrenaline number 1, 16.05. Number 2, 16.10. Intubation 16.10. Adrenaline number 3, 16.12. Number 4, 16.19." And so on.

A. Yes.

Q. Number 5 at 16.23 or 27. And the final, the sixth and final and apparently successful dose at 16:30, yes?

A. Yes.

Q. We can show you the paper towel if you'd like to see it, but that is the data that's recorded on the paper towel, isn't it?

A. Yes.

Q. Therefore it follows, doesn't it, that Dr Ukoh must have had the paper towel in his hand?

A. At some point, yes, to write the notes.

Q. Yes, and if we scroll back up the note, please, we see that Dr Ukoh had the paper towel at 20.25 when he made the note?

A. Yes.

Q. So at the end of the shift, wherever this paper towel from the resuscitation had been, we can say, can't we, it was in the hand of Dr Ukoh at 20.25?

A. Yes.

Q. And you hung around, didn't you, to get your hands on it before you left?

A. No. I had to -- I stayed late that night to cover all of the work that still needed doing.

Q. What work was that?

A. I had to hand over [Baby M] and I had two other babies that I'd looked after in the daytime that I also had to hand over. I had to write the medical notes -- the nursing notes, sorry, for [Baby M].

Q. [Baby M] was handed over at the normal time, wasn't he?

A. Yes, but my documentation was not completed at that point.

Q. No, you're right about that. If we go to tile 251, remembering that Dr Ukoh is making his detailed note at 20:25, we see what you were doing at 21:14. This is your note, isn't it?

A. Yes.

Q. So you'd waited an hour and a quarter after the end of your shift to make this note?

A. No, I disagree. I was busy with other babies on the unit as well. I was not just sitting waiting to do this documentation.

Q. And you were hanging around to get your hand on the paper towel used by Dr Ukoh --

A. No.

Q. -- and to go rooting in the bin for the print out put there by Nurse B?

A. No. I've never rooted in the bin for anything.

Q. Because you sabotaged [Baby M], by injecting him with air, didn't you?

A. No, I did not.