

Wednesday 24th May & Thursday 25th May 2023
Cross-Examination of Lucy Letby regarding Baby H
by Nick Johnson KC
(Transcribed from audio/hard-coded subtitles)

Wednesday 24th May 2023

Q. Well, let's move on to the case of [Baby H], please. If we take that picture down, Mr Murphy, thank you. Do you remember [Baby H]?

A. Yes.

Q. Very memorable, wasn't she?

A. Yes.

Q. Because of the chest drains?

A. Yes.

Q. You know, don't you, that we make two allegations of attempted murder against you --

A. Yes.

Q. -- counts 10 and 11, which relate to two episodes of cardiac arrest in the early hours of the 26th and 27th of September?

A. Yes.

Q. Do you have a memory of [Baby H] independently of the notes?

A. Yes, some.

Q. You remembered one particular detail, didn't you, that someone had had to courier chest drains from the Liverpool -- from Arrowe Park, I think it was, you said?

A. Yes, after the event, not on the night of [Baby H]'s collapse.

Q. Is that a reflection of how good your memory is that you can remember little details like that?

A. Yes, it was discussed widely on the unit that it was not acceptable and we needed to get some couriered in, yes.

Q. Did you Datix that?

A. I can't recall, I'd have to check.

Q. You had one of the handover sheets for [Baby H], didn't you, under your bed?

A. Yes.

Q. And you told the jury on the 15th of May that you didn't know it was under your bed?

A. No.

Q. That's not true, is it?

A. Yes, it is.

Q. Another thing that you said in answer to questions from your counsel -- and if we could just put this up, please: it's in the [Baby H] sequence and it's tile 309. Do you remember this one to Yvonne Griffiths:

"Really nice to hear as I gather you are aware of some of the not-so-positive comments that have been made recently regarding my role, which I have found quite upsetting"? Do you remember that?

A. Yes.

Q. Do you remember what it was you told the jury that lay behind that?

A. It was in relation to myself and Shelley Tomlins, who were newly QIS trained, having babies like [Baby H].

Q. Yes. I think the way you put it on 15 May was:

"Some of the existing staff were not overly happy with people like myself and Shelley Tomlins having babies in nursery 1."

A. Yes.

Q. Who?

A. I can't recall specifics, but it was a general conversation with certain band 6s at that time.

Q. Which band 6s?

A. I can't recall specifically who.

Q. Are you not naming names in case they would contradict you?

A. No.

Q. I think you also said that this bad feeling, if that's the right way of putting it -- that's my word, not yours, okay, I'll use that phrase -- this bad feeling stopped after this point, is that right?

A. I recall this was specifically in regards to [Baby H], yes.

Q. So again, it's my word, so I'll take responsibility for it, but any bad feeling from the band 6s was simply related to [Baby H], was it?

A. No, there was some general concern, but this that I'm talking about here is specific to [Baby H], yes.

Q. Let's just look at who the band 6s were who were on if we can. If we go to tile 177, please. This is the first time [Baby H] collapsed, this shift.

A. Yes.

Q. It's not [Nurse A], is it, she's your mate?

A. No, I'm not talking about the staff that were on duty that night.

Q. Well, how would anyone who wasn't on duty know that you had [Baby H]?

A. It was commented on by the day staff.

Q. How would the day staff -- why would the day staff be interested that you had [Baby H]?

A. The day staff allocate who's looking after which patients.

Q. So because they don't want you to have [Baby H], they allocate you [Baby H]?

A. It wasn't a don't want, it was a comment that potentially other people needed the experience more than Shelley and I did.

Q. Right. Let's look at this. Who of the nurses on needed the experience more than you or Shelley?

A. I'm not saying that it happened on this shift here.

Q. But you are: you said it was all to do with [Baby H].

A. Yes, but not this specific shift and time.

Q. Are you now trying to avoid answering the question, when I ask you for particulars of an answer that you gave earlier in answer to your counsel?

A. No.

Q. Because you're lying about that, aren't you?

A. No.

Q. Were people talking about you being associated to the collapses of lots of children at different times?

A. No, not at all.

Q. Is that the negative comments that you're talking about at tile 309?

A. No.

Q. Were people starting to notice that you were associated to lots of different collapses?

A. No.

Q. Can we go back to your defence statement, please. Paragraph 97:

"I did nothing to harm [Baby H]. I have little recollection of matters relating to [Baby H] outside what is recorded on the medical notes. I do recall that she was not sedated and she moved a lot." Is that right?

A. Yes.

Q. Is that an explanation for why her drains might move?

A. That's not what I'm saying. I'm saying that I recall that she did used to move around, yes.

Q. Yes, but we can all see that's what you say. What I'm interested in, and what I would be very much obliged if you would answer, is the reason why you put that in this document.

A. That potentially, yes, she could have dislodged one of the drains.

Q. Why not just agree when I ask you the question the first time?

A. Okay.

Q. "I had never seen a chest drain on a baby at the Countess of Chester before [Baby H], and I've never seen three chest drains on a baby at the same time. I'm not sure how familiar all the staff were at the Countess of Chester with chest drains. Fluid came from the chest drains for the whole of her time at the Countess of Chester NNU. The drains were only taped in place, so they were not as secure as if they had been sutured." That's the same point, isn't it?

A. Yes.

Q. "I question how familiar doctors were with the use of chest drains." What grounds did you have for questioning how familiar the doctors were with chest drains?

A. There was often discussion amongst the doctors about how to manage drains, and they often sought advice from the consultants about the drains.

Q. Right, so by doctors you're referring to non-consultants?

A. Yes, and they would ask advice from their senior colleagues, yes.

Q. Registrars and house officers regularly ask advice from their senior -- for guidance from their senior colleagues, don't they?

A. Um... not in how to conduct a procedure, no.

Q. "Dr Harkness had to receive advice over the phone from Dr Gibbs when fitting the chest drain."

A. Yes.

Q. So that's the first of the chest drains, isn't it, the first of the three?

A. I'm not sure specifically which drain.

Q. We know Dr Jayaram -- we'll come to it, but I think Dr Jayaram inserted the second chest drain, do you remember?

A. I can't remember who inserted which drain now off the top of my head, no.

Q. Do you see count 10 is an allegation of attempted murder on 26 September?

A. Yes.

Q. So just keep that open but go back to your defence statement, please. Paragraph 101, count 10, okay, have you got that?

A. Yes.

Q. This is an allegation of attempted murder in the early hours of 26 September.

A. Yes.

Q. Your paragraph 101 says: "I don't recall any specific episode of desaturation during the night shift of the 25th to 26th of September."

A. Yes.

Q. Then Count 11 is a very similar allegation of attempted murder, albeit it's on the next night shift, so this is 27 September.

A. Yes.

Q. These are two night shifts, consecutive night shifts that you were working?

A. Yes.

Q. And so, so far as count 11 is concerned, what you say is this:

"I do recall that on the 26th to 27th of September [Baby H] deteriorated rapidly. I was with [Nurse A]." Do you agree?

A. Yes.

Q. Then you say as further detail:

"In my memory, both nights merge into one. I cannot be specific about what I did during either of the collapses. However, on the 26th to 27th of September [and this is count 11] I was looking after another severely disabled baby and my focus would have been on him. I may have signed for some medication for [Baby H], but I did not administer this." Is that correct?

A. Yes.

Q. So is that what the document says?

A. Yes.

Q. And is it a correct reflection of what you say about this?

A. No, because I now know looking at the paperwork that the baby was born later into the shift.

Q. Right. So the severely disabled baby that you are talking about was born later?

A. Yes.

Q. Okay. Off the top of your head, do you know the baby's initials?

A. Yes.

Q. Would you tell them to us?

A. LO.

Q. LO. Then at paragraph 104:

"I do not recall that any discoloration to [Baby H] was the same as that on other babies."

A. Yes.

Q. Then 105:

"I do not think [Baby H] was given surfactant at birth, although she should have been."

A. Yes.

Q. Is that right?

A. Yes.

Q. Now, other than the reference to LO and to your mistake, is there anything else in that material that I have just read out to you with which you now disagree?

A. No.

Q. So let's examine the occasions one by one, if we may, please. So far as count 10 is concerned, [Baby H]'s desaturation and cardiac arrest in the early hours of 26 September 2015, are you suggesting that staffing levels caused or contributed to that event?

A. No.

Q. Are you suggesting that medical competence or incompetence contributed to it?

A. I'm not sure of the exact details of this date.

Q. Alright. What about anybody's mistakes?

A. I question whether some of the drains were securely put in.

Q. Okay. So an issue about the security of the drains?

A. Yes.

Q. You didn't deliberately misplace the drains, I don't suppose, did you?

A. No.

Q. If they became displaced, you say that's down to the fault of somebody who fixed them?

A. No. Potentially it is, yes. I've only ever seen them stitched in, I've never seen them just stuck down with tape.

Q. Do you agree that [Baby H] was born in good condition?

A. I can't comment on that right now without seeing...

Q. Alright, we'll help you. Tile 5, please. It says there, this is the note of Dr Matthew Neame. It says: "Born in good condition".

A. Yes.

Q. Do you dispute that?

A. No.

Q. After all these events, or the two events in particular with which you are charged, do you dispute that [Baby H], her condition, improved dramatically once she got out of the Countess of Chester?

A. No, her condition did improve.

Q. Right. I'll just remind you of some of the chronology, like Mr Myers did. It's a slight repetition, but it may help you. The first chest drain was inserted on 24 September by Dr Harkness at about 10:00 hours. Okay?

A. Okay.

Q. That was to deal with a tension pneumothorax. Right?

A. Okay.

Q. The night shift of the 24th into the 25th you were [Baby H]'s designated nurse, weren't you?

A. I take your word for that. I can't say from memory now.

Q. Tile 40 of the sequence. Here we see that you were the designated nurse on this shift. We see your retrospective nursing note written at 08:21 on the morning of Friday the 2nd.

A. Yes, thank you.

Q. That's why I'm suggesting that you were [Baby H]'s designated nurse.

A. Yes, I accept that, thank you.

Q. Just to remind you it was on this shift at 01:45 that your friend, Dr Ventress, inserted a butterfly needle. Do you remember that?

A. Yes.

Q. Dr Verghese intubated [Baby H] at 02:45?

A. Okay.

Q. And Dr Jayaram, at about 03:00, inserted a second chest drain in the seventh intercostal space.

A. Okay.

Q. Do you remember that? And there was quite a lot of evidence about whether or not that was an appropriate place to put a chest drain.

A. Yes.

Q. That it was not a pigtail chest drain, it was a more old-fashioned version of a chest drain.

A. That's right, yes.

Q. Okay. So that just puts it into context. I'm going to move on now to ask you about what happened on the following night shift of the 25th into the 26th. I can start from the beginning tomorrow, my Lord, or deal with a few preliminary questions now in the remaining 2 minutes.

MR JUSTICE GOSS: No, I think we'll do it of one piece tomorrow for the sake of a few minutes. So we'll come back to that tomorrow.

(The court adjourned)

Thursday 25th May 2023

Q. Overnight, have you thought of anything that you have previously said that you would like to amend or add extra detail to?

A. The only thing --- you asked me yesterday if the Datix had been completed about the chest drains and I can confirm it was done.

Q. Right. And that's by you?

A. Yes.

Q. And you remember doing that, do you?

A. Sorry?

Q. You remember doing that?

A. I have seen the Datix on the system.

Q. Right. We had got to count 10, which I can see from here is still open on the desk in front of you. I don't know whether the jury have it. It's behind divider 1 in jury bundle 1. This is an allegation of attempted murder on 26 September 2015. You were, of course, on duty on the night shift of the 25th into the 26th, weren't you?

A. Yes.

Q. I was asking you whether the staffing levels had in any way, in your view, contributed to [Baby H]'s collapse on this shift?

A. No.

Q. The second was whether somebody's medical incompetence had contributed in any way to [Baby H]'s collapse?

A. Yes, I think potentially with the management of her chest drains, yes.

Q. And by management, what do you mean?

A. The insertion of them and how they were secured.

Q. Right. What is it about the insertion of them that you suggest was deficient?

A. I'm not saying it was deficient, but I think it has been accepted that there were issues with the drains throughout the trial. It's come to light.

Q. That's not the question. The question, if you wouldn't mind, is what are you suggesting it was about the management, the insertion, to use --

A. That they may not have been correct because there was a lot of discussion needed on how to insert the drains.

Q. Does it come to this then, because you are saying there was a lot of discussion amongst the doctors about inserting the drains, that means that there is a problem with the drains?

A. Potentially, yes.

Q. So that I can understand, we can all understand what you are suggesting, what are you suggesting was the problem?

A. That potentially [Baby H]'s pneumothoraces were not treated appropriately.

Q. Right. And that is because of what?

A. Lack of experience and using multiple drains of different types that nobody seemed particularly confident to use.

Q. Which particular doctor or doctors are you suggesting lacked the experience required?

A. Multiple doctors.

Q. Well, yes, but --

A. Dr Harkness, Dr Jayaram, Dr Gibbs, Dr Ventress even, yes.

Q. Now, can we go back to tile 27, please? This is something that you dealt with in answer questions from your own counsel some time ago now. We can see that it's dated a couple of days earlier, on 24 September at 09:15.

A. Yes.

Q. Just so that we can understand the connection or the relevance or potential relevance of this text sent to your friend [Nurse E], are you suggesting there was anything unsafe

going on in the unit on the shift that we are dealing with now? In other words, the shift that began that on the 25th into the 26th of September?

A. No, this is referring to a different time.

Q. So it's not relevant, is that right, to [Baby H]'s collapse?

A. No, because she was one-to-one nursed at that point.

Q. Yes. Now, a short time ago when I was asking you about your friend [Nurse A], and I was making the point with you that she was truly supernumerary, you suggested that she was in some way responsible for helping you with [Baby H].

A. Yes.

Q. What are you suggesting about her function on --

A. That the role of a supernumerary shift leader is to support staff on the unit with medications and anything that would need to be done, and particularly with [Baby H] I was unfamiliar with chest drains and [Nurse A] played a part in assisting me with [Baby H]'s care.

Q. Right. Did you not have experience of chest drains?

A. Not a lot of experience, no.

Q. I thought you said you'd dealt with them at Liverpool?

A. I have, yes, but I've not had a lot of experience with them at the Countess of Chester, no.

Q. Did you suggest to anybody at the beginning of this particular shift that in some way your knowledge or experience was deficient?

A. No. I don't think it was deficient. I think it was raised that I didn't have a lot of experience and part of that was that [Nurse A] was supernumerary and would be able to assist me.

Q. And what are the tasks with which she was assisting you?

A. Well, I can't recall specifically now, but it would have been medications and I know when she had further chest drains put in, [Nurse A] helped me with the insertion and setting-up of those drains with me.

Q. Right. Let's deal with those two issues then. Medication she'd have to co-sign with you?

A. Somebody would have had to have co-signed medication with me, yes.

Q. And that would be true of any child, wouldn't it?

A. Yes.

Q. So there's nothing exceptional about [Baby H] in that respect?

A. No.

Q. So far as the insertion of a chest drain was concerned, which particular chest drain are you suggesting she assisted you with?

A. The drain that was inserted on the night of the 26th.

Q. Yes. this is Dr Gibb's chest drain, is that right?

A. Yes.

Q. So this was at 02:15, is that right?

A. Yes, I don't know the time right now, but...

Q. I think there are two times in the documents: one is 02:10, one is 02:15, in the early hours of the 26th.

A. Okay.

Q. What I'd like you to concentrate on, if you would please, is -- that was after [Baby H] had collapsed, wasn't it?

A. Yes.

Q. And what I'm interested in asking you about, and what the jury may be interested in, is what led to her collapse. Alright?

A. Okay.

Q. So let's concentrate on that time if we can, so between 20:00 hours and 02:00 hours or thereabouts.

A. Yes.

Q. We've got a period of about 6 hours, give or take, yes?

A. Yes.

Q. Does it come to this, that so far as the assistance you were getting from [Nurse A] was concerned, that was limited to co-signing for medications?

A. I can't say without reviewing the charts.

Q. Well, have you looked -- you clearly looked at the charts last night because you raised an issue when I asked you to clarify anything you've already said.

A. Yes.

Q. Have you looked at the charts overnight?

A. Yes, but I can't remember every detail, and I think it would be unrealistic if I could remember every single detail.

Q. Well, you said in answer to your own counsel, or you gave the impression that she was in Nursery 1 with you, helping you with [Baby H] all the time.

A. I did not say she was there at all times, no.

Q. What are you saying so we understand?

A. That [Nurse A] was supernumerary and she did help me throughout the evening. I can't be specific at what time or what she actually did at certain times but she was with me on and off throughout the shift.

Q. And that would all be documented on the charts, wouldn't it?

A. Not all of it, no.

Q. Well, what sort of thing wouldn't --

A. If she's with me to give verbal advice, or if she's helping me do something that I've then signed for on the chart, it would not necessarily have her signature. But she gave me a lot of verbal advice that night.

Q. About what?

A. About the management of [Baby H].

Q. In particular in what respect?

A. In management of her chest drains. And then when she collapsed, it was information about baptism and things like that.

Q. For the time being, let's concentrate on what caused [Baby H]'s collapse, alright?

A. Okay.

Q. Do you remember that [Baby H] collapsed in the early hours of the 26th?

A. I don't recall specific details. I know she did collapse, yes.

Q. Do you remember hearing the evidence of [Baby H]'s father?

A. Not in detail, no.

Q. Well, it was read to the jury by agreement on the 18th of January this year. And of course, this is a statement that you have had available to you for a couple of years now, isn't it?

A. Yes.

Q. Yes. What [Father of Baby H] said -- and I'm going to read to you directly from his statement, alright?

A. Okay.

Q. He was talking about his daughter and he said:
"She was in an incubator and was on CPAP to help her breathe. So we spent time in there from Tuesday onwards and on the Friday." And we're talking about a Friday, aren't we, 25 September?

A. Yes.

Q. "... on the Friday, I'd been there late with [Mother of Baby H]'s mum." So that's his mother-in-law. "I'd been there late with the mother-in-law until about midnight and we'd come back to the house and I was awoken by her in the early hours." Okay?

A. Okay.

Q. So that's the father of [Baby H]'s agreed evidence that on this shift, for which we saw the population distribution at tile 177, he was there until just before midnight or thereabouts.

A. Yes.

Q. Do you remember what time the doctors were called to [Baby H]?

A. No, I don't.

Q. That night for the first time?

A. No.

Q. Just before midnight, at 23:50.

A. Okay.

Q. I would like to look at your nursing note for this occasion. It's tile 208, please. Given that it's your note, would you read it through for us to remind yourself of what it was you wrote?

A. "Written for care given from 20:00 to present. Emergency equipment checked, fluids calculated. [Baby H] nursed in an incubator, ventilated with size 3.5 ET tube, 8 centimetres at lips. Ventilator settings gradually increased during shift in line with blood gas and clinical picture: currently 24/4, inspiratory time 0.45, rate 60 in 28% oxygen. X2 chest drains in situ at start of shift. intermittently swinging. Serous fluid ++ accumulating. 23:30. Bradycardia and desaturation requiring Neopuff in 100% to recover. 10ml [I assume that's air] aspirated from chest drain by Registrar Ventress. Following poor blood gas and 100% oxygen requirement, consultant Gibbs attended the unit and inserted a third chest drain."

Q. Let's just stop it there because that takes us up to and including the time of the first desaturation and indeed the second desaturation when Dr Gibbs was called to help, alright?

A. Okay.

Q. Do you agree with that?

A. Yes.

Q. Can we look at the time that you created that record, please. Can you confirm that you began to write it at 04:14 and you closed it at 04:28?

A. Yes.

Q. And I'm going to suggest to you that you misrepresented the time of this event, okay?

A. Okay.

Q. So I'm going to suggest this is another occasion where you have deliberately misrepresented the facts, okay?

A. Okay.

Q. This is an event that happened just before midnight, at about 23:50, isn't it?

A. I don't recall. From my notes there I've said 23:30.

Q. Where would you have got that information from when you wrote it down at 04:14?

A. Either notes I've made myself or any medical records --

Q. Yes.

A. -- or anything on the charts relevant to that time.

Q. We've seen many medical records haven't we --

A. Yes.

Q. -- written in varying degrees of legibility by varying medical practitioners?

A. Yes.

Q. And they were available on paper for you to consult if there was any doubt in your mind about when something had happened?

A. Yes.

Q. Dr Ventress, for it was she who was called at 23:50, had made a note and you could have looked at it and used it to create your own note, couldn't you?

A. At the time, if she had written a note prior to this, then yes.

Q. Alright. Let's see what you were writing on the manuscript notes because these will be relevant as well. If we can go to tile 199, please. I'd like to start, with your entries, do we see the first entry that you made as being at 21:00 hours?

A. Yes.

Q. The second in the 22:00 hours column?

A. Yes.

Q. What does that read, please?

A. "22.10. Desat 52% during..."

Q. "Heel prick"?

A. Yeah: "... Heel prick. SHO present, Serous fluid ++. X2 drains."

Q. Yes, "SHO present". Who was the SHO that you were referring to here?

A. I can't recall from memory.

Q. Well, there was an SHO on duty that night called Jessica Scott?

A. Okay.

Q. We can see it at tile 177.

A. Okay.

Q. The SHO wasn't present, was she?

A. Yes, that's what I've written there.

Q. Is there a note in the medical notes from the SHO about this desaturation?

A. I don't know.

Q. Oh, I think you do. There isn't, is there?

A. I don't know.

Q. "Serous fluid ++, X2 drain."

A. Yes.

Q. You then write in the 23:00 hours column: "Blood commenced at 23:05."

A. Yes.

Q. Is that your writing as well?

A. Yes.

Q. Then in the midnight column: "Brady/desat 23:30."

A. Yes.

Q. "10ml air aspirated from..."

A. "Flutter drain" ". "

Q. "...from flutter drain." then there's an upward arrow?

A. Yes, it's increased the ventilator pressure to 24/4.

Q. Then to the right of that box what does it say in the next box?

A. "Clear."

Q. Well --

A. All of the writing?

Q. You interpret whether you do them individually as different boxes or as a unit, the totality of that material.

A. I can't see without looking at the columns. I'm assuming it's clear either orally or -- I can't see the column it represents. But there's small blood -- "small blood stained" and then beneath that it says "clear".

Q. Yes. Is it "plus clear"?

A. "Plus small blood stained plus clear." But I'm not sure which column that refers to.

Q. This is all in the midnight column.

A. Yes. I'm talking about the row that would be on the left-hand side, I think, where it indicates if it's OP -- here we are, "suction". The top bit is: "Suction on ET produced small blood stained. Was plus clear."

Q. So that's looking into the mouth, is clear?

A. The airway was clear, I've had clear fluid.

Q. So here we have another child under your care who's producing bloodstained secretions in their throat, is that right?

A. I think if it's come from the ET tube, it wouldn't necessarily be the throat. If the ET tube is in the lungs, I presume it's from there.

Q. Yes. Had you interfered with [Baby H]'s ET tube?

A. No.

Q. Moved it around a bit to destabilise her?

A. No.

Q. Can we look at your defence statement, please, to try and put this into a bit more context. Have you got the document?

A. Yes, it's here.

Q. This is paragraph 101, isn't it?

A. Yes.

Q. What did you write of these events on this night?

A. I wrote: "I don't recall any specific episode of desaturation during the night shift of the 25th into the 26th of September."

Q. Yes. You then go on, I think, as we established yesterday, to say that the following night, the 26th to the 27th, [Baby H] deteriorated rapidly and you were with [Nurse A].

A. Yes, that date is not correct.

Q. No, okay. Is that actually a reference to this night, the 25th to the 26th?

A. Yes.

Q. And to be fair to you, you then say at paragraph 103: "In my memory, both nights merge into one. I cannot be specific about what I did during either of the collapses." Then you talk about the baby LO that we dealt with yesterday, to whom we will come in due course.

A. Yes.

Q. Of course, just going back to your note at 22:10, if a baby with two chest drains in, as [Baby H] was, had really desaturated to 52%, that would be potentially a serious medical issue, wouldn't it?

A. Yes, if she didn't correct, yes.

Q. But you would call a doctor, wouldn't you?

A. An SHO is present.

Q. Well, I know that's what you say. But I'm suggesting to you because there's no note, an SHO wasn't present and you have cooked the records.

A. I don't agree.

Q. And you are creating, I suggest, in the handwritten documentation the impression that [Baby H] was deteriorating in the lead up to her more serious crash.

A. No.

Q. Just going back to your nursing note at tile 208, please. We've read through this once, but if we can just expand the top -- thank you. Where is the mention of this earlier desaturation before 23:30 --

A. There isn't.

Q. -- with the SHO present?

A. There isn't.

Q. Why not?

A. Not every single thing gets written down. It's not been written down and that's an error my part.

Q. A serious error, isn't it, if it happened?

A. But the SHO was present.

Q. Well, I know that's what you've written on the manuscript, a document but there's no --

A. Any member of --

Q. -- Hold on, hold on. There's no telling when you actually wrote that detail into that document, is there?

A. Onto the handwritten document?

Q. Mm.

A. No.

Q. There is telling when you wrote detail into this document though, isn't there --

A. Yes.

Q. -- because we have an opening and a closing time?

A. Yes.

Q. You wrote that detail on the handwritten document after [Baby H] had seriously desaturated and had a cardiac arrest, didn't you?

A. No.

Q. And that is the explanation for why it doesn't appear in your nursing notes?

A. No. Those charts are available to everybody to see. If it was blank or it had been added to later, that would have been noticed.

Q. Noticed by who?

A. Other staff.

Q. When?

A. The doctors would be looking at the charts, other staff, nurses look at the charts.

Q. You're making this up as you're going along, aren't you?

A. No.

Q. You wrote that in after [Baby H] had collapsed?

A. No.

Q. And that's why you haven't written the name of the SHO, as with Dr Wood, in the case of [Baby E] --

A. No.

Q. -- isn't it?

A. No, it's common practice just to write SHO or reg.

Q. Your common practice?

A. It can be, yes. I don't think every baby I've ever looked after every time I've written the name of the doctor.

Q. Often you don't even write SHO or reg, do you, you write doctors?

A. At times, yes, which all staff would do.

Q. But in your case it seems to happen when babies collapse, doesn't it?

A. I can't answer that. We're only looking at collapsed babies, we're not looking at my whole work over the duration of four years.

Q. Do you remember the evidence of [Baby H]'s father, that was agreed?

A. Not in clarity right now, no.

Q. I just reminded you of it.

A. Oh yes, that bit, yes.

Q. He left just before midnight.

A. Yes.

Q. No mention of seeing his baby collapsing.

A. No.

Q. No mention of a doctor being there. This is your lies in a document, isn't it?

A. It's not lies, no.

Q. Let's go to Doctor Ventress' notes, please, at tile 210. We can see there the time that Doctor Ventress has put on this, can't we?

A. Yes.

Q. The same time as the father of [Baby H] in his agreed evidence said he left.

A. Yes.

Q. About the same time. And what you were telling her is: "Several episodes of desaturation in past 2 hours." Isn't it?

A. Yes.

Q. The first one after gas is taken?

A. Yes, so she desaturated during the heel prick, yes.

Q. "Became agitated" is what you told Dr Ventress, though, isn't it?

A. I can't be specific on what wording I used.

Q. Well, what has she written?

A. She has written "became agitated".

Q. Is that desaturating down to 52%, becoming agitated?

A. I don't know what you mean.

Q. Well, are they consistent with each other, those two descriptions? One she became agitated. The other, desaturating to 52%.

A. Yes, because babies like [Baby H] don't handle very well.

Q. They don't become moribund, lifeless, when they desaturate?

A. No.

Q. No?

A. Not every time, no.

Q. Not every time, just sometimes?

A. Yes.

Q. "One episode associated with poor chest movement and bradycardia. Suctioned ET and thick mucus suctioned." Which of the episodes that we've just looked at on the chart that we were looking at is that?

A. The part where I read out the secretions. I'm not sure what time that was.

Q. That's in the midnight column, so --

A. Okay.

Q. That's this time.

A. Right.

Q. It doesn't seem to be therefore what you're telling Dr Ventress, does it, if she's recorded what you told her correctly?

A. I don't know that this is what I've told her though. Was she possibly there for this? I don't know.

Q. Well, we heard from her, she gave evidence, she talked us through this note. This is clearly what you are telling her, isn't it? You are reporting what you are saying has happened, do you agree?

A. No, I couldn't say that specifically, no.

Q. Who else would have been telling Dr Ventress what had been happening with [Baby H] in the preceding 6 hours?

A. If the SHO was present, which I believe they were, and also [Nurse A] was with me at times.

Q. So you're saying the SHO is here at this time?

A. No, I'm saying I don't know.

Q. "Further episodes. No change in heart rate. Recovered with bagging on higher pressures." Where are they in your handwritten notes?

A. I believe I did write that the PIP was increased to 24/4 on the handwritten column.

Q. Yes and that's at midnight.

A. Is it? Okay.

Q. Well, you know it is because we've just looked at it.

A. Okay.

Q. Are you trying it on?

A. No.

Q. Then is that: "Fractional oxygen reduced to 30% between episodes"?

A. Yes.

Q. What's that a reference to, what were you telling Dr Ventress?

A. I can't confirm that I was telling her anything, but that reads that her oxygen requirement had gone down to 30% in between episodes.

Q. Given that the father of [Baby H] had only just left at this time, according to the agreed evidence, I am suggesting that you were falsely creating the impression to the registrar, your

friend, Dr Ventress, that [Baby H] was a child who had been presenting problems over the preceding hours. What do you say to that?

A. Can you say that again?

Q. Yes. I'll break it down. You heard me remind you of the agreed evidence from [Father of Baby H] that he left at just before midnight?

A. Yes.

Q. This account was being given to Registrar Ventress at just before midnight, wasn't it?

A. Yes.

Q. And I am suggesting that you were falsely creating the impression to Dr Ventress, that [Baby H] was a child who had been having problems for a couple of hours by this stage. What do you say?

A. No, I don't agree that it was false, no.

Q. It's just that your nursing note that's typed, and your handwritten notes on the chart, don't match up and that's an oversight?

A. Yes.

Q. And it's an innocent coincidence that this all happened just after, apparently, the father of [Baby H] had just left?

A. Yes.

Q. Yes. If we look at the observations chart, please. Do we see any issues recorded in this chart between the beginning of your shift at 20:00 hours and midnight?

A. No.

Q. Any reason for that?

A. What do you mean?

Q. Well, according to the information you were giving to Registrar Ventress, this was a child that had been having significant issues of significant desaturations. Should there be anything on this chart?

A. No. This reflects that specific moment in time.

Q. So at the moment in time that you were taking observations, everything was fine with [Baby H]?

A. The observations that I've taken here, yes.

Q. Okay. and if we go to tile 210. Right at the end of the note, we have something that ties into a point that you raised at the beginning of evidence this morning. It's the very last note that Dr Ventress made and it says:

"Second chest drain..." And in this context, just to remind us all, this is Dr Jayaram's chest drain at the seventh intercostal space, isn't it?

A. Yes.

Q. "... advanced back in to 4cm as was almost out."

A. Yes.

Q. "Done prior to chest X-ray." And so it follows, doesn't it, that just after the time that [Father of Baby H] had left his daughter, it was noticed by Dr Ventress that the second chest drain had almost come out?

A. Yes.

Q. Why hadn't you noticed that?

A. It's not a nursing role to be able to measure the exact distance of a drain. Medical staff put drains in.

Q. They do, but you have already told us that in your view, one of the potential problems with the chest drains in [Baby H]'s case arose because they weren't stitched in, they were taped in.

A. Yes.

Q. And you knew that at Liverpool, from your training, they stitch them in.

A. Yes.

Q. And just remind us what you told us yesterday, was the risk that you perceived as being associated with taping rather than stitching?

A. The drains are less secure.

Q. Exactly. And all this you knew?

A. Yes.

Q. And given that this was a child with chest drains, that leads to my next question: why were you not checking the drains?

A. I was checking the drains.

Q. The answer, I'm going to suggest, is because you removed the drain.

A. No.

Q. And that is the reason why [Baby H] desaturated just before midnight, just after her father had left.

A. No.

Q. Because you were sabotaging [Baby H] that night, weren't you?

A. No.

Q. Let's look at the blood transfusion. Can we go to tile 261, please. This was something that your counsel, Mr Myers asked you about on 15 May.

A. Yes.

Q. Do you remember?

A. Yes.

Q. Do you remember what you said to him about your nursing entry?

A. That the time was incorrect.

Q. In what respect is the time incorrect?

A. That the transfusion was completed at 02:00.

Q. Whereas the truth is?

A. 03:00.

Q. So if we're looking to find the mistake, it's about 5 or 6 lines up from the bottom of the page as we see it on the screen.

A. Yes.

Q. Is that right?

A. Yes.

Q. That was something that you wrote between 04:14 and 04:28?

A. Yes.

Q. Where did you get the information from?

A. For the timings?

Q. Yes.

A. It would have been from the charts and I've miswritten it down, yes.

Q. You what, sorry?

A. I've miswritten the time down.

Q. Where have you miswritten the time?

A. Here in the nursing notes.

Q. Anywhere else?

A. No.

Q. Can we look at tile 239, please. Look in the top right-hand box. What's written there?

A. It looks like it started at 02:05 and it's been corrected to 03:05.

Q. Yes. And whose writing is that?

A. It's mine.

Q. Yes. So the same mistake but in two different places?

A. Yes.

Q. When did you correct the handwritten version?

A. I couldn't say, I couldn't answer that. [Nurse A] and I both have needed to sign the reverse of that chart when it was finished, so presumably we were both there when that was written.

Q. When you say the reverse, do you mean the other side?

A. Yes.

Q. So the back of it?

A. Yes. There's columns to say that you've documented the time when it's finished, yes.

Q. So [Nurse A] signing that wouldn't see what you had written on the front of it?

A. Yes. That's what she's signing to say, that she's seen the time we've stopped the infusion.

Q. Well, I know, but sometimes people when presented with a document from somebody they trust will sign it on trust, won't they?

A. You'd have to talk to them about that. That's on them not me.

Q. Okay. On them, not you?

A. If you're saying that staff would check a form without looking at it then that's -- I can't answer for somebody else.

Q. Have you ever signed a form on trust from one of your colleagues?

A. No, I don't believe I have, no.

Q. No. So we can take it that you changed that sometime after you had entered the nursing notes into the Meditech system?

A. I couldn't say with clarity.

Q. Well, it's the obvious explanation, isn't it?

A. Yes.

Q. Yes. What happened just after 03:05?

A. I don't recall.

Q. Really?

A. No, I don't recall the exact timings of everything that's happened, no.

Q. Your child for whom you were responsible had a cardiac arrest --

A. Okay.

Q. -- [Baby H]. And that document that we see on the screen shows that you were very closely concerned with [Baby H] just before she had that cardiac arrest, doesn't it?

A. Yes.

Q. Or at least it does in its corrected state, but perhaps not in its original state. Do you agree with that?

A. No, because I think the blood transfusion observations and the drip readings do confirm that it was 03:00.

Q. If that's the case how on earth did you ever write in 02:05?

A. Because we're human and people make mistakes.

Q. Would you agree this is yet another apparent anomaly in the paperwork at the time just at which a child has a cardiac arrest?

A. I agree that the time is wrong, yes. But on the observation charts and the drip reading charts, the timings were correct.

Q. And whose responsibility is the error?

A. Mine, in my nursing notes, mine.

Q. [Baby H] had to have CPR, do you remember that?

A. Yes.

Q. Do you remember that she had to have adrenaline to bring her back?

A. Yes.

Q. Do you agree this was a very, very serious event?

A. Yes.

Q. Do you remember [Baby H]'s dad being there when this happened?

A. I can't say from memory, no.

Q. Well, I'm going to remind you of what he said about this and ask whether you remember this:

"I remember the mottling was running out of her skin towards her fingers." That was in the agreed evidence of [Father of Baby H]. Do you agree with that?

A. Yes, I agree she was mottled, yes.

Q. Do you agree that it was moving?

A. No, I don't agree it was moving, no.

Q. It was all over her body though. "Running out of her skin towards her fingers."

A. I don't agree with that.

Q. This event was so serious that you thought [Baby H] was brain damaged, didn't you?

A. No, there was discussion with the parents about whether [Baby H] could have sustained brain damage.

Q. Yes. That was the concern, so serious was this?

A. Yes.

Q. And yet, if we go to tile 239, please - -- So these are [Baby H]'s blood gases, which we also have in paper format, also behind divider 10, and these ones are on page 12709. If we scroll down to get to the 26th, stop there, thank you. We see that the three blood gases on the night shift at the beginning of the 26th are all in your writing, aren't they?

A. Yes.

Q. Each signed by you?

A. Yes.

Q. And do we see that by 6:44, [Baby H] has a pretty good blood gas?

A. Yes, it's improved, yes.

Q. Well, it's a good blood gas, isn't it?

A. Yes.

Q. So from having been at the brink of fatal collapse about 3 or 4 hours earlier, she had got back to a position -- she'd had a miraculous recovery, hadn't she?

A. Yes.

Q. Were you pleased?

A. Of course I was pleased.

Q. Or were you frustrated by the fact that your attempt to kill her had failed?

A. No.

Q. The day shift that followed was 26 September and you handed over [Baby H] to Kathryn Percival-Calderbank, didn't you?

A. I believe so, yes.

Q. If we can just go to, just to remind you, put you back in the moment, if we can go to tile 400. This is a note you sent to your friend, [Nurse A], who'd been on with you that night, is that right? The previous night shift, I should say.

A. Yes.

Q. Can you just read it out for us, please?

A. "[Baby H] had a good day. 1 drain removed just blocked tube and tonnes of secretions. Shelly has her. [Nurse B] in 4 and seemed a bit off when she came in, saying she'd like to have had her but now keeps saying she doesn't feel well. I have E and N. I hope you are okay."

Q. Then the next tile, please. Again, one of yours, I believe. This time to your friend Dr Ventress.

A. "I think so too, I'm not sure what it is in relation to. She's had a stable day. Took original drain out at 8, just blocked tube. Loads of secretions! I have E & N. [Nurse B] in 4."

Q. Right. And these are texts that you are sending whilst on duty on the following night shift, aren't they?

A. Yes.

Q. This is a night on which the other child, the very seriously ill child, came in towards the end of the night shift, is that right?

A. Yes.

Q. Okay. Let's do part of this shift before the break if we can. This other child was the child LO, is that right?

A. Yes.

Q. If we start, please, Mr Murphy, with tile 385. This gives us the population distribution, doesn't it?

A. At the start of the shift, yes.

Q. [Baby H] perhaps unsurprisingly still in Nursery 1, but still alone, but this time with Shelley Tomlins?

A. Yes.

Q. You were in Nursery 2 with two children, NC and EM?

A. Yes.

Q. The other nurse in there was with [Baby G], Christopher Booth, is that right?

A. Yes.

Q. [Nurse B] with four children in Nursery 4?

A. Yes.

Q. And the nursery nurse Elizabeth Marshall with four children, who included [Baby I], in Nursery 3? And I think if we just scroll up, the shift leader on this occasion was Christopher Booth.

A. Yes.

Q. It may, just to bring it back to your mind, be convenient to go to the neonatal review, please, which is in the white large file. The file that looks like this [Indicating]. There are two separate reviews for each of these two counts, so it's the second [Baby H] review, please. It's headed "Event 10", "NNU Review Schedule Event 10 Child H". This is an 11 page document. If we go to page 2, we see the same population distribution chart that we saw in the electronic sequence, is that right?

A. Yes.

Q. But if we go to page 11, the final page, we see how things had changed by the end of the shift.

A. That's right, yes.

Q. The two most relevant changes are, first, the discharge of [Baby H], who had been transported out of Chester --

A. Yes.

Q. -- by the transport team, and the arrival of LO, who came into the NNU at 05:10?

A. Yes.

Q. Do you remember going through this documents with your counsel, Mr Myers, and suggesting to the jury that you didn't really have much to do with [Baby H] on this particular shift?

A. So my memory at the time is I could not remember when the baby LO had been born. Obviously, now we've had the notes I know he was born at a different time. I didn't know at the start what time in the shift he had been born.

Q. Right. Well, I think we may be at cross-purposes here. Maybe not, maybe we are. I'm not talking about your defence statement, okay?

A. Okay.

Q. I'm not talking about your interviews. What I'm talking about is the evidence you gave to the jury on 15 May.

A. Okay.

Q. I'm going to summarise it in this way for your comment, that you went to some of the entries in this schedule and the gist of what you were saying was that you didn't have much to do with [Baby H] on this shift.

A. Yes.

Q. Do you accept that as a reasonable summary of what you said?

A. Yes.

Q. Right. Do you remember also saying that if something wasn't in the notes on this shift, then in effect, you couldn't really remember it?

A. Yes, I was reliant on my notes for a lot of it, yes.

Q. Yes, and because you're not the designated nurse you didn't make a note and because you didn't make a note, you couldn't remember, is that a fair summary?

A. Yes, not with any great detail, yes, that's right.

Q. Alright. Had you forgotten the evidence of Dr Neame?

A. I don't recall Dr Neame's evidence now, no.

Q. Well, if we just scroll up, please, Mr Murphy, for the benefit of those watching remotely. It's just on tile 385, please. It's the sequence of events. Dr Neame was the registrar, wasn't he?

A. Yes.

Q. And Dr Jessica Scott, again the SHO?

A. Yes.

Q. So on this shift, Dr Neame was in substitution for Dr Ventress, your friend?

A. Yes.

Q. This is the night, isn't it, where you have got confused in your defence statement between what happened on this night and what happened the previous night?

A. Yes.

Q. Let's start with the standard questions I tend to ask you first. Are you suggesting that staffing levels caused or contributed to [Baby H]'s cardiac arrest on this shift?

A. No.

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

A. I can't comment because I wasn't the nurse looking after [Baby H] that night.

Q. Are you suggesting that anybody, whether they be a doctor or a nurse, made a mistake which contributed?

A. No.

Q. I'm going to suggest to you that this was yet another shift on which you wanted to be in Nursery 1.

A. No.

Q. Let's start by looking at the neonatal review, if we can, please. For the avoidance of doubt, as I said before, we're in neonatal review schedule, event 10. We see, as we always do with these documents, that any entry for which you have signed appears in blue, do you agree?

A. Yes.

Q. And any entry relating to the subject of the allegation appears in a yellow-shaded row.

A. Yes.

Q. So concentrating on [Baby H], please, we see several entries at 20:00 hours made by a combination of Shelley Tomlins and Kathryn Percival-Ward.

A. Yes.

Q. At line 18 and 19, 5 and 15 minutes later respectively, the same nurses making entries for [Baby H].

A. Yes.

Q. Then at 20 past, line 23, Dr Soni?

A. Yes.

Q. At line 27, Shelley Tomlin's nursing note?

A. Sorry, can I just clarify? It says Kathryn Percival-Ward. Was she on the day shift? She's not on the map.

Q. No, well, it would follow then, wouldn't it, that she must have been on the day shift?

A. That she stayed on, okay.

Q. Okay?

A. Okay.

Q. Do you have an eye for detail?

A. Yes.

Q. Line 27 at 20:30 hours, Shelley Tomlins making another note regarding a desaturation. Then at line 41 to 43, further Shelley Tomlins notes, is that right?

A. Yes.

Q. Lines 48, 59 and then 61 to 64, all, with the exception of Dr Neame at 21:15, notes made by Shelley Tomlins?

A. Yes.

Q. But you were involved in the incident at 21:15, weren't you?

A. I can't recall.

Q. Do you remember what Dr Neame said about it?

A. No, I don't, no.

Q. Can we go to tile 399, please: "Fast bleeped..." So time 21:15, do you agree?

A. Yes.

Q. Dr Neame's details?

A. Yes.

Q. "Fast bleeped to NNU due to desaturation and bradycardia. ETT removed by nursing staff and being bagged." Do you see that?

A. Yes.

Q. And reference to the amount of oxygen, 100% oxygen, on a Neopuff.

A. Yes.

Q. The ETT was blocked with thick yellow/brown secretions?

A. Yes.

Q. Do you not remember that?

A. No.

Q. Well, Dr Neame's evidence was that when he arrived, you were the nurse doing this and there was nobody else there.

A. Well, I don't have any recollection of that.

Q. Let's look at tile 406. You read it for us, please.

A. "I've been helping Shelley so at least still involved, but haven't got the responsibility. Aw, did you get his boots?"

Q. The boots is a reference to one of [Nurse A]'s kids who was after some football boots?

A. That's right.

Q. Nothing to do with this. I'm more interested in the first sentence. What were you talking about?

A. That I'd been helping Shelley at that point.

Q. With who?

A. I'm assuming it must be with [Baby H].

Q. Mm. What do you mean by "so least still involved"? Does that mean "so at least still involved"?

A. Yes, so I'd had [Baby H] for the previous three nights, so I knew [Baby H] well, so it means I was still involved in her care but I didn't have responsibility.

Q. Anything that went wrong wasn't going to come back on you, was it?

A. No.

Q. Do you agree this confirms what Dr Neame told us, you were the person with [Baby H]?

A. No. And I do not believe that I would have removed an ET tube by myself.

Q. Well, let's go back to the neonatal review. This message is timed at 21:51.

A. Yes.

Q. Look at page 4. According to the paperwork, what had you been involved with, with [Baby H]? What can we see in those yellow-shaded lines which relate to [Baby H], together with your blue -
-

A. None.

Q. Nothing.

(A short break)

Right. We'd just dealt with the neonatal review concerning events preceding the first collapse of [Baby H] on the night shift of the 26th into 27th of September.

A. Yes.

Q. And we had established that on the face of the document, at page 4 of 11, you had no connection whatsoever with [Baby H].

A. Yes.

Q. And we had also established that the text you sent to your friend [Nurse A] at 21:51, which is tile 406, is telling her that you were helping Shelley.

A. Yes.

Q. And my question was to what you were referring? Can you tell us?

A. Sorry?

Q. What were you talking about that you had been helping Shelley with?

A. I think from that it reads that I've been helping Shelley with [Baby H], and I've been involved but I haven't got the responsibility of her this evening.

Q. Was that your opportunity to sabotage [Baby H], because you were not connected with her on the paperwork?

A. No.

Q. Go on to tile 405, please. That's just back a few minutes. What we see there is Shelley Tomlins' recording of the desaturation of [Baby H]. She times it there as 21:45, can you see that?

A. Where is it, sorry?

Q. If you go to the -- sorry, this is a note she made it 22:53. So it says: "Around 20:30 profound desat and brady."

A. Yes.

Q. "Air no longer heard." I think it then if you go down a bit, this is the one I was just talking about:
"21:45. Desat to 40% despite good entry and positive capnography. ETT suctioned quickly with thick bloodstained secretions noted." Have you got that?

A. Yes, thank you.

Q. So this is, as was the earlier desaturation, according to what Shelley Tomlins was noting, both desaturations were associated with bloodstained secretions coming from the tube, the ET tube.

A. Um... At 21:45, yes. I haven't looked at the 20:30.

Q. You see where it says "CP" towards the left of the thick black line?

A. Yes.

Q. There's five CP's. If you go to the fourth, you'll see: "Copious secretions obtained via ETT and orally bloodstained."

A. Yes.

Q. So both blood coming up from the lungs, as you told us, through the ET tube if it's in the right place --

A. Yes.

Q. -- but also blood orally, blood in the mouth?

A. Yes.

Q. Like [Baby E], isn't it?

A. I can't comment on that, that's what Shelley saw.

Q. Well, that's what you saw with [Baby E], isn't it, blood in the mouth? Vomit of blood?

A. Yes, that's different to finding bloodstained mucousy secretions in the oral cavity. This isn't an active bleed.

Q. You'd been interfering with [Baby H]'s tube, hadn't you?

A. No.

Q. And that's why she was desaturating?

A. No.

Q. You then got yourself more heavily involved with [Baby H], didn't you?

A. I can't recall. I think I did help at some point, yes.

Q. Yes. Let's have a look. There are two ways of doing it. We can do it both ways at the same time. If you turn over the neonatal review to page 5 of 11, this may be the quickest way of doing it, and if you want further detail, please say so, and we'll go to the sequence of events, alright --

A. Okay.

Q. -- which has the more detailed data. Lines 71 to 74, 22:12 to 22:13, giving medication?

A. Yes.

Q. So that in effect is a double-up, isn't it? It's two events, but recorded separately in each case?

A. That's right.

Q. In two separate places?

A. Yes.

Q. At lines 82 to 83 at 22.38, again a single event, giving medication to [Baby H]?

A. Yes.

Q. If we turn over the page just to keep the chronology clear, we then have a further and perhaps more serious event concerning [Baby H] at line 115?

A. Yes.

Q. Have you got that?

A. Yes.

Q. I just want to deal with what you were doing at about that time, okay --

A. Okay.

Q. -- just before midnight. Were you bored with the children that you were looking after in Nursery 2?

A. No.

Q. Did you have time on your hands?

A. No.

Q. Let's look at tile 433 in the sequence of events. This is at 00:45. To a dinosaur like me who doesn't understand Facebook, what does that mean?

A. That I've liked that person's post.

Q. Who is Elizabeth Jane?

A. I'm not sure, I don't recall who that is now.

Q. So someone that you don't even know very well. Could we summarise it in that way then if you don't remember who they are?

A. Yes.

Q. You're, what, looking at their Facebook account?

A. Yes.

Q. On your phone?

A. Yes.

Q. And this involves some positive action by you to like whatever it is that Elizabeth Jane had posted?

A. Yes.

Q. Tile 434, please. A minute later, scrolling through -- Janet Cox was one of the band 4's at the time, wasn't she?

A. Yes.

Q. Scrolling through her photos on her Facebook page?

A. Yes.

Q. And liking those?

A. Yes.

Q. Were you a bit bored at 00:45 that morning?

A. I can't say, I may have been on my break at this point.

Q. You may have been on your break?

A. Yes.

Q. Well, we know if we look at the neonatal review at line 121, you were doing observations on the chart for the child EM.

A. Yes at 01:00.

Q. Yes. I'm going to remind you of what [Baby H]'s dad, [Father of Baby H], said, okay?

A. Yes.

Q. And again this is agreed evidence. This day -- is a Saturday going into a Sunday, the 26th into the 27th?

A. Yes.

Q. So that you can be sure that I'm not misleading you, let's go back to the sequence of events, please, to tiles 429 and then 430, and we'll see this fact recorded. 429, Saturday 26 September and 430, Sunday, 27 September.

A. Yes.

Q. So this is the evidence of [Father of Baby H] again, the agreed evidence. What he said to the jury through his statement was this, talking about his daughter:

"She was okay during the Saturday day and then quite late on, I remember going to the parents' bedroom on the ward to get some sleep. It was only shortly afterwards that we got a knock on the door to say she had deteriorated and she needed medical attention and for us to go and be with her at her bedside."
Okay?

A. Yes.

Q. So yet again, with [Baby H], a second incident happening just after the parents had left -- or the parent in this case.

A. Yes.

Q. [Father of Baby H] leaving gave you the opportunity to sabotage [Baby H], didn't it?

A. No.

Q. Just as in the cases of [Baby B], [Baby C], [Baby E] and, we will see, [Baby I], [Baby N], [Baby M] and [Babies O, P & R]. All cases where the children deteriorate shortly after their parents leave. Is that something you identified as an opportunity to attack these children?

A. No, I've never attacked any child.

Q. Were you covering for Shelley Tomlins? You said you might have been on a break, but were you covering for Shelley at 01:00?

A. I couldn't say. There's no way from memory that I would know.

Q. Well, if we go to tile 425, please. Just look at the observation chart there. This is the Saturday into the Sunday, the 26th into the 27th. If we look, we can see that [Baby H] was on hourly observations, wasn't she?

A. Yes.

Q. But there's no hourly observations at 01:00 hours, are there?

A. No.

Q. And we know the precise time of the crash call because if we go to tiles 438 and 439, please, we can see that -- if we can click on them just to remind ourselves. 438, was the call to the consultant Dr Saladi at 01:04. The next one tile 439 at 01:06, was for the SHO.

A. Yes.

Q. This shows us, doesn't it, what time the emergency occurred?

A. Yes.

Q. And again, Dr Neame, I'm suggesting, told us that when he arrived, the person he remembered as being there, was you, do you remember that?

A. I remember that, yes.

Q. Was he telling the truth?

A. I don't recall that being the case.

Q. Were you there at that time, that's the question?

A. I can't say from memory.

Q. He said he was concerned about this because it wasn't completely clear why [Baby H] had collapsed. You were there, weren't you?

A. I can't say from memory exactly what I was doing when.

Q. Well, you've made an entry as a matter of fact, if you look at the neonatal review at line 121, in the chart of the child EM.

A. Yes.

Q. And that was to give yourself an alibi, wasn't it, for your interference with [Baby H]?

A. No, that's me giving care to the baby that I was allocated.

Q. Do you remember [Baby H] having CPR and being given adrenaline again?

A. Yes.

Q. Do you remember later, at 3:30, again [Baby H] required Neopuffing?

A. I can't recall specific times, no.

Q. Let's go to tile 471, please. This is Shelley Tomlin's note of this event. Can you see where it says "addendum" about a third of the way down? so this is written at 3:49, do you see?

A. Yes.

Q. This concerns an event which, if her times are correct, happened 19 minutes earlier, do you see that?

A. Yes.

Q. It says:

"03:30. Profound desaturation to 60s, again requiring Neopuffing with no known cause for desat. air entry still heard bilaterally." So that means, doesn't it, air is going in and out of the lungs?

A. Yes.

Q. "Capnography positive", which means the gas exchange is happening?

A. Yes.

Q. CO2 is coming out. Then: "Copious amounts of secretions which were pink-tinged."

A. Yes.

Q. Had you interfered with [Baby H]'s ET tube again?

A. No.

Q. But again, if we go back to the neonatal review at page 8 of 11, there you were back in Nursery 1 again, weren't you?

A. When, sorry?

Q. Just after this incident with Shelley Tomlin's records as being at -- 1 I think it was 03:30, wasn't it?

A. Yes, I'm helping Shelley after that, yes.

Q. Mm. The supernumerary on this shift was Christopher Booth, wasn't he?

A. He was the shift leader, yes. I don't think he was supernumerary.

Q. Well, he had one child in Nursery 2, didn't he?

A. Yes.

Q. Which is where you were?

A. Yes.

Q. Why is it always you that ends up back in nursery 1 when something happens?

A. I don't agree that it's always me.

Q. You tried to kill [Baby H] twice, didn't you?

A. No.