

Wednesday 24th May 2023

Cross-examination of Lucy Letby regarding Baby G
by Nick Johnson KC

You will remember, I'm sure, that there are three
allegations against you in relation to [Baby G].

A. Yes.

Q. Count 7, which is the projectile vomit on
7 September 2015 --

A. Yes.

Q. -- which coincides with her 100th day of life.

A. Yes.

Q. And then counts 8 and 9, which were both
21 September 2015, which coincides with what would have
been [Baby G]'s due date, had she gone full term.

A. Okay. I'm not aware that was the date, but yes.

Q. Well, what are you not aware of?

A. That that was [Baby G]'s due date.

Q. Is that the first time you've ever heard that
information?

A. Well, I can't recall. I don't recall knowing that
that date specifically was her due date, no.

Q. You just think about that.

(Pause)

Are you really saying that the first time you have become aware
that 21 September was [Baby G]'s due date is when I have just
told you?

A. No, I'm saying that that date does not stand out as
being [Baby G]'s due date.

Q. Right.

A. It's the date of the events not, in my mind, [Baby G]'s due
date.

Q. Did it stand out to you as being [Baby G]'s due date at the
time?

A. Not that I recall, no.

Q. Can we go to [Baby G] 2, please. It's the sequence.
Tile 106. Can you read that out, please?

A. "Due date today!"

Q. You'd really forgotten that?

A. Not at the time, no. Right here and now, yes.

Q. Or is the reason you are avoiding it, as I suggest,
because of the coincidence between the events, that they
coincide with day 100 of life and [Baby G]'s due date?

A. No, that's all it is, a coincidence.

Q. In evidence to your counsel you said:
"She was a very premature baby that we do not often care for at the Countess of Chester Hospital."
A. Yes.

Q. Do you remember saying that?
A. Yes.

Q. By the time [Baby G] got to the Countess of Chester Hospital, she was well within the normal, in inverted commas, parameters of babies carried for at the Countess of Chester, wasn't she?
A. Yes.

Q. So why did you say that she was very premature and you don't often care for babies like that?
A. Because a baby born -- that extreme prematurity comes with a number of additional health issues that a prem baby that has been born, say, at more than 27 weeks wouldn't necessarily have. They require a different level of care.

Q. (Inaudible).
A. I don't agree because a baby born like [Baby G] was born at the viability and she comes with a lot more issues and complex health conditions than a baby born at a different gestation might come with.

Q. But by the time she arrived at Chester, [Baby G] was fine, though, wasn't she?
A. No, I don't agree that she was fine, no. She had a number of ongoing issues.

Q. We'll come to it. Can we start with your defence statement, please? If you'd like to put the interviews away just to reduce the clutter.
Paragraph 85 is the beginning of your defence statement for [Baby G]; do you agree?
A. Yes.

Q. And at 85 you say:
"I did nothing to hurt [Baby G]."
A. Yes.

Q. "Many of the children we care for had health problems. [Baby G] had complex needs. Concerns were raised on the unit as to her movements between different units and whether our unit could properly care for her."
A. Yes.

Q. [Baby G] was due to go home by the time she had the incident on 7 September, wasn't she?
A. No, I don't agree that she was ready for home, no.

Q. Well, do you remember which nursery she was?
A. She was in nursery 4.

Q. Yes, and which babies are put into nursery 4?

A. Special care babies.

Q. Yes. And which is the nursery you go into when you're about to go home?

A. Nursery 4, but you could be in that nursery for a period of months. It doesn't mean that you're imminently about to go home. She was being still nasogastric tube fed.

Q. Are you exaggerating [Baby G]'s problems?

A. No.

Q. Which were -- you have raised the issue of there being problems. Which are the particular issues that you say [Baby G] faced which made her exceptional as at 7 September 2015?

A. Collectively she had a lot of ongoing issues that came from being born so extremely premature.

Q. Give us a selection of these ongoing --

A. They often have difficulties with feeding. I know (Baby G) had had many blood transfusions, she'd had previous sepsis, she'd had problems with her lungs.

Q. But as at September 2015, what were [Baby G]'s problems that you say made her unusual?

A. I'm not saying that she was unusual, but a baby like that needs a certain level of care and observation that another baby might not.

Q. Well, she was getting a nursery nurse in nursery 4. Are you saying --

A. By that point, yes. I'm not saying at that point. I'm saying earlier on.

Q. Well, it must be my fault then. I must not have made myself clear. I will now try to make myself clear. What are you saying were [Baby G]'s unusual problems as at the date she first collapsed? In other words, as at 7 September 2015.

A. When she had the vomit?

Q. Yes.

A. She was a baby that was on oxygen and she'd had feeding issues.

Q. When had she had these issues?

A. Throughout her life.

Q. No, no. Please don't try to deflect the question. The question is: as at 7 September, what were the particular unusual problems that [Baby G] had?

A. I can't answer that.

Q. Well, perhaps we can just start by looking at the charts that we've all got in paper form behind divider 7 and you can give us chapter and verse on what you say are these problems.

A. Which folder is it?

Q. Jury bundle divider 2. Divider 7.

MR JUSTICE GOSS: Behind divider 7.

MR JOHNSON: If we look at the first page, we've got the position as at the 2nd, 3rd, 4th and 5 September.

A. Yes.

Q. So days 95, 96, 97 and 98 of [Baby G]'s life.

A. Yes.

Q. Is there anything unusual about that picture?

A. No.

Q. Turn over the page. We get to day 99, which is 6 September. Anything unusual on 6 September?

A. No.

Q. The problems started when she projectile vomited, don't they?

A. Yes.

Q. Yes. Turn over to page 6962, please. That deals with events after the projectile vomit, doesn't it?

A. Yes.

Q. So on again, please. 6971. In about the bottom third of the page we've got half a dozen lines dealing with the 1st to 7 September; is that right?

A. Yes.

Q. The very final line is a blood gas at 04.26, which is after the projectile vomit?

A. Yes.

Q. Which bears your signature?

A. Yes.

Q. But so far as the other five lines are concerned, dealing with September, is there anything untoward about any of that?

A. No.

Q. It looks from that, doesn't it, that [Baby G] was off oxygen on 5 September?

A. From this, yes. I'd have to look at the observation chart to confirm that, but yes. I know she was back on it on the 7th.

Q. of course she was because by that stage she had brain damage, didn't she?

A. No, I don't agree. She's been on oxygen on the observation chart we've just looked at.

Q. Well, if I in any way have misled people, you help us.

A. She hadn't been off oxygen at all, she's remained on

oxygen on these charts at all times.

Q. At the beginning, is that what you're saying?

A. From this date of the 2nd, she at no point has been off oxygen.

Q. Right. What do these -- we can see saturations.

A. Yes,

Q. If we look at page 6959 --

A. Yes.

Q. -- we see [Baby G]'s saturations?

A. Yes.

Q. Then we see O2, don't we?

A. Yes.

Q. And we see at the beginning of -- I'll just wait for Mr Murphy to put it on the screen and then we can all see what we're talking about.

So we see SaO2, which is saturations?

A. Yes.

Q. That's a reading taken off the probe; is that right?

A. Yes.

Q. Then we see O2, which is the fractional oxygen that's being administered to the child; is that right?

A. Yes,

Q. We see that that line begins at 30 --

A. Yes.

Q. -- on 2 September at 23.00 hours? It runs across and it says 0.05 or other similar types of figures further on?

A. Yes.

Q. What do they tell us?

A. At this point [Baby G] has been put on to nasal prong oxygen, BO it's prongs that go up the nose, and that's the percentage -- well, the fraction of units of oxygen that she's receiving.

Q. How many oxygen does that actually equate to?

A. I don't know what it means in percentage terms -

-

is that what you're asking?

Q. Yes.

A. I couldn't say, I don't know.

Q. All right. We won't get hung up on that. Can we go to the feeding charts, please, which are at the end of this document -- end of this section, I beg your pardon.

It's 7012 and 7013.

I'm going to -- can we start with 7012? Are you on that page?

A. Yes.

Q. Do we see, in the top half of the page, data for 5 September?

A. Yes.

Q. And we see that [Baby G] was being given expressed breast milk with Gaviscon and fortifier?

A. Yes.

Q. We see the amount?

A. Yes.

Q. Forty-four to 45ml every 3 hours?

A. Yes.

Q. And we see the route by which it was delivered?

A. Yes.

Q. Either NGT or B for bottle; is that right?

A. Yes.

Q. Would you agree that all the signs on the 5th are good?

A. Yes.

Q. On the 6th, which is in the bottom half of the page, again, similar data?

A. Yes.

Q. And again would you agree that all the signs are good?

A. Yes.

Q. And in particular, at 23.00 hours, we see your friend [Nurse E]'s signature?

A. Yes.

Q. We see that [Baby G] was given a bottle at 23.00 hours?

A. Yes.

Q. And to feed a 45ml bottle to a baby of [Baby G]'s age, how long would that take approximately?

A.

Um...

For a baby on oxygen, maybe up to half an hour.

Q. Yes. So not the sort of thing you do twice by mistake?

A. No, and I don't think I've ever suggested that.

Q. I'm not saying you have suggested it, I'm just checking that you agree that it's not the sort of thing that happens twice by mistake.

A. No.

Q. No. So by the time we get over the page, 7013, to the feed at 02.00 hours, we see that we have the feed that immediately preceded the vomit.

A. Yes.

Q. Just looking at all that data together, do you agree that, so far as feeding was concerned, the picture shown by the data is a good one?

A. Yes.

Q. Do you also agree that [Baby G]'s observations immediately preceding her collapse after 02.00 hours on the 7th are good?

A. Before 2 o'clock?

Q. Before 2 o'clock.

A. Yes.

Q. We heard as much, didn't we, from [Baby G]'s father, from Dr Ventress and from your friend [Nurse E]?

A. Yes.

Q. Yes. And you do not dispute that?

A. No.

Q. And you knew, didn't you, that this was day 100 of [Baby G]'s 's life?

A. Yes.

Q. It was a big deal?

A. Yes.

Q. And if we look at tile 276, please, at the start of the night, such a big deal was it that you'd all been sitting at the nursing desk making a banner for [Baby G] to celebrate?

A. That's what we do for babies of 100 days, yes. It's a big milestone, yes.

Q. Particularly for one who, as you have already told us, was born at the margins of viability?

A. Absolutely, yes.

Q. A very big deal indeed?

A. Yes.

Q. Yes. Well, I'm going to move on to the population distribution, which I can certainly deal with before the break. Can we go to tile 47, please, in [Baby G] 1. If we scroll down, please.

Here we see, starting with [Baby G], she is the object of this allegation, she was in [Baby G] 2 (sic) with your friend [Nurse E]?

A. Yes.

Q. The nursery nurse Lisa Walker had two children in nursery 3?

A. Yes.

Q. You had one child in nursery 1 --

A. Yes.

Q. -- IH, and Ailsa Simpson had another, AC?

A. Yes.

Q. And there were two other children whose location cannot be confirmed, one was with Christopher Booth, DB?

A. Yes.

Q. The other, CC, was under the charge of your friend, [Nurse E)?

A. Yes.

Q. Any issue with staffing levels on this particular shift?

A. Not from what I can see there, no.

Q. No. Are you suggesting that medical or nursing incompetence in any way has contributed to [Baby G]'s projectile vomiting on 7 September?

A. No.

Q. Are you suggesting that in relation to the treatment of [Baby G] up to the point at which she projectile vomited on 7 September, anybody, medical or nursing, made a mistake?

A. Potentially nursing, yes, but I'm not saying that did happen.

Q. What's the potential problem that you have identified?

A. That [Baby G] received more than the 45ml at 2 am.

Q. So your friend, [Nurse E], may have overfed [Baby G]; is that what you're saying?

A. That's a possibility. I'm not saying that's what she did, but that's what's been concluded, those are the options: that or she hadn't digested the milk that was in her prior to that feed.

Q. So does it come to this, that because it's an alternative to you having injected milk into [Baby G], you are not ruling out the possibility that your friend, one of your best friends, [Nurse E], overfed her?

A. I can't say for definite that that didn't happen, no. I'm not saying she did do that, but it's a possibility.

Q. Just in the 2 minutes we've got before the break, you tell us what would have had to have happened for [Nurse E) to have overfed [Baby G].

A. I don't believe that she would have, but potentially she has mismeasured the amount of millilitres when she's decanted the milk from the bottle into the feeding bottle.

Q. We know, because you have told us, that the syringe is a 10ml syringe?

A. Yes.

Q. So not only has she miscalculated the original amount, but she's also put in or allowed to drip feed in more than 4.5 measures of 10ml? So it's a double mistake?

A. That was a possibility, yes.

Q. Well, everything is possible, like Dr Marnierides' helicopter and the pots, but are you suggesting it's a realistic possibility?

A. No.

MR JOHNSON: No. Well, my Lord, that may be a good moment.

MR JUSTICE GOSS: Yes, certainly.

We'll break off until 2.10 then, please, members of the jury. Remember your responsibilities as jurors.

(1.00 pm)

(The short adjournment)

(2.10 pm)

MR JOHNSON: Just before the break I was asking you questions about the possibility of your friend, [Nurse E], having overfed [Baby G].

A. Yes.

Q. And you accepted that it wasn't a realistic possibility; is that right?

A. It's a possibility. I don't believe that happened, no.

Q. We know from the paperwork what [Nurse E] recorded as having fed [Baby G], don't we?

A. Yes.

Q. We can see it's behind divider 7 at the very final page,

J7013, which you have open in front of you.

A. Yes.

Q. To have fed [Baby G] twice as much presumably would have taken twice as long?

A. Yes.

Q. To have fed 90, taking it twice, 90ml at 2 o'clock, how long would that take?

A. I can't say for definite, but it would have taken longer than the 45ml, yes,

Q. How long does 45ml take?

A. It's very hard to say definitively, but 15/20 minutes, maybe.

Q. And do you remember what time you recorded the desaturation as having occurred at?

A. Yes, 2.15.

Q. Yes. So on those grounds as well, we can exclude the possibility that [Nurse E] overfed [Baby G], can't we?

A. I believe the evidence presented was that overfeeding is a possibility.

Q. All right. Who presented that evidence?

A. Is that not what the experts have said?

Q. How would the experts know? They weren't there. Which experts said overfeeding was a possibility? (Pause).
Can you help us?

A. Have Dr Evans and Dr Bohin not made reference to overfeeding?

Q. Do you remember saying in answer to your counsel that you remembered being with Ailsa Simpson just prior to [Baby G] vomiting?

A. Yes.

Q. That you were sitting together at the nursing station?

A. Yes.

Q. You'd been there for a few minutes?

A. Yes.

Q. You heard an alarm and quite a loud retching noise?

A. Yes.

Q. And so you both went to [Baby G] in nursery 2?

A. Yes.

Q. When you went in, you found her vomiting from the mouth and the nose?

A. Yes.

Q. So does that mean she was still vomiting by the time you got there?

A. Yes.

Q. You started giving her Neopuff?

A. Yes.

Q. Stripped her off and found her abdomen to be firm and distended and red?

A. Yes.

Q. You were both quite shocked, is what you said?

A. Yes.

Q. There was vomit on the chair at the cot side and on the floor?

A. Yes.

Q. And that shocked you as well?

A. Yes.

Q. Neither of you had ever seen that before?

A. No, not on a neonatal unit, no.

Q. And that was a clear recollection that you had last week, giving evidence?

A. Yes.

Q. What time do you say it was that [Baby G] vomited?

A. 02.15 approximately.

Q. Let's see what you wrote in the sequence. It's at tile 79, please:
"[Baby G] had a large projectile milky vomit at 02.15."
A. Yes.

Q. "Continued to vomit ++"; yes?
A. Yes.

Q. "45ml milk obtained from NG tube with air ++"?
A. Yes.

Q. "Abdomen noted to be distended and discoloured. Colour improved a few minutes after aspirating tube. Remained distended but soft. Registrar Ventress asked to review: to go nil by mouth with IV fluids. Doctor called to theatre."
And that's a reference, isn't it, to Dr Ventress being called away to a more pressing emergency?
A. Yes,

Q. If [Baby G] had not digested the feed given at 23.00 the previous night, [Nurse E] wouldn't have got an acidic reaction, would she, when she --
A. Yes, she would, yes.

Q. -- tested the nasogastric tube?
A. Yes, she would.

Q. So you disagree with Dr Bohin?
A. Yes, I do.

Q. On what basis do you disagree?
A. Because having looked after many babies over the years, we can get milk aspirates with a positive acid reaction.

Q. What, a pH of 4?
A. Yes.

Q. It's very acidic, isn't it?
A. Yes.

Q. [Baby G]'s stomach wouldn't have accommodated a further 45ml of feed, would it, under gravity if she had still been full after the feed at 23.00?
A. I think that's a medical thing. I can't comment on the size of a baby's stomach.

Q. Can we look at the photograph that Ailsa Simpson produced, please? It's AS4, which is J26510. Do you agree that is accurate?
A. Yes.

Q. I think you told us, in answer to your counsel, that this was something that you had never seen before.
A. Not in a neonate, no.

Q. Do you remember what you told the police?

A. Yes.

Q. What did you say about the spread of it to the police?

A. That it was in the cot and down her clothing.

Q. Yes. If we just go to your interview, please. It's the first [Baby G] interview, so it's still in the interviews bundle. Page 6, please. [Document redacted]. At the bottom of that page, you describe

"When you've called it a large vomit, can you describe -- where did it go? What colour was it?"

And your response, please?

A. "From what I remember, it was milky coloured vomit, but it was a large volume that was going into the bed and down [Baby G]'s clothes."

Q. Why didn't you tell the truth about this?

A. I haven't lied. It was in her cot. I just at that moment haven't specified exactly where else it went.

Q. No, but this was an extraordinary vomit, wasn't it?

A. Yes.

Q. The like of which you had never seen in your career before or --

A. I have seen but not on a neonate.

Q. Yes. It would have stuck in your mind, wouldn't it?

A. Yes.

Q. So why didn't you tell the truth to the police?

A. It's not telling the truth, it's an oversight that I haven't mentioned it during interview.

Q. Did you remember it when you were saying this to the police?

A. I can't say that now.

Q. Where were you when you saw [Baby G] vomit?

A. [Baby G] was vomiting when Ailsa and I went into the nursery to her. She was still vomiting.

Q. Where were you?

A. With Ailsa at the cot side of [Baby G].

Q. You were not with Ailsa, were you?

A. Yes, I was.

Q. If we look at what you said to the police back in July 2018. So moving on from page 7 where we've just been on to page 8. Almost exactly halfway down:

"Was that the first sign to you that something was wrong with [Baby G]?"

Okay?

A. Yes.

Q. And this is after you've told the police on the previous page that you've gone in. You say:

"Answer: I think so, yes. She'd been a baby that had been backwards and forwards to different units at other times.

"Question: And you know when you said air + from the NG tube, how do you measure that amount of air? How did you come to that conclusion?

"Answer: So when I've withdrawn the 45ml of milk, air came out with it.

"Question: What determined, to your mind, to put ++ on your notes?

"Answer: It was a large amount. I haven't measured the volume."

You then repeat what you had said on the previous page about where the vomit was; is that right?

A. Yes,

Q. And over the page, about halfway down -- about a third of the way down they say:

"So at the point of the vomit what exactly were you doing?"

And you say:

"I don't remember."

A. That's right.

Q. So you didn't know where you were at the time of the vomit?

A. Not at this point, no.

Q. But you were present at [Baby G]'s cot and you say:

"I think I went to her because she was vomiting, I heard her vomiting."

A. Yes.

Q. Is there any mention here of being with Ailsa?

A. No.

Q. Why not?

A. I've just told you my action, that I went in to her.

Q. You weren't with Ailsa, were you?

A. Yes.

Q. Let's look at the neonatal review if we may, please. If you just put that away, if you wouldn't mind, and go to the white neonatal review file. If you go to the first [Baby G] -- it may be number 7, it's the first [Baby G] neonatal review. Go to page 2 of 7. We see the layout that we dealt with just before the break.

Got that?

A. Yes.

Q. Can we go to page 3 of 7, please. What we see at page 3 may be slightly misleading because at line 37 it says "[Baby G] event".

A. Yes.

Q. And it's been marked in there at 2 o'clock.

A. Yes.

Q. On your evidence and your note made at the time it was 2.15, wasn't it?

A. Yes.

Q. And so would be at the same point as line 40?

A. Yes.

Q. First of all, I'm going to suggest to you that you deliberately misstated the time at which [Baby G] had this event, had this vomit --

A. No.

Q. -- and that it happened much closer to 2.30.

A. No, I don't agree.

Q. Right. We'll come to the reasons for that in a moment because I'm suggesting that this is one of the occasions where you have misrepresented events in the nursing note. All right?

A. Okay.

Q. Before we get there, let's look at what was going on with Ailsa Simpson. What we see in this neonatal review at line 41 is that she was feeding the child AC --

A. Yes.

Q. -- is that right, at 2.20?

A. Yes.

Q. If we go back to page 2, we see that the child AC was in nursery 1?

A. Yes.

Q. You will remember evidence that Ailsa Simpson gave us on 2 December last year when she said -- she described to us the routine that she would have had to have undertaken to fetch the milk, to defrost it, to warm it and to feed it?

A. Yes.

Q. And if she fed this child at 2.20 she was certainly not with you at the nursing desk at the time [Baby G] collapsed, was she?

A. I disagree. We were together at the nurses' station.

Q. Well, let's just look at, in terms of the time, Dr Ventress' note at tile 80, please. This is line 44 in the neonatal review:

"Called to review [Baby G] urgently at 02.35."

A. Yes.

Q. That's when she was called, isn't it?

A. From her documentation. I can't confirm exactly when she was called, I'd have to look at the bleep records.

Q. That is an accurate time, I'm going to suggest, for when this event actually happened.

A. I disagree.

Q. And I am suggesting to you that this is the evidence that shows that you have deliberately put the time of the vomit forward to 2.15.

A. No, I disagree.

Q. And the reason you've done that, I'm going to suggest, is so that there is a more obvious link between your friend, your best friend, [Nurse E], feeding the child and the vomit.

A. No.

Q. Because you wanted to create the impression that the two events were linked.

A. No.

Q. Whereas in fact, the reason [Baby G] collapsed and the reason you aspirated so much air and milk from her is that you deliberately overfed her.

A. That's not true.

Q. And you did it by putting milk into a syringe and using the plunger to force air and milk into her.

A. No, that's not true.

Q. Where did all that air come from?

A. She was Neopuffed.

Q. But you extricated, you aspirated the air before she was Neopuffed?

A. I can't say that without looking -- I can't confirm or deny that at the moment. I'd have to look at the charts.

Q. Which chart are we going to look at to find the answer to that point?

A. So usually, as we went straight to [Baby G] and started Neopuffs, that would have been -- the first priority would have been her breathing rather than aspirating a tube.

Q. Well, let's look at your note, shall we, tile 79? Can we go to the original, please, in case there's a disconnect between what we have here and what's in the original?

Bottom right-hand quadrant. This is your note; is that right?

A. Yes.

Q. Written at 08.57 and concluded at 09.11?

A. Yes.

Q. Was there any other information that you had written down at the time which underlied this?

A. What do you mean, sorry?

Q. Had you written down a different account somewhere else

before you --

A. Not a different account, no.

Q. Okay. So can we take it that this is an accurate account of what happened?

A. Yes, as much as it can be accurate, yes.

Q. Subject to the time, you say:

"Written in retrospect for care given from 02.00.

[Baby G] had large projectile vomit at 02.15. Continued to vomit. 45ml milk obtained from NG tube with air ++.

Abdomen noted to be distended and discoloured.

Colour improved few minutes after aspirating tube."

A. Yes.

Q. Where does it mention Neopuffing?

A. It doesn't.

Q. Why not?

A. That's an oversight. Ailsa and I both said in interview that she needed Neopuffing.

Q. Neopuffing doesn't account for all this air in [Baby G], does it?

A. That's not for me to answer.

Q. Does milk come out of the Neopuff machine?

A. No.

Q. No. It doesn't account for all the milk either, does it?

A. No.

Q. Because the truth is that you injected [Baby G] with milk and air, didn't you?

A. No.

Q. Can we go to page 20 of your interview, please? This is the second [Baby G] interview. This is the interview of 11 June 2019. It's page [document redacted], if anyone is still looking, please. You were asked all these questions by the police, weren't you?

A. Yes,

Q. You see -- we'll start halfway down the page: "Did you administer air to [Baby G] at this time causing her to collapse?" Do you see that; yes?

A. Yes.

Q. "Answer: No.

"Question: In your previous interview, Lucy, you said you obtained a larger volume of air from the NG tube than just the general amount you would usually obtain.

"Answer: Yeah. I'm not sure. At what point did I aspirate the tube and find the air? Was it when she vomited?"

So this is what I've just been asking you about.

A. Yes.

Q. The police say:

"Question: Yeah, you said after a vomit you took over her care as the designated nurse and you obtained a larger volume of air from the NG tube than just the general amount you obtained.

"Answer: Yes.

"Question: Would you agree that she must have received a bolus of air from the feeding syringe?"
And what was your answer?

A. "Well, air has got there somehow, yes".

Q. And that's the truth of it, isn't it?

A. No. It's been suggested to me that it could have gone through the feeding syringe and I've said potentially.

Q. And how would it potentially get through the feeding syringe?

A. If it's been put down there.

Q. How would you do that?

A. Pushing it down.

Q. With what?

A. The plunger.

Q. Yes. That's what you were thinking, weren't you?

A. No.

Q. And that's why you gave that answer?

A. No, that's how it was put to me.

Q. Where do they say with a plunger?

A. They don't, but they've suggested that the air came from the NG tube to me.

Q. About 45 minutes later, at 03.15, do you remember Dr Ventress telling us that she was called out of theatre because [Baby G] had collapsed again?

A. Yes.

Q. And this was when you were her designated nurse, wasn't it?

A. Yes.

Q. Do you remember what Dr Ventress saw in [Baby G]'s mouth when she tried to intubate her?

A. Not from my memory, no.

Q. Well, I will remind you: bloodstained fluid coming up from the trachea between the vocal cords.

A. Okay.

Q. So echoes of [Baby C] and [Baby E]; would you agree with that?

A. I don't recall them specifically saying it came up through the cords on [Baby E], but

Q. It was coming up from somewhere down there, wasn't it?

A. Yes.

Q. Yes. When you had been alone with [Baby G]?

A. I'm not saying that I've been alone with [Baby G].

Q. And you had inserted something into [Baby G]'s airway, hadn't you?

A. No.

Q. And you caused the bleeding, as you did with many other of these children?

A. No, that's not true.

Q. Do you remember, later [Baby G] desaturated on the ventilator at 5.30 and again at 6 o'clock?

A. Yes, I do, yes.

Q. And 100ml of either air or milk was aspirated; do you remember that?

A. 100ml?

Q. 100ml.

A. Can I see where that's documented, please?

Q. Yes, it was the evidence given by Dr Ventress and by -- Dr Ventress said air, Dr Brearey said milk.

A. Is it on the charts though?

Q. It's the evidence that was given.

A. But is it documented?

Q. No, no, I'm telling you what the evidence is; do you agree with it or not?

A. I don't recall 100ml coming out, no.

Q. You put that there, didn't you?

A. 100ml?

Q. Yes.

A. No.

Q. Well, how much did you put there?

A. I didn't put any air down.

Q. As soon as you went off shift, do you remember who took over [Baby G]?

A. [Nurse A].

Q. Yes. Do you remember what problems [Nurse A] had with [Baby G] after you had disappeared?

A. No.

Q. Let's look at tile 320, please -- actually, sorry, can I just -- we'll come to that in a second. Can we just go back to tile 118, please? This is Dr Ventress' note. I've found the documentation you just asked me for.

We'll go to Dr Ventress' handwriting in a second, just to check that this is a true reflection of what she has written. But do you see:

"ETT removed at 06.10, thick secretions ++"?

A. Yes.

Q. "Blood clot at end of ETT."

A. Yes.

Q. Then the last two lines:

"NG aspirated as abdo appeared very large. About 100ml aspirated."

A. Yes.

Q. So that's documented.

A. No, I agree it's documented, I just don't recall that volume.

Q. Do you accept it?

A. I accept it if that's what they've written there, yes.

Q. Yes. How did that get there? Could you speak up, please?

A. I don't know how the air got there. It's after Neopuffing.

Q. Let's go back to the point I was making before I managed to locate that note. It's tile 320, please. Can we go to the original note, please? Sorry.

That's on the left, please, if we can expand that.

Thank you.

So this is your friend [Nurse A]'s note, isn't it?

A. Yes.

Q. No suggestion there that there was any build-up of either fluid or air in [Baby G], is there?

A. Not that I can see there, no.

Q. No. Do you remember what you were doing that night when you were not in work?

A. I went back into work to sign for some documentation for [Baby G].

Q. You went to visit [Baby G] didn't you?

A. I didn't visit [Baby G], no. I went to do what I needed to do with documentation.

Q. Were you looking for an opportunity to finish her off?

A. No.

Q. Let's move on to count 8, if we may, please, which is 21 September 2015. This is the day that [Baby G] would have been full term had she remained in utero; do you remember?

A. Yes.

Q. I want to start, if we can, with your defence statement, please. If we can go to paragraph 92. Okay?

A. Yes.

Q. What you say here is:

"On 21 September 2015, [Baby G] vomited at about 10.15. This was not as pronounced as the vomit on 7 September. I think her mother was there."

What made you think her mother was there?

A. Because I'd recalled, and I'd written in my notes, that mum was visiting around 10 o'clock that morning.

Q. "The doctors were on the unit so I went to the nurses' station to ask the doctors who were doing the ward rounds to come and see [Baby G]. I did not shout for help because I did not think this was an emergency."

A. Yes.

Q. Is that true?

A. Yes.

Q. "I do not recall her [that is [Baby G]] going blue."

A. No.

Q. You had seen [Baby G] many times on the unit, hadn't you?

A. Yes.

Q. Do you agree with her father that after that first incident on 7 September, she was not the same baby?

A. I can't comment on that. Nobody knows their child like the parents do.

Q. If we could look at tile 44 of the second sequence for [Baby G], please. My reference must be wrong here, so I'll just check it. Tile 43, please.

So let's just look at what we have here. Is that Val Thomas whose signature is at the top?

A. Yes.

Q. So she's a band 4; is that right?

A. Yes.

Q. [Baby G], I think, was by this stage in nursery 4?

A. She was, yes.

Q. We see that at 00.15 and 03.15 and 06.00, Val Thomas fed [Baby G], partially by bottle and partially by nasogastric tube?

A. Yes.

Q. And the amount of milk was alternating between 45 and 40ml each time?

A. Yes.

Q. Why were you feeding her with a nasogastric tube at 9.15?

A. She wasn't awake and she was due her immunisations.

Q. What inferences do we draw from the fact that [Baby G] was about to have her immunisations?

A. That she was well enough to be receiving them.

Q. Yes. Was that a decision with which you agreed or disagreed from what you had seen?

A. Up until the point of the vomit, yes, I agreed with that.

Q. Yes. Well, if you hadn't, presumably, like you say you did with, was it [Baby N] -- no, [Baby 01, I beg his pardon, you wouldn't have fed him and you would have waited for the doctors, wouldn't you?

A. Yes.

Q. So can we work on the basis that when you took over [Baby G]'s care that morning, she was in a good condition?

A. I remember I had some concerns about her observations, her temperature, but feeding-wise yes.

Q. And what was your concern about her temperature?

A. I think she had an ongoing low temperature. I can't remember specifically, I'd have to check the chart.

Q. Well, we will come to it, okay? I just wanted to know what you said first of all.

Before we do, though, can we go to the population distribution chart at tile 45, please. Here we see that you had three children.

A. Yes.

Q. All were in nursery 3?

A. 4.

Q. 4, I beg your pardon.

A. Yes.

Q. That Janet Cox, who was a nursery nurse, was working in nurseries 3 and 2?

A. Yes.

Q. Did that cause you a problem, that someone of lesser nursing status was in a more elevated nursery?

A. No, because it doesn't necessarily reflect the care needs of the baby, depending on what nursery they're in.

Q. Just previously you've suggested that whenever a child is in nursery 1, it means they're ITU, but that isn't right, is it?

A. Not every time, no.

Q. Did it annoy you that you were in nursery 4?

A. Not at all, no.

Q. One of the things that you said in answer to your own counsel was that aspirating from a child's nasogastric tube can interrupt the digestion.

A. If you fully withdraw a large amount, yes.

Q. Wouldn't it have made more sense, given that [Baby G] was now a

full term baby and this was 9.15 in the morning, to have fed her with a bottle?

A. No, [Baby G] was not awake, she was having alternate bottle and tube feeds and she was due her immunisations, so as part of that process we rest the baby because they can often become unwell after immunisations.

Q. I want to just check that I understood what you said in answer to questions of your own counsel; okay?

A. Okay.

Q. You told your own counsel that you remembered giving a feed to [Baby G] at 09.00 hours.

A. Yes.

Q. And you were then shown tile 47, so if we can go to tile 47. This then, I think, jogged your memory that in fact it was 9.15.

A. Yes.

Q. Is that right?

A. Yes.

Q. You then said that the comments after that, so you were looking at this document that we see, which is J7883, the comments after that followed the feed. That was what you said.

A. Yes.

Q. By that, you were referring to, "30ml x2 milk projectile vomit"; is that right?

A. Yes, all of the writing after that, yes.

Q. I just want to check that we all understand what the writing is, first. After 30ml there's something in a circle. What does that say?

A. That's a D for discarded.

Q. Is it 4.2 or 9.2?

A. 9.2.

Q. What does that refer to?

A. The blood sugar. It's in the BM column, which is blood sugar.

Q. Then "Bowels opened +++"?

A. Yes.

Q. "Loose and watery, green?"

A. Yes.

Q. Then "Reviewed by doctors"?

A. Yes.

Q. Which doctors are we talking about?

A. I can't recall specifically, I think it was Dr Fielding.

Q. So reviewed by a doctor, not doctors?

A. Well, I can't say whether there is one or more than one. The ward round is done by more than one doctor. I can't be specific.

Q. You then said:

"I cannot be sure if mum was present at this time."

A. Mm.

Q. You've referred to a low temperature, haven't you?

I think you did it a --

A. I think it was low. There was something about her observations, I think, yes.

Q. There was. Tile 46, please. If we make it slightly smaller, we'll get everything on to a single screen.

Do you see 9 o'clock?

A. Yes.

Q. If we scroll down a bit so we keep 9 o'clock at the top, please, Mr Murphy.

Look down the 9 o'clock column. What do we see in the temperature readings?

A. The temperature within the white zone.

Q. It's a bit like doctor and doctors: is it temperature or temperatures?

A. I don't understand what you mean.

Q. Do you really not?

A. No.

Q. What do you see in that 9 o'clock column against temperature? How many readings have been recorded?

A. One. I believe that other -- I don't know what that is but the usual way we write a temperature is a dot followed by a left arrow, which is what I've documented there.

Q. There are two dots in that column, aren't there?

A. There appears to be something, yes.

Q. If it isn't a dot, what are you suggesting it is, just so we can bear it in mind?

A. I don't believe that's me writing a temperature down.

That could just be an error or -- I can't explain that.

The normal way we write a temperature is to do a dot and then the line coming from it.

Q. There's a temperature that's very close to normal, isn't there?

A. Yes. They're both normal if that --

Q. Yes (overspeaking). But the upper one, which you appear to be disavowing, is exactly the same as was recorded by a different nurse at 06.00, isn't it?

A. Yes.

Q. Did you go back after the event and cook the chart to make it look like [Baby G] was declining before she vomited?

A. No.

Q. You understand what I'm suggesting to you, don't you?

A. Yes, [Baby G] had a low temperature preceding the shift, that's not normal to have a continuing low temperature. The one value that I took is not what I was talking about, I was talking about -- the general pattern is that she had low temperature.

Q. We know what you said but I'm suggesting you have altered this chart --

A. I haven't, no.

Q. -- to make the position look as though [Baby G] was declining before she vomited.

A. No, if that was her temperature, both of those dots are within the normal range.

Q. Oh yes, but the pattern -- we have heard from many doctors, haven't we, that you need to look at the way the pattern goes --

A. Yes.

Q. -- you need to look at the context. And we can see the one you recorded at 11 o'clock after [Baby G] had vomited and declined, can't we?

A. Yes.

Q. And the lower one of the two that you have recorded at 9 o'clock is pretty much on a straight line between the 6 o'clock and the 11 o'clock one, isn't it?

A. Yes,

Q. Whereas the other one is not.

A. 3 o'clock, is it? The 3 o'clock. Sorry, I can't

Q. Don't worry.

A. I think it's the 3 o'clock, it's in the yellow, and that's the same, yes, at 11.00.

Q. We've got two in the 3 o'clock as it happens. Anyway, at 6 o'clock, we've got one that's up close to the normal line, which is 37, is it, or 36.8?

A. Potentially somebody else has misdocumented two temperatures then.

Q. Yes, absolutely. I am more interested in what you have misdocumented.

A. I haven't misdocumented anything.

Q. The projectile vomit you recorded at 10.15; is that right?

A. Yes.

Q. Can you see tile 50, please?

"At 10.15, two large projectile milky vomits."

A. Yes,

Q. Then you record:

"Brief self-resolving apnoea and desaturation to 35%..."

A. Yes.

Q. Which we have heard is a life-threatening level potentially.

A. Yes.

Q. "... with colour loss. NG tube aspirated. 30ml of undigested milk discarded."

This is 30 of the 40 or 45 that had been given at 9.15?

A. Yes.

Q. Plus two large projectile vomits?

A. Yes.

Q. And despite all that and despite the vomiting, the abdomen was still distended?

A. Yes.

Q. It's not an innocent coincidence, is it, that [Baby G] vomited and had to have a lot of milk removed from her just after or an hour or so after you documented having fed her?

A. It's not a coincidence?

Q. No, it's not an innocent coincidence?

A. Yes, it is.

Q. Just going back to your defence statement, please, back to paragraph 92 that I asked you to read out before or I read out for you.

A. Yes.

Q. "[Baby G] vomited at about 10.15. It wasn't as pronounced as the vomit on 7 September. I think her mother was there. The doctors were on the unit so I went to the nurses' station to ask the doctors who were doing the ward round to come and see [Baby G]. I did not shout for help because I did not think this was an emergency."

A. Yes.

Q. Correct?

A. Yes.

Q. You have sought to minimise what happened to [Baby G], haven't you?

A. No.

Q. Let's just look at Dr Fielding's note, please, at tile 51: "[Baby G] had an episode at about 10.20..."

So he puts a slightly different time on it to you.

A. Okay.

Q. "... where she had two projectile vomits witnessed by nursing staff, after which she was apnoeic for about 6 to 10 seconds, went blue, sats down to 30."

A. Yes.

Q. "Nurse called for help."

It's not the picture you paint, is it?

A. No.

Q. And that is because you are seeking to minimise what you did?

A. No. [Baby G] didn't need any intervention, it was a self-resolving apnoea.

Q. If we go to tile 111, please. This is you talking to your pal, [Nurse A], later that evening, isn't it --

A. Yes.

Q. -- at 21.20?

A. Yes.

Q. And you're talking about [Baby G] here, aren't you?

A. Yes.

Q. But let's just go back, if we can, just to put this into context. Let's go back to 106, which I reminded you of earlier. So, "Due date today", you were telling [Nurse A]. Then [Nurse A] responded straightaway, 107: "She likes to celebrate the big ones in style."

Followed immediately by:

"When was she screened if been cold for 24 hours?"

Yes?

A. Yes.

Q. So that's a reference back to the low temperature, isn't it, that I say you deliberately misrecorded?

A. No, it's due to having low temperatures over a 24-hour period that we saw on the charts that were in the yellow.

Q. Then 109:

"Due immunisations today too. I got her screened this morning after she vomited."

A. Yes.

Q. And [Nurse A] responded:

"Was she still in 4 then?"

And you say: "Yeah and had NN all weekend."

What does that mean?

A. She had a nursery nurse looking after her all weekend.

Q. Yes. Then what did you write?

A. "Looked rubbish when I took over this morning. Then she vomited at 9 and I got her screened."

Q. There are two lies there, aren't there?

A. It's not a lie. I have miswritten the time, yes, it

shouldn't be 9 am, but I don't believe she looked herself when I took over, no, and her mum commented on that.

Q. I'm sorry, but we established at the beginning of this process that [Baby G] was in good condition when you took her over.

A. I don't remember being asked specifically about her colour.

Q. Well, let's look at Valerie Thomas' nursing note at tile 44. This is written just as you were coming on; is that right?

A. Yes.

Q. "Observations satisfactory. Temperature: well wrapped up. Three feeds using own bottles. Completed bottles but had one NGT feed. To rest. Settled later after 21.15 feed. Fed by dad. Has passed urine and bowels open. Medication given as prescribed. Routine bloods taken this morning at 6 and sent to lab. For immunisations."

Let's look at the original just to check we've not missed anything. No suggestion of [Baby G] looking rubbish, to use your word, there, is there?

A. No.

Q. Your nursing note at tile 48. Any suggestion that [Baby G] looked rubbish before she had this incident at 10.15 or --

A. No, I've commented that she's pale. I have not used the word "rubbish" in clinical notes, no.

Q. Were you trying to persuade your mates on the unit that this was just one of those things that had happened to a child who was sickening for an infection?

A. Can you say that again, please?

Q. Were you trying to create in the minds of your co-workers the impression that this was a child who was sickening for an infection?

A. No, I wasn't suggesting anything; I was just saying what had happened.

Q. Did you put the time back to 9 o'clock because you were trying to create the impression that it happened nearer handover than it really did?

A. No, it's an error, I agree it said 9 o'clock when it would have been 10, but that has nothing to do with handover or anything like that, no.

Q. With [Baby 01 in mind, if she really did look rubbish, why didn't you ask for a medical review before you fed her at 9.15?

A. I don't think she did look rubbish as such. I put she's pale and I know mum had commented she didn't look as well as the previous day.

Q. But mum hadn't even arrived by the time you fed her, had she?

A. No, not by the time I fed her, no.

Q. No, so you can't blame mum for this one.

A. I'm not blaming mum at all. It was a comment she made.

Q. What comment did she make?

A. [Baby G] didn't look as well as the previous day.

Q. I think that comment actually came from you, didn't it?

A. No, I believe that came from mum.

Q. Let's go back, if we may, to Dr Fielding's note, then, at 10.30, tile 51.

We're going to have to go to the original because it's not in this.

At the bottom there, it's talking about [Baby G]'s distended abdomen. You see what looks like a shield has been --

A. Yes.

Q. -- representing abdomen. So:

"Distended. Staff think perhaps more so than usual. Mum unsure."

A. Yes.

Q. So what Dr Fielding has recorded is mum doesn't know; it's the staff, that's you, saying that [Baby G] looked worse.

A. No, this is in regards to distension of the abdomen.

Q. Oh yes. It's all to do with the condition of [Baby G], isn't it?

A. Yes.

Q. And Dr Fielding has written down at the time that this is a suggestion being made by you, not by mum.

A. By staff, yes.

Q. Yes. But in your nursing note, this becomes a concern expressed by mum, not by you.

A. Yes, and that's what I believe happened.

Q. Yes, and you are passing off responsibility to other people, aren't you --

A. No.

Q. -- in the notes?

A. No.

Q. Making it look like this information is all coming from other people and not from you?

A. No.

Q. To make it look like you are doing nothing wrong?

A. No.

Q. Whereas in fact, you are the person causing all these problems?

A. No, I'm not,

MR JOHNSON: I'm going to go on to count 9, my Lord, so that may be a good point.

MR JUSTICE GOSS: It's a good point to break, certainly.

A 15-minute break then, please.

(In the presence of the jury)

MR JOHNSON: If you'd just like to close up those interviews, please, and go back to the defence statement. We're at paragraph 93, please.

A. Yes.

Q. From 93 to 96 inclusive, you deal with the incident that happened in nursery 4 at about 15.30 on the afternoon of 21 September.

A. Yes.

Q. I'm just going to read parts of this out to you.

Starting at 93:

"Later, once [Baby G] became unwell, the doctors decided to put a cannula in and screen her. This was in nursery 4. I had another babies in nursery 4 so I did look round the screen to check on [Baby G] and saw that she was on her own, on the procedure trolley, with the monitor turned off. She looked blue and I called for help and started Neopuffing. [Nurse B] came to help. This was some hours after the vomit." Is that how it appeared?

A. Yes.

Q. And is it correct?

A. Yes.

Q. Paragraph 94:

"I do not think that the probe that connected [Baby G] to the monitor was attached. Sometimes the doctors take the probe off or switch off the monitor when doing a procedure."

Is that what it says?

A. Yes.

Q. And is this correct?

A. Yes.

Q. 95:

"After this incident, [Nurse B] and I had a lengthy conversation about what had happened and I told her that the doctor had left [Baby G] on the trolley and this should be reported. [Nurse B] did not want to do this."

Is that what it says?

A. Yes.

Q. And is it correct?

A. Yes.

Q. Finally:

"Staff on the unit didn't like to report issues that the doctors got wrong." Is that true of you?
A. No, my general opinion is that staff in general did not comment on doctors doing anything wrong.

Q. What about you though?
A. I don't know what I mean.

Q. Would you -- did it bother you, reporting doctors for getting things wrong?
A. Yes.

Q. "Dr Gibbs had left [Baby G] on a procedural trolley with the monitor off and the screens up. [Nurse B] did not want to report this."
So is that what it says?
A. Yes.

Q. Is it accurate?
A. Yes.

Q. Right. When [Baby G] collapsed on this occasion, as a matter of fact, all other medical professionals, that is doctors and nurses other than you, were out of the room, weren't they?
A. Yes, when I found [Baby G], yes, there was nobody there.

Q. That you would say is, what, an innocent coincidence?
A. Yes,

Q. What you said to your counsel is that:
"I recall [Baby G] had been behind the screen for a prolonged period whilst the doctors were trying to cannulate her." Is that right?
A. Yes.

Q. And that you were preoccupied, I think you said, with the babies that you were caring for in the same nursery?
A. Yes, I had no involvement with that cannulation procedure, no.

Q. No, but it goes a bit further than that, doesn't it, that you were preoccupied with the babies that you were caring for?
A. Yes.

Q. Let's deal with that point first of all. If we go back to the neonatal review, please, and we're now in the second one for [Baby G], which is 8 and 9. It should hopefully be page 7 of 9. It has the correct time on it.
A. Is this number 8?

Q. Yes, it should be 8 and 9, but it may just be in there as number 8. It's counts 8 and 9. The front it says "NNU review schedule, event 8".
A. Yes.

Q. So if we go to page 7 of 9 if you would, please. We can see this desaturation is marked at line 287. Can you see that?

A. Yes.

Q. We can see what you were doing in the preceding hour and a half on this page, can't we?

A. Yes.

Q. So starting at 14.00 hours, 90 minutes before this event with [Baby G], you did observations for the child OR?

A. Yes.

Q. And just to remind ourselves, OR, of course, is rooming with its parents?

A. Yes.

Q. The next event is line 270 at 14.49. Again, OR?

A. Yes.

Q. Rooming with parents, an e-prescription. An update made on the computer by you and Caroline Oakley?

A. Yes.

Q. Caroline Oakley is, as a matter of fact, looking after two children in nursery 2. Then the event immediately or most proximate to [Baby G]'s collapse is at 272, isn't it?

A. Yes.

Q. This is in relation to a child, RH.

A. Yes.

Q. Who we can see from page 2 of 9 was one of Caroline Bennion's children in nursery 2.

A. Right.

Q. Well, do you agree?

A. Yes.

Q. So do we agree that you were not preoccupied with the children, your other children, in nursery 4?

A. No, I don't agree with that. Just because we're not signing an observation chart doesn't mean that we're not doing things with the families or the baby.

Q. Okay. You say that it's common practice to look behind the screen; is that right?

A. Yes.

Q. And I think the way you phrased it was:

"I happened to catch sight behind the screen and saw that [Baby G] was on her own."

A. Yes.

Q. "She was dusky blue and not breathing."

A. Yes.

Q. "The monitor was not on."

That's what you said.

A. Yes.

Q. Q. What you said in answer to questions from your own counsel was that when you saw [Baby G], she was dusky blue and not breathing; is that true?

A. Yes.

Q. You said the monitor was not on.

A. No, it wasn't on.

Q. That you picked her up?

A. Yes.

Q. You put her in a cot?

A. Yes.

Q. And you started to Neopuff her?

A. Yes.

Q. Then you called for help?

A. Yes.

Q. You said that the Neopuff wouldn't have stretched to the procedure trolley?

A. No, that's right.

Q. You said that [Nurse B] froze and that she went to get Caroline Bennion?

A. Yes.

Q. Was [Nurse B] the first person that answered your call for help?

A. Yes.

Q. And you said that you were very concerned by what had happened?

A. Yes.

Q. That the child shouldn't have been left behind the screen?

A. No.

Q. Shouldn't have been left on a procedure trolley?

A. No.

Q. And neither should she have been left without a monitor on?

A. That's right.

Q. And that you wanted to put a Datix form in?

A. Yes.

Q. But [Nurse B] said she would deal with it?

A. Yes.

Q. One of the things you don't mention in your defence statement that I have just taken you through is moving [Baby G] from the procedure trolley to the cot.

A. Okay.

Q. Why is that?

A. I -- I can't answer that now. I just know at the time that [Baby G] was on the procedure trolley and it wasn't near the Neopuff on the wall, I had to move her.

Q. It wasn't that you had moved her to the cot and you had taken the opportunity to sabotage her --

A. No.

Q. -- knowing that the doctors had left her behind the screen?

A. No, [Baby G] was on the trolley and I put her into the cot.

Q. You took advantage of a situation that presented itself, didn't you?

A. No.

Q. Just let's think about that. You've already told the jury that you were in nursery 4.

A. I can't recall specifically what I was doing. She was there for a prolonged period of time behind the screen, but yes, I was in and out of the nursery, yes.

Q. I'm sorry, but what you said in the defence statement was this, and we've been through it once but I'll go through this little bit once more:

"Later, once [Baby G] became unwell, the doctors decided to put a cannula in and screen her. This was in nursery 4."

A. Yes.

Q. "I had other babies in nursery 4, so I did look round the screen to check on [Baby G]."

A. Yes.

Q. You said earlier, when I was asking you questions, that you were engaged with those other children in nursery 4 --

A. Yes.

Q. -- and that was the reason why we went through the other material from the neonatal review to see what, if any, other children elsewhere you might have been dealing with in the lead-up to this time at 15.30.

A. Yes.

Q. We have established, haven't we, that you had no other responsibilities elsewhere but in nursery 4?

A. Yes.

Q. And so when Drs Gibbs and Harkness were cannulating [Baby G], you were in the room?

A. At times, yes.

Q. No, all the time.

A. No.

Q. Why were you out of the room?

A. Well, I've done things here for another baby at 15.00 -

-

I wouldn't be predominantly in the nursery the whole time.

Q. What have you done for another baby at 15.00, an entry on the fluid balance chart at line 272?

A. Yes.

Q. That's it. How long does that take, 5 minutes?

A. I can't say without looking at what it was that I did.

Q. Very well. Could we have J29112 on the screen, please, Mr Murphy. You tell us.

(Pause)

I will describe to you what it is and we'll try and get it on the screen. It is a neonatal fluid balance chart, the like of which we have seen in many other cases. So I'll give you an example. If we were to go behind divider 5 in the case of [Baby E], go to page 2719, the only part of this -- what I'll do is I'll show it to Mr Myers as I'm describing it, so if there's any suggestion that I am misdescribing anything.

(Pause)

If we're looking at the page that's in the [Baby E] file, 2719, the only part of the fluid balance chart that's filled in for the child RH are the readings in the top fluid section; okay?

A. Okay.

Q. So in [Baby E], it says "Babiven".

A. Yes.

Q. And the only readings -- so if we take -- I'll describe it by reference to this one. Go to 15.00, which is what we're talking about for RH.

A. Yes.

Q. It's the 7.6, 88.1 and then the 199 over what looks like a 1.

A. Okay.

Q. And that is the only thing --

A. Okay.

Q. -- that is filled in on that hour for that child at that time.

A. Okay, thank you.

Q. How long does that take? It's taking a reading off a pump, isn't it?

A. Yes. A matter of minutes.

Q. A matter of a couple of minutes?

A. Yes.

Q. We've found it now. Can we scroll so that we can't read the name? Perfect, thank you. Put it on the screen. It's my fault for not teeing this up, I'm sorry. So can you see 15.00 hours under where it says 16.5ml per hour?

A. Yes.

Q. That's what I have just described to you, and if Mr Murphy would scroll so we can see further down the page to see your initials -- there.

A. Yes.

Q. Okay? So do you accept what I described --

A. I do, yes.

Q. -- as a fair description of what we see?

A. Yes, thank you.

Q. And do you accept that that is the work of 5 minutes at most?

A. Yes,

Q. At 3 pm?

A. Yes.

Q. So it follows that if the time is correct you were in nursery 4 for at least 25 minutes prior to noticing that [Baby G] had collapsed?

A. I can't say that definitively, no.

Q. Well, what time frame would you put on it?

A. I can't recall specifically. I was in and out of the nursery throughout the day.

Q. What else were you doing?

A. There are many things that we have to do on the unit that is not based purely at the baby's cot side.

Q. But I'm going to suggest to you, you see -- do you remember Dr Gibbs and Dr Harkness said that if the nurse with responsibility for the child -- and by this stage it was [Nurse B], wasn't it?

A. Yes.

Q. If she wasn't in the room, they would have told another nurse in the room that they had finished?

A. Yes, that's what they said, yes.

Q. And if they're right about that, that would have been you, wouldn't it?

A. Yes, but that's not right.

Q. How do you know that's not right?

A. I do not recall at any time being told by the doctors that they had finished with [Baby G] and that I needed to put her back in the cot.

Q. That's why I'm suggesting to you that you took advantage of a situation when other people weren't around.

A. No, that was how I found [Baby G].

Q. And because you hadn't worked out exactly what you were going to say about this, just going back to your defence statement, that's why you don't mention at all putting [Baby G] back into the cot, do you?

A. I think that's a minor issue in terms of what was actually going on with [Baby G] at that point. The fact was she had been left, inappropriately, on a trolley.

Q. Well, that would be a terrible thing to do if no one was in the room and no one had been told, wouldn't it?

A. Yes.

Q. Whereas if you were in the room and you had been told, it would put it into rather a different --

A. No, I disagree. The screens were still around [Baby G]. It would be up to the doctors to put those screens away and ensure that [Baby G] was back in a safe position in the cot with her monitor on.

Q. That's why I'm suggesting you took advantage of a situation that presented itself and you sabotaged [Baby G]?

A. I disagree.

Q. For a third time?

A. No.