

Thursday 25th May 2023

Cross-examination of Lucy Letby re Baby I

By Nick Johnson KC

(Transcribed from audio/hard-coded subtitles)

Q. I'm going to move on to [Baby I] next, please. If we go back to jury bundle 1, divider 1, we can see that the single count concerning [Baby I] is count 12 at page 5. Have you got that?

A. Yes.

Q. And you remember [Baby I] very well, don't you?

A. Yes.

Q. Hers was a case in which, again, I'm going to suggest you falsified the records, okay?

A. Okay.

Q. Before we get to that, though, I just want to remind you of where [Baby I] was and when, alright?

A. Yes.

Q. [Baby I] was born on Friday, 7 August 2015 at Liverpool Women's Hospital. She remained there until 18 August when she moved to Chester, which is a Tuesday. She remained at Chester from 18 August to 6 September, when she went back to Liverpool. A week later on Sunday, 13 September, she moved from Liverpool back to Chester. Then, 17 days later on 30 September, she collapsed in the circumstances which we've referred to as event 1 for [Baby I] and for which there is a sequence of events, which is numbered [Baby I] 1. Alright?

A. Yes.

Q. The second collapse for [Baby I] was 13 October and that was the incident in Nursery 2 involving you and Ashleigh Hudson.

A. Yes.

Q. The third was the following night, 14 October, following which she was sent out from Chester to Arrowe Park the next day, on 15 October. She remained there until 17 October when she was returned to Chester, right?

A. Okay.

Q. Then 6 days later, [Baby I] died and we suggest it was you who killed her, alright? I'd like to start with your defence

statement, please, if you go to that document again. The section concerning [Baby I] starts at 106, where you say you did nothing to harm her. At 107, you say her stomach was bloated a lot of the time, it swelled regularly and she was monitored because of that. This is what you write:

"This appeared to be part of her condition throughout her time on the unit and all the nursing staff knew that. She'd been to Liverpool Women's Hospital and Alder Hey and they didn't appear to do anything about it."

I think in this context, Alder Hey may be a mistake, is that right?

A. No, she did go to Alder Hey.

Q. She did go to Alder Hey?

A. Yes.

Q. When did she go to Alder Hey?

A. I can't be specific on time and dates.

Q. You then say:

"I don't know whether tests were ever done to identify what the cause of [Baby I]'s problems was and whether there was something wrong with her bowel. The nursing staff raised concerns about [Baby I]'s stomach but nothing was ever done about this." Are you one of the people that raised concerns?

A. Yes.

Q. To whom did you raise the concern?

A. To senior nursing staff.

Q. Who?

A. I can't be specific on names.

Q. How did you raise the concern?

A. It was discussed regularly amongst the staff on the unit that we were not getting anywhere with [Baby I], that she was not getting the treatment that she perhaps needed.

Q. Did you see that as an opportunity?

A. No.

Q. At paragraph 109, you say:

"[Baby I] was a baby who became unwell regularly and who deteriorated very quickly when she did do. It appeared that she often followed a pattern of desaturation and apnoea, followed by intervention. I didn't look after [Baby I] a great deal and many of the incidents throughout her history occurred when I was not present. I don't recall any incident when I said: "It's always me when it happens", and I don't know who Lucy Beebe is."

Q. Dr Beebe, Lucy Hunt, did you remember her when she came to court?

A. No.

Q. You say you were not working on the 22 or 23 of August. You say you don't remember much detail of 30 September, which is her first collapse. And you then say:

"I do recall that when I handed over to Bernadette Butterworth, [Baby I] desaturated and became bradycardic. Her tummy became bigger as we watched. We aspirated her manually. I then assisted with her care. I would have written my notes up and gone home, having done this." Was that the limit of what you remembered of [Baby I]'s first incident?

A. Yes, I don't remember any great detail, no. But I do remember the handover with Bernadette.

Q. Right. Well, to put this into context, event number 1 happened on, as I've already said, 30 September. There were two events in effect: the first at 16:30, when Bernadette Butterworth wouldn't have been around, when there was a large vomit and desaturation.

A. Yes.

Q. Then a further desaturation at handover at about 19:30.

A. Yes.

Q. Do you remember that?

A. Yes.

Q. Do you remember both incidents?

A. Yes.

Q. Is it your case that staffing levels caused or contributed to [Baby I]'s problems on this occasion?

A. No.

Q. Just to be fair to you, I hope, can we go to tile 44? This is the population distribution chart. You had three children, including [Baby I], in Nursery 3?

A. Yes.

Q. Ashleigh, two children in Nursery 1. [Nurse B] and Melanie Taylor had, between them, three in Nursery 2 and the nursery nurse Jean Peers had three in Nursery 4?

A. Yes.

Q. So staffing levels not an issue, is that right?

A. Not for [Baby I], no.

Q. Medical competence or incompetence an issue?

A. No.

Q. Anybody make a mistake that you have been able to identify that may have contributed to what happened to [Baby I] on this occasion?

A. No.

Q. The day before, so 29 September, was a Tuesday. Okay? And Dr Beebe told us that she had examined [Baby I] in preparation for the grand round, okay?

A. Yes.

Q. She found her to be in good condition, with no markers of concern.

A. No.

Q. And when you took over on the morning of Wednesday the 30th, did you see anything to contradict that opinion?

A. No. From my memory now, I think there maybe was some concern about her temperature, but I don't recall any significant concerns, no.

Q. Right. Well, as you've raised it, let's deal with it. If we go to the paper bundle to divider 12. If we start on the first page, just to give us the context. This is page J14714. That shows us [Baby I]'s temperature on 26, 27, 28 and 29 September, doesn't it?

A. Yes.

Q. We see that she just strays into the yellow area at about 01:00 hours and just before on the 28th?

A. Yes.

Q. Moving on to the day I've just asked you about with Dr Beebe in preparation for the grand round, everything's within the white area --

A. Yes.

Q. -- so far as temperature is concerned?

A. Yes.

Q. And the first entry that you made appears to be at 10:00 hours --

A. Yes.

Q. -- on the morning of the 30th.

A. Yes.

Q. Agreed so far. We also see that other than having her temperature taken every 3 hours or so, and the cot temperature being recorded or the incubator temperature being recorded, no other data was being recorded for [Baby I]?

A. That's right.

Q. As a general rule, does that indicate that there were no specific concerns concerning [Baby I]?

A. No, that's right.

Q. The first aberration, if I can use that phrase, is recorded by you in the temperature column at -- is that 12 or 13:00 hours?

A. It's 11.00

Q. Sorry, 11:00. Have you written there 36 degrees?

A. 36.1

Q. 36.1. Is it an incubator or a cot?

A. A hot cot.

Q. That's been increased to 37?

A. Yes.

Q. And we see your initials at the bottom?

A. Yes.

Q. Right so far?

A. Yes.

Q. As a matter of fact, you didn't like being in Nursery 3, did you?

A. I liked being in all of the nurseries.

Q. And you didn't like Ashleigh Hudson because she was the new girl?

A. I don't agree with that.

Q. By this stage you didn't like Mel Taylor either because she wouldn't talk to you in the aftermath of [Babies A & B]?

A. No, I don't agree.

Q. Or [Nurse B]?

A. No.

Q. Tile 46, please. This is Dr Newby's note from the grand round. If we just scroll gently down so that you can re-familiarise yourself with its contents. Most of the writing may well be Dr Beebe's writing I think she told us. A lot of this information was recorded the previous day, wasn't it, in preparation for the grand round?

A. Yes, that's what usually happens, yes.

Q. Yes. If we continue down the data, please, Mr Murphy, onto the next page, right to the bottom, please. There you see where it says "management plan" and there's a flamboyant signature of Dr Hunt, as she then was, now Dr Beebe?

A. Yes.

Q. Followed by Dr Newby's handwriting in the box at the bottom of the page?

A. Yes.

Q. The 30th was a Monday, so immunisations the following Monday, that was the plan?

A. Yes.

Q. Establishing feeds?

A. Yes.

Q. "Wean hot cot as appropriate". So get her off the hot cot as her temperature stabilises?

A. Yes.

Q. "Feed and grow".

A. Yes.

Q. A positive picture, do you agree?

A. Yes.

Q. You, I'm suggesting, will remember that [Baby G] on 7 September, so in round terms 3 weeks and 2 days before this, was due her immunisations?

A. Yes.

Q. And the event that precipitated the immunisations being delayed was a projectile vomit, wasn't it?

A. Yes.

Q. Can you remember what the event that precipitated the delay of [Baby I]'s immunisations was?

A. Her condition on this day.

Q. Yes, which manifested itself in what way?

A. She vomited and needed to be transferred into Nursery 1.

Q. Yes. Can we look at tile 48, please? Here we see the feeding chart for this day, don't we?

A. Yes.

Q. Overnight your friend -- is that J Jones, Jennifer Jones-Key?

A. Yes.

Q. Gave a bottle to [Baby I] at 00:30 --

A. Yes.

Q. -- of 35ml? "Passed urine. Bowels not opened." NB, what's that?

A. The baby has two name bands in situ.

Q. Then comment: "Distended" ---

A. No, it's "demanded", she cried for the feed and had cares.

Q. So very positive signs?

A. Yes.

Q. This is a baby who is doing well, who is demanding milk and taking it from a bottle at 00:30?

A. Yes.

Q. Given a further feed 3 hours later

A. Yes.

Q. And it may or may not be NGT, but we can move on to 07:00 hours, a further bottle?

A. Yes.

Q. Passed urine?

A. Yes.

Q. Bowels opened?

A. Yes.

Q. Still got the name bands. And given cares.

A. Yes.

Q. Incidentally, how often were babies given cares?

A. Usually with every feed, so a baby that's on three-hourly feeds like [Baby I] was, it would be done with each feed.

Q. What about a baby in Nursery 1?

A. Cares are done less often then. It depends on the baby.

Q. But minimal disruption in Nursery 1 is the objective?

A. For babies that are intensive care in Nursery 1, yes.

Q. Yes, okay. Let's just carry on. So that was just before your friend Jennifer Jones-Key handed over to you at about 8:00am?

A. Yes.

Q. You have then recorded at 10:00 hours having given [Baby I] expressed breast milk with fortifier?

A. That her mum fed her, but yes.

Q. You're quite right. 35ml?

A. Yes.

Q. "Passed urine and small bowels opened".

A. Yes.

Q. [Baby I]'s mum fed her and did her cares?

A. That's right.

Q. At 13:00 hours, and we do have this in paper as well of course, we have a further feed this time given by you?

A. Yes.

Q. Given by NG tube?

A. Yes.

Q. With an aspirate of 5ml? Is that right?

A. Yes, that was returned.

Q. Which was returned, with a pH of 5?

A. Yes.

Q. Did that cause you any concerns?

A. No.

Q. No concerns about an undigested feed?

A. No, 5ml is a very minimal amount.

Q. Yes. A pH of 5 is an acidic reaction, isn't it?

A. Yes.

Q. Was [Baby I] asleep?

A. Yes.

Q. How she was according to you at 16:00 as well?

A. Yes.

Q. Was she a particularly sleepy baby, [Baby I]?

A. I don't think I can comment on [Baby I] on a day-to-day basis. At this time we changed her nappy, or I changed her nappy and she did not wake.

Q. Again, you fed her via NG tube?

A. Yes.

Q. A 3ml aspirate, again nothing of concern?

A. No.

Q. Passed urine?

A. Yes.

Q. Bowels opened?

A. Yes.

Q. Do we take it her stomach was empty at that stage?

A. Prior to the feed?

Q. Yes.

A. She had 3ml, yes.

Q. And then half an hour later: "Large vomit, plus apnoea. [Is that] sent to Nursery 1...?"

A. Yes.

Q. "...and put nil by mouth"?

A. Yes.

Q. Okay. So just going back to the 10:00 entry and the presence of [Mother of Baby I], do you remember what her routine was?

A. Not specifically. I know that she visited very regularly for [Baby I], but I couldn't give you any more detail than that.

Q. I think one of the points you made when you were being asked about the card that you had sent to the family of [Baby I] on the day of the funeral in November, was that you got to know the family very well.

A. Yes. The family were very attentive and present on the unit a lot, yes.

Q. And they had other children?

A. They did, yes, which they often brought as well.

Q. Yes, and [Mother of Baby I], when she dropped the kids off at school, would come straight to see her new daughter, wouldn't she?

A. I know she visited regularly, yes.

Q. And would also disappear at certain times to go and collect her children from school?

A. Potentially, yes.

Q. When you say potentially --

A. I can't account for exactly what [Mother of Baby I] did when.

Q. I'm suggesting you knew this family so well that you knew very well that that's what her routine was.

A. No, I don't agree.

Q. Tile 51, please. Could we look at the review? We see Dr Beebe's writing again. Can you see that?

A. Yes.

Q. What was the reason that you gave to Dr Beebe for this review?

A. [Baby I] had a low temperature.

Q. "In hot cot. Temperature 36.2". Slightly on the low side?

A. Yes, that is low.

Q. "Taking full bottles and gaining weight"?

A. Yes.

Q. A positive sign?

A. Yes.

Q. "On examination, little pale, handles well. Capillary refill time less than 2 seconds. Warm, well perfused. Normal heart sounds. Chest clear. No distress."?

A. Yes.

Q. "Abdomen full but soft. Reducible umbilical hernia." is that right?

A. Yes.

Q. Then underneath that, what does it say?

A. "During examination, bowels opened, normal stool. Mum reports low temperature has been happening over past few days."

Q. Yes. Then: "Plan: increase temperature of hot cot."

A. "Monitor closely if further concerns for sepsis screen but appears clinically well at present."

Q. Yes. Do you remember Dr Beebe's evidence about that note? She was asked specifically about it.

A. No, I can't, no.

Q. She said that that should read:
"Monitor closely, [if] further concerns for sepsis screen but appears clinically well at present."

A. Okay.

Q. Do you remember her saying that to you?

A. No, I don't, no. What, at the time?

Q. Yes.

A. No, I don't recall this conversation at that time, no.

Q. But it's clear that the reason you were giving to Dr Beebe for the review was the reduced temperature, wasn't it?

A. Yes, which is correct procedure.

Q. Yes. Do you remember the reason you gave to [Mother of Baby I]?

A. Not for this morning review, no. I know later on when the doctors were called it was in regards to her stomach.

Q. Well, you told [Mother of Baby I] that you were concerned about [Baby I]'s stomach. That's in her agreed statement.

A. Okay. At 11:00?

Q. Yes, the review.

A. Okay.

Q. Any reason why you give one reason to the mother and a different reason to the doctor?

A. No, I don't recall that. I recall it being an abdominal issue at the further review in the afternoon.

Q. Well, just so that you know where I'm going, I'm going to suggest to you that there was no further review in the afternoon. Okay? So you bear that in mind whilst I'm asking you these questions. Do you remember the evidence of Dr Ogden --

A. No.

Q. -- who was read on 26 January? Dr Ogden said if ever a concern was expressed about a swollen abdomen, the medical staff would always examine the baby.

A. Yes.

Q. Does that accord with your understanding of what the practice was at Chester?

A. Yes, but not for [Baby I]. [Baby I] had a regularly distended abdomen.

Q. My question for you to answer, please, is: Why were you telling the mother that the reason for your concern was [Baby I]'s abdomen but you didn't mention that to Dr Beebe?

A. I don't believe I did mention the abdomen at that point to [Mother of Baby I].

Q. Well, that was the agreed evidence in the statement that was read to the jury. You're disputing that?

A. Yes.

Q. Were you creating a cover for what you planned to do to [Baby I]?

A. No.

Q. [Baby I] was handling well, wasn't she?

A. Yes.

Q. And during this examination she produced a normal yellow seedy stool?

A. Yes.

Q. Quite a graphic description. Her chest was clear, is that right?

A. Yes.

Q. She was in no distress?

A. No.

Q. And Dr Beebe told you to monitor her closely?

A. Yes.

Q. Why didn't you monitor her closely?

A. I did monitor her closely.

Q. Well, let's look at the vital signs chart, please. It's in that paper bundle that you've got in front of you there at page 14715.

A. Yes.

Q. If we can scroll up a bit, Mr Murphy, so we can just remind ourselves of the time of this: 11:40. When is the first time you recorded [Baby I]'s vital signs?

A. As in a full set of observations?

Q. Yes, monitoring her closely, yes.

A. No, I -- that's taken out of context.

Q. You tell us what the context is then. Well, answer the question and then tell us what the context is. When was the first time you monitored [Baby I]'s vital signs?

A. 15:00.

Q. What's the context of monitor closely?

A. It's with regards to the temperature. At this point [Baby I] was not on a monitor and was not deemed by the doctor that she needed to go back on a monitor. So it's monitor closely her temperature and just [Baby I] in general.

Q. Alright. Let's scroll down again and look at Dr Beebe's note, please. Where does it say "monitor temperature closely"?

A. The plan above is to increase temperature of hot cot and that is why [Baby I] was being reviewed because of a temperature issue.

Q. Not according to [Mother of Baby I].

A. Okay.

Q. But that aside, where does it say "monitor temperature closely"?

A. It doesn't. She also doesn't ask me to put [Baby I] back onto a monitor.

Q. Well, some people might think, and I'm suggesting to you that you knew, that "monitor closely" meant precisely that.

A. No, I disagree.

Q. Let's go back to the feeding chart, please, which we were looking at before. It's page 14780 in the paper bundle. We've seen that [Baby I] had been an enthusiastic feeder before you came on duty.

A. Yes, she'd waken for a feed at 12:30, yes.

Q. She'd taken a bottle at 7 o'clock?

A. Yes.

Q. And she'd taken a bottle from her mum at 10 o'clock?

A. Yes.

Q. But at 1 o'clock, you were giving her milk down an NGT?

A. Yes.

Q. Do you remember where [Mother of Baby I] was at 1 o'clock?

A. No.

Q. Again, in her agreed evidence, she said that at lunchtime she would meet her family in the canteen.

A. Okay.

Q. Was [Mother of Baby I] there when you gave this nasogastric tube to [Baby I]?

A. I can't say, I don't recall.

Q. If you were giving a 35ml feed with thickener at 13:00 hours that would take, what, about 15 minutes?

A. Potentially, yes. I can't ever be specific, but yes, around that time, yes.

Q. So it would have ended, if that's right, at about quarter past 1?

A. Roughly, yes. So the feeds would not be on the exact hour necessarily, but it would have been around 13:00, yes.

Q. Can we go to tile 61, please? Keep the feeding chart open. Let's just look at what you were writing down on the nursing note, can we? This is a nursing note made at what time?

A. 13:36.

Q. Yes. What time did you give the feed?

A. 13:00.

Q. Right. And a feed which normally would have finished at about 13:15, correct?

A. Approximately, yes.

Q. Yes, obviously give or take. So it would have been fresh in your mind when you were making this nursing note a few minutes later, wouldn't it?

A. Yes.

Q. And what did you write about feeding?

A. "3x8 feeds EBM: two bottles to 1 NG tube."

Q. What does that mean?

A. That she's had two bottles to one NG feed. So usually we would give two bottles in a row and then an NG tube feed and then 2 bottles and an NG.

Q. Right. Then what does it say?

A. "Abdomen appears full and slightly distended, soft to touch. [Baby I] straining ++."

Q. And?

A. "Bowels have been opened. Mum feels it is more distended to yesterday and that [Baby I] is quiet. Appears generally pale. Not on monitor but nil increased work of breathing. Handling well and waking for feeds. Doctors asked to review. To continue with current plan."

Q. Do you remember [Mother of Baby I]'s evidence that it was you who was raising an issue about [Baby I]'s abdominal distention, not her?

A. I agree, yes, I raised concerns about her distention, yes.

Q. That wasn't the reason for calling Dr Beebe though, was it?

A. No, that was in regards to the low temperature.

Q. "Doctors asked to review", something we've seen before. What does that mean?

A. That doctors were asked to review [Baby I] and "to continue with current plan", which is what Dr Beebe advised.

Q. No, it wasn't what Dr Beebe advised at all, was it, at 11:40? Dr Beebe had advised, "Monitor closely".

A. We monitor all of our babies closely.

Q. Well, if that's true why on earth would Dr Beebe say to do something that you always do, Nurse Letby?

A. That's something to ask her.

Q. Well, you're lying about this, aren't you?

A. No.

Q. This is yet another example of you not reproducing in the nursing notes what really happened?

A. No, I don't agree.

Q. "Handling well and waking for feeds". What had you just done?

A. Fed her because she was asleep.

Q. Yes. Well, I'm obviously a bit slow. Explain that to me.

A. I'm referring to 10 o'clock. She's woken for the feed and handled well.

Q. What you're writing down is at 13:36, isn't it?

A. Yes.

Q. The feed you gave, if it started bang on 13:00 hours, had finished more or less 20 minutes before this.

A. Yes.

Q. Why did you write, "Handling well and waking for feeds" if this was a child to whom you had just given an NGT --

A. Because the feeding regime is two bottles to one NG tube, so the bottle that she was due for from me at 10 o'clock she did wake for was handling well. The plan then would have been for the 13:00 feed to be a tube feed.

Q. Can we go to tile 62? It's an addendum note made much later at 19:31. This says:

"Reviewed by doctors [again plural] at 15:00 as [Baby I] appeared mottled in colour with distended abdomen and more prominent veins. Advised to continue. Temperature within normal range with hotcot at 38 degrees. Full monitoring recommenced." I'm going to suggest to you that this is the advice or the direction Dr Beebe was giving you at 11:40, okay?

A. No, I disagree.

Q. "Full monitoring recommenced. Within normal range. Bowels opened." Then what does it say?

A. "Yellow seedy stool."

Q. Yes. Let's just go back to Dr Beebe's note at 11:40, which is tile 51. You have transposed what Dr Beebe said at 11:40 to your nursing note at 15:00 hours, haven't you?

A. Yes, I'm referring that during the shift [Baby I] has had a yellow seedy stool, yes.

Q. No, but between the yellow seedy stool at 11:40, you had already made a nursing note, haven't you, just after the feed that you gave via a nasogastric tube?

A. Yes.

Q. A note that you made at 13:35?

A. Yes.

Q. So you are cooking the notes again, aren't you, Lucy letby --

A. No, I disagree.

Q. -- to create the impression that [Baby I] was deteriorating just before the time at which the emergency happened?

A. No, she'd had a normal yellow seedy stool.

Q. Which happens to coincide with the time at which [Mother of Baby I] went to pick up her kids from school, doesn't it?

A. Yes.

Q. Yes.

(A short break)

Q. Just before the break, we've been dealing with what I suggested to you was your invention of a medical examination at 15.00, okay?

A. Yes.

Q. If we can start just by looking at the paper chart, please, behind divider 12. It's the observation chart and it's J14715. Is there any reason why the chart goes 10,11,12,13,15, first of all?

A. We don't always do temperatures every hour.

Q. But you started to do the temperatures every hour at 10 o'clock?

A. Yes. And it was on the way up.

Q. Yes, but -- actually it was on the way down from 10 o'clock, but there we are. Is there any reason why you stopped doing them at 13:00?

A. No.

Q. No reason, that's just your decision?

A. Well, I don't recall why I didn't do it.

Q. You'd been given the direction to "Monitor closely" by Doctor Beebe at 11:40, hadn't you?

A. Yes.

Q. So why didn't you do it?

A. I can't explain that.

Q. You say there was a medical examination at 15:00 hours. That's tile 65 if we can just look at your note, please. "Reviewed by doctors", plural. Which doctors, please?

A. I think it was [Dr A].

Q. [Dr A]?

A. Possibly, from memory.

Q. When you say doctor, what about the other doctor or doctors?

A. I think that's just -- doctors are referred to as doctors.

Q. I don't think you can read much into the -- whether it's one person or two, it's just how I'd write doctors.

Q. Sometimes you write SHO.

A. Yes.

Q. Sometimes you write reg or registrar.

A. Yes, as does anybody on the unit.

Q. I'm not interested in anybody else, I'm interested in why at this time you didn't attribute this examination to a specific doctor.

A. I can't explain that.

Q. Well, I'm going to suggest an explanation, because you didn't want it to be attributed in case anybody asked a question of the doctor.

A. No, I disagree.

Q. Because there is no medical note relating to this, is there?

A. No, there isn't, no.

Q. No. And the reason there is no medical note is because you have made it up.

A. No, that's not right.

Q. Well, let's run with [Dr A], your friend, for a second. We'll just hold him in abeyance for a second. You told us that the regime for [Baby I] was bottle, bottle, NGT, bottle, bottle, NGT.

A. That's what I've written there, yes. Somewhere.

Q. Let's look at the feeding charts, please. They're in the same part of this paper bundle, they're a few pages later. Let's start with page 14779, which is the day before.

A. Yes.

Q. What we see there starting at 03:00, is: bottle, bottle, NGT, bottle, bottle, NGT, bottle. Then over to the 30th, which is the day we are concerned with, the second bottle, followed by the NGT. Followed by bottle, bottle, the first of which was given by Jennifer Jones-Key, the second of which was given by [Mother of Baby I]. Then two NGTs.

A. Yes, and I've explained why.

Q. You've explained the first one.

A. At 16:00 we start all sets of cares by doing the baby's nappy. [Baby I] was not awake whilst I was doing her nappy, therefore I have written she's asleep and she's given an NGT tube feed.

Q. You didn't do the nappy, did you?

A. I don't know who -- somebody's done the nappy, I can't say if it was me or mum or whoever.

Q. How can you tell whether anyone did the nappy at 13:00?

A. There's a line through it, so I don't assume that anybody did do the nappy then and that would be the point of leaving her to rest for that selective NG feed.

Q. So what does it say at 16:00 in that column?

A. "Asleep".

Q. Yes, but to the left of that.

A. Oh: "Passed urine and bowels open."

Q. Yes. So let's get this right, [Baby I] according to Jennifer Jones-Key, opened her bowels at 7?

A. Yes.

Q. According to you, opened her bowels at 10?

A. Yes.

Q. According to Dr Lucy Beebe, opened her bowels with a yellow seedy stool at 11:40?

A. Yes.

Q. According to your note for [Dr A], did another yellow seedy stool at 15:00?

A. I don't... can you show me that, please?

Q. Yes, your nursing note. We were looking at it. This is the one where I'm suggesting you have transposed the information from Doctor Beebe's examination at 11:40 into your invented nursing note for a fictional medical examination at 15:00. Okay? It's tile 65. It's four lines down: "Bowels opened, yellow seedy stool."

A. Yes.

Q. It says, "Full monitoring recommenced". Do you remember I suggested that's what Dr Beebe told you to do at 11:40?

A. Yes.

Q. So that's what you are, we suggest lyingly, recording at 15:00.

A. I don't agree.

Q. Then at 16:00, [Baby I] opened her bowels again according to you.

A. Yes.

Q. Yes? Can we go to tile 73, please? This is the first medical note after Dr Beebe's medical note at 11:40, isn't it?

A. Yes, it is, yes.

Q. And this is your friend, [Dr A], coming to see [Baby I]?

A. Yes.

Q. No mention by [Dr A] of any previous examination that he had undertaken an hour and a half earlier, is there?

A. No, there isn't.

Q. No. Is [Dr A] a meticulous keeper of records?

A. I don't think I can comment on what [Dr A]'s practice is.

Q. Well, when he examined patients of yours, did he tend to keep a medical note if there was a concern?

A. Doctors usually do, yes, but not all the time, no.

Q. If he'd told you to put a baby on full monitoring, would you expect him to keep a note from what you knew of him?

A. If he'd instructed me to do something, yes. If he'd specifically said start a monitor, yes.

Q. That's what you have recorded, you've just looked at it in your nursing note at 15:00.

A. Yes.

Q. And that's why we suggest you are lying about the fictional examination at 15:00.

A. No, I don't agree. Just because it's not written there, that's not necessarily my error.

Q. Oh no, it's [Dr A]'s error if you're telling the truth, isn't it?

A. Yes.

Q. He has failed to mention or failed to record an examination of a child who was about to crash?

A. Yes.

Q. He was crash called at 16:30.

A. Yes.

Q. Nothing in the history there of having previously given instructions to put this child on full monitoring, is there?

A. No.

Q. No. Did you put in a Datix about his failure to record that?

A. No.

Q. Why not?

A. I wasn't looking at the medical notes at that time, that was not my concern.

Q. But you're very keen to keep the doctors up to the mark, aren't you?

A. Yes.

Q. Very keen to complain about Dr Harkness and Dr Gibbs when they'd left [Baby G] on that trolley?

A. Yes.

Q. Why didn't you complain or escalate [Dr A]'s failure?

A. I don't believe this was noted at the time. My priority was with [Baby I], not reading medical notes.

Q. That nursing note you made was much later in the day?

A. Yes.

Q. 19:31. At the end of your shift?

A. Yes.

Q. You would have had plenty of time to review what people had noted by that stage, wouldn't you?

A. Yes.

Q. Just going back to the feeding chart then, please, at 14780, which is tile 68, you force fed [Baby I], didn't you?

A. No, I did not.

Q. And that is why you gave her an NGT feed, which was out of sync with the pattern that had been previously established over 2 days?

A. No. [Baby I] did not wake for that feed therefore she was tube fed, which is standard practice.

Q. She vomited 30 minutes after you had recorded giving her that feed?

A. Yes.

Q. And up to that point she had shown no signs of there being anything significantly wrong with her, had she?

A. No. Other than the low temperature, no.

Q. You say the low temperature, but as a matter of fact, just before the vomit, if we go back to 14715 --

A. Yes, it had normalised.

Q. -- her temperature had normalised, hadn't it?

A. Yes.

Q. So all the signs had been positive and despite that fact she vomited?

A. Yes.

Q. Just like [Baby G]?

A. Yes.

Q. When you were there?

A. I don't know if I was there when she vomited.

Q. Her diaphragm was splinted wasn't it?

A. I don't recall.

Q. Well, let's look at tile 78, the radiologist's report, and go to the text, please. We can see the sausages, as Professor

Arthur's referred to them: "There is splinting of the diaphragm due to bowel distension."

A. Yes.

Q. And this was a child that had vomited as well, wasn't it?

A. Yes.

Q. So she'd actually relieved a fair bit of the pressure on her?

A. At 16:30, yes.

Q. Yes. You had pumped her with air or milk, hadn't you?

A. No.

Q. Were you excited by what you did?

A. No, I fed [Baby I] a normal tube feed.

Q. Why didn't you note the blood gas that was taken at 17:15?

A. It's not on the blood gas chart, is that what --

Q. Well, let's look at tile 75. You see the arrow? This is --

A. Yes.

Q. -- your friend --

A. Friend?

Q. Yes. one of your fellow nurses has made this note. Do you see it?

A. Okay, I wouldn't class every nurse on the unit as my friend, but...

Q. Right, okay. This is Bernie Butterworth. Is she not a friend of yours?

A. No, not outside of work, no.

Q. Nurse Butterworth noted up that 17:15 blood gas. She came on later, do you remember?

A. Yes.

Q. And she found the printout from the blood gas machine on the workstation.

A. Yes, on the clipboard. I believe it was on the end of the chart.

Q. Yes, and you hadn't noted it up, had you?

A. No.

Q. That's why she's written on there "pp..." --

A. Yes, I agree.

Q. -- "...for LL"?

A. Yes.

Q. And it comes in after her later blood gas at 21:23?

A. Yes.

Q. This wasn't a blood gas that found its way home with you, was it?

A. No.

Q. No. Why didn't you note it?

A. I can't say for definite. It's an error, but the gas was there on the baby's chart for anybody to see that needed to see it. It was not hidden.

Q. You aspirated a lot of air from [Baby I], didn't you, at this time?

A. At the time of the gas?

Q. At the time her diaphragm was splinted.

A. I don't... I don't know without looking.

Q. You don't know?

A. No.

Q. So just to remind us all, Bernadette Butterworth came onto the night shift at 19:30, is that right?

A. Yes.

Q. You handed over to her, nurse Butterworth?

A. Yes.

Q. And at the point of handover, [Baby I] desaturated again?

A. Yes.

Q. You aspirated a lot of air from [Baby I]?

A. Okay. I can't see the chart, but I agree if that's what you're saying. I can't...

Q. Well, let's deal with it.

A. She did have air, yes.

Q. Let's deal with it in your nursing note. It's tile 91, please. "At 19:30 [Baby I] became apnoeic, abdomen distended ++." Do you see that?

A. Yes.

Q. Then a couple of lines below that:
"Air ++ aspirated from NG tube and chest movement and observations improved."

A. Yes.

Q. You forced air into the NG tube of [Baby I], didn't you?

A. No, I did not.

Q. And that is the reason why a lot of air came out after she collapsed for the second time on this shift?

A. No, I do not agree.

Q. After you left for the night, [Baby I] improved, didn't she?

A. I can't say without looking now.

Q. Well, let's look at the observation chart then. It's the one we had open before, 14715. Heart rate comes down. Have you got it?

A. Yes, thank you.

Q. So heart rate comes down?

A. Yes.

Q. The temperature of the incubator comes down as well, doesn't it?

A. No, the temperature increases overnight -- oh, you mean incubator temperature comes down, yes, but [Baby I] has a high temperature, yes.

Q. That's because the incubator is so high when you've been looking after her?

A. She also had a low temperature at 20:00 hours.

Q. Yes, but you'd only just released her from your care at 20:00, hadn't you?

A. Yes.

Q. And the temperatures that we have recorded before then are all recorded by you, aren't they?

A. Yes.

Q. As soon as [Baby I]'s care is handed over to somebody else, the incubator temperature comes down?

A. No, I don't agree. At 20:00 she still had a low temperature and that is not my set of observations.

Q. Where were you at 20:00 hours, Lucy Letby?

A. I would have been on the unit.

Q. Yes. Just having handed over care to Bernie Butterworth?

A. Yes.

Q. And what time did Bernie Butterworth start?

A. Well, Bernie Butterworth was present at 19:30. When she had the episode.

Q. She was, but when did responsibility pass to Bernie Butterworth?

A. Well, from that time.

Q. Which time?

A. Once we start handover.

Q. Let's look at what she writes at tile 94, please. This mirrors many of your nursing notes, doesn't it, in form?

A. Yes.

Q. What does it say?

A. "Commenced at 20:00".

Q. Yes, so you'd just literally handed over care of this child to somebody else?

A. I don't agree. When we document things like that we're not documenting the exact moment in time that we handed over. 8 o'clock is the end of the day shift and the start of the night shift so usually that is when care would commence. Bernie was with me at 19:30 when I was doing handover.

Q. Well, let's move on to incident number two with [Baby I]. I just want to check that I understood what you said about this incident in answer to your counsel, okay? Did you tell the court that you went into Nursery 2 together with Ashleigh Hudson?

A. Yes.

Q. And at some point when you just arrived, you noticed that [Baby I] looked pale in the cot?

A. Yes.

Q. Did you say that Ashleigh was doing something on the workbench?

A. Yes.

Q. You couldn't recall whether the lights were on or off, but you knew that you could see clearly enough that [Baby I] was pale in the cot?

A. Yes.

Q. You were standing in the doorway, you say, when you noted [Baby I]'s colour?

A. Yes.

Q. Her face and her hands?

A. Yes.

Q. You said to Ashleigh that she looked pale?

A. Yes.

Q. You both went over and definitely turned up the lights?

A. Yes.

Q. And you also said to the jury that you would be able to tell if [Baby I] was pale without the lights on?

A. Yes, however the lighting was on in that nursery at that time, I could see her, yes.

Q. Did you also say that you couldn't remember much outside what the notes say?

A. For that particular episode, that's right.

Q. But you do remember saying that [Baby I] looked pale when you were standing at the doorway?

A. Yes.

Q. And you also said that Nurse Eagles came straightaway to help?

A. Yes, from my memory, Laura did attend, yes.

Q. I want to start with your defence statement, please, at paragraph 115. Do you start by saying:

"I do not recall Ashleigh Hudson asking me to look after [Baby I] when she went to assist with a cannula on 13 October"?

A. That's right.

Q. "[Baby I] was not due a feed at that time, she had been fed at 01:30"

A. Yes.

Q. Ashleigh had been on the unit since February?

A. Yes.

Q. She was quite inexperienced to be looking after [Baby I]?

A. Yes.

Q. What was it about [Baby I] that posed a specific difficulty as at the beginning of the night shift on 12 October?

A. So a baby like [Baby I] needs very close monitoring and being able to look for any changes that happen quite quickly. I also think, looking back, Ashleigh had stopped her monitoring when she should have been on a monitor still.

Q. Alright. Unlike you, who hadn't had her on a monitor even though Dr Beebe had told you to have her on a monitor?

A. I disagree that Dr Beebe told me to do that.

Q. Who had told Ashleigh to be doing monitoring when she wasn't?

A. No, it's the opposite: she wasn't doing monitoring when she should have been.

Q. Yes. I think that's what I just said, but I'll try again, see if I can improve. Who had instructed Ashleigh to do monitoring?

A. I don't understand. She wasn't monitoring [Baby I].

Q. Yes, but I thought you said that she should have been monitoring --

A. Yes. She was still on antibiotics -- well, she'd been on antibiotics, so yes.

Q. Okay. Where does the instruction come from that [Baby I] should have been monitored?

A. I can't see that anywhere.

Q. Well, it's probably just me being thick. What makes you say that there is something that means that she should have been monitored?

A. The policy is that babies remain on full monitoring for 48 hours after they've stopped antibiotics, and I think that was the case for [Baby I].

Q. Right. You seem to have a good recall of this. When had [Baby I] last been given antibiotics?

A. I'm not sure from my memory now.

Q. Right. Does it come to this then: because you think that possibly [Baby I] had been given antibiotics some time in the previous 48 hours, she should still have been on monitoring?

A. That's the protocol, yes.

Q. Yes. Let's not worry about the protocol for a moment, let's worry about what the evidence actually is. Are you saying that, according to you -- I'm not disputing this with you at the moment, but are you saying that she had been on antibiotics --

A. Yes.

Q. -- some time in the previous 48 hours?

A. I think so. That's from my memory now. I can't -- I would be welcome (sic) to check the charts, but...

Q. Well we've got plenty of time to check them, don't worry. Is that your memory from the time or is it a more recently acquired memory from reading the papers?

A. No, it's from being able to look back retrospectively at [Baby I]'s position at that time.

Q. So are you saying that Ashleigh was too inexperienced, or quite inexperienced to be looking after a child who had been on antibiotics?

A. No, I'm not referring to her being on antibiotics. [Baby I] herself was a baby that needed very close monitoring.

Q. When had she started needing this very close monitoring?

A. All babies need close monitoring and [Baby I] was in Nursery 2, the high dependency room.

Q. Yes, but as we've heard many times, and you have reminded me this morning, the precise location of a baby isn't necessarily determinative of the level of care required.

A. No, I agree, but [Baby I] is still a baby that required close monitoring.

Q. And what does that monitoring include?

A. Visually looking at [Baby I] and assessing her for any changes or any change in her behaviour.

Q. Anything else?

A. No.

Q. So looking at the baby, that's what's required?

A. In part, yes, and seeing how the baby behaves, how the babies tolerating feeds, if they're waking appropriately.

Q. Yes. Well, what default, what mistake are you identifying that Ashleigh made here?

A. I'm not saying Ashleigh made a mistake, I'm saying retrospectively when I looked at the notes she should have been on a monitor and maybe that would have alerted us to her change sooner.

Q. The easiest way to cut to the quick on this may be to look at the charts in divider 12, please. If you go to the second section behind divider 12, and it should begin with page J14719. Here we see the observation chart, don't we?

A. For 9 October, mine is.

Q. It begins on the 9th but it then runs to the 10th.

A. Yes.

Q. Then to the 11th, then to the 12th, and then to the 13th, actually, at 01:30 in that far right-hand column.

A. Yes.

Q. We see that monitoring for [Baby I] terminated -- or the last time before this incident that there been any monitoring was at 21:25 on 10 October.

A. Yes.

Q. Therefore, there had been a very clear 48 hours between the end of the monitoring of [Baby I] and this incident, so even if monitoring was ended at the point that antibiotics were ended, there had been a good 48 hours between that and this event.

A. If this is correct, then yes.

Q. Yes. Well, have you got any reason to doubt the information in this document?

A. No.

Q. No. If you turn over, the next few entries have been completed by you, haven't they?

A. Yes.

Q. Well, you mentioned feeding. So [Baby I] had been receiving bottles, the next due feed is just over the page at 14790.

A. Yes.

Q. And that was given via bottle, wasn't it?

A. Yes.

Q. By Ashleigh Hudson?

A. It's not signed, but I'm assuming Ashleigh, yes.

Q. She was certainly the designated nurse?

A. Yes.

Q. So now we've established what the position actually was with feeds and with monitoring, why was Ashleigh too inexperienced to be looking after [Baby I]?

A. I don't think Ashleigh had a lot of experience in recognising changes in babies potentially.

Q. You don't think she had experience in recognising changes in babies potentially?

A. Yes.

Q. What does -- it may be me again but what does that mean?

A. I think the more experience you have, the more attuned you are to noticing any behaviour changes, colour changes, anything with the baby.

Q. Alright. Well, let's just go back to your defence statement, please, to paragraph 117. There you say:

"I think that Ashleigh and I both went into Nursery 2 at the same time, although I cannot remember why."

A. Yes.

Q. Having reviewed all the documents in the case, have you found a reason why you would have needed to have been in Nursery 2?

A. No.

Q. I will come back to this:

"The room was not in complete darkness, no nursery would be. The lights would have been dim and we turned the lights up. I think we both walked into the nursery together." So were you saying there that you put the lights on before you went into the nursery?

A. Yes, my memory is that the lights were on a dimmer switch and we turned those lights up when we entered.

Q. So before you saw [Baby I]?

A. That was -- yes, at the time, yes.

Q. That's what you're saying in the defence statement, isn't it?

A. Yes.

Q. We'll come to the differences and how they can be explained in due course:

"I don't think I was at the door talking with Ashleigh."

A. No, that's right.

Q. Well, is that your case now or was it then or have you changed your mind?

A. No, I believe Ashleigh's evidence was I was stood in the doorway when she arrived and I don't think that's the case. I think we both went in together.

Q. "I thought [Baby I] looked pale. When I went over to the cot I could see that she was white and gasping for air." Is that accurate?

A. Yes.

Q. "We pulled everything off her, took the Neopuff and called for the doctor to come from Nursery 1".

A. Yes.

Q. "I assisted with the resuscitation."

A. Yes.

Q. Then finally:

"The apnoea alarm hadn't gone off but the alarm would only go off if there had been no movement for 20 seconds, and [Baby I] was gasping and therefore moving."

A. Yes.

Q. So that's a summary, first, of your evidence, then of the defence statement, and I'll ask you the questions I always ask you now. Are you saying that staffing levels caused or contributed to the life-threatening desaturation suffered by [Baby I] on 13 October?

A. No, I'm not, no.

Q. Are you saying that medical doctors' incompetence contributed to her desaturation?

A. No.

Q. Are you saying nursing incompetence contributed?

A. No.

Q. Are you saying anybody made a mistake in the lead-up to [Baby I]'s desaturation on 13 October?

A. No.

Q. Can we go to the population distribution, please, at tile 31 of [Baby I] 2. We can see, can't we, that you had a child AM in Nursery 1?

A. Yes.

Q. Laura Eagles had the other two children?

A. Yes.

Q. Ashleigh Hudson had all three in Nursery 2, who included [Baby I] and [Baby G]?

A. That's right.

Q. Your friend Janet Cox had two in Nursery 3?

A. Yes.

Q. And one in Nursery 4?

A. Yes.

Q. Do you remember Ashleigh giving evidence on 27 January?

A. Yes.

Q. Do you dispute what she said, that [Baby I] was prospering?

A. As in she was doing well at that time?

Q. Yes, she was doing well.

A. No, I agree with that, yes.

Q. You've seen the chart now. Do you dispute that monitoring had been scaled right back for [Baby I]?

A. Yes -- I mean, yes, it had, yes.

Q. And as we have seen, the probe or the monitor, whether it's a Masimo or Phillips, had been removed from the beginning of the morning shift on 11 October?

A. Yes.

Q. And that is a good sign, isn't it?

A. Yes.

Q. The feeding chart that we just looked at in hard copy, which is page 14790, shows us at 01:30 hours, in other words a short time before she collapsed, an hour and 50 minutes before she collapsed, [Baby I] had a full bottle?

A. Yes.

Q. She was breathing for herself in air?

A. Yes.

Q. And, we know from other evidence, was demanding feeds?

A. Yes.

Q. And that is all a good sign as well, isn't it?

A. It is, yes.

Q. Do you accept what Ashleigh Hudson said about having left Nursery 2 to help Laura Eagles in Nursery 1?

A. I have no memory of that, so I can't comment on whether Ashleigh did or didn't do that.

Q. Well, whether or not you want to comment on it, do you dispute it?

A. I have no memory, so I can't say whether that happened or not. I was not part of that.

Q. Alright. Well, you see, she said that she asked somebody to look after or keep an eye out in Nursery 2.

A. Yes.

Q. Presumably, you will say you just don't remember?

A. That she asked me to look after [Baby I]?

Q. Well, asked anybody to start with.

A. I can't recall specifically, no.

Q. No. It would be extraordinary, wouldn't it, if given that she had three --all three children in nursery 2, if she didn't ask somebody to keep an eye out?

A. Yes.

Q. Yes. She was coming into Nursery 1, wasn't she, to help Laura Eagles?

A. That's her evidence, yes.

Q. Yes. Laura Eagles was also helping with the other job that needed to be done?

A. Yes, from Ashleigh's statement, yes.

Q. Well, from her evidence as well?

A. Yes.

Q. Did you swap with Ashleigh as she came in and you went out?

A. I don't recall assisting with a cannulation process, no.

Q. Well, you wouldn't need three nurses to assist with a cannulation, would you?

A. Depending -- I can't say that you definitely wouldn't, but two nurses should be enough, yes.

Q. So it would make sense for you to have been the nurse that left Nursery 1 to fill in for Ashleigh?

A. I can't comment. I myself had a baby in Nursery 1. There was also Caroline Oakley available on the unit. I can't say which one of us was asked to look after Nursery 2.

Q. It's just that when you were being asked -- you say you can't remember now, but when you were being asked by your counsel about this, you said you were not the person who was asked to fill in for Ashleigh in Nursery 2.

A. No, I don't believe I was.

Q. How can you say that if you can't remember?

A. Because I think I would know if somebody directly handed over care to me of three other babies in a different nursery.

Q. And how would you know?

A. I would remember that, and I would have done more work with the babies and I would have had to have handed over my baby in Nursery 1.

Q. Alright. Each time you cover for each other, you have a formal handover, do you?

A. No.

Q. Well, what would we expect to see in the records of three children in Nursery 2 that we fail to see? What would we expect to see if their care had been handed over to you?

A. Only if anything was done at that point of needing to be handed over.

Q. We can see what you are doing though, can't we, from the neonatal review? If we go to [Baby I] 2, page 3 of 7, please. Just go from line 44 down, please, Mr Murphy. There we see at 46 and 47 the observations and feed that were carried out with [Baby I] by Ashleigh Hudson at 01:30, don't we?

A. Yes.

Q. You can confirm from the paper in front of you the last thing that you're recorded as doing before that is at line 36 at 01:05?

A. Yes.

Q. And the next thing after [Baby I] was fed is at 02:00 for "AM" when you took AM's observations?

A. Yes.

Q. Those of us that have the paper can confirm that AM was your child in Nursery 1?

A. Yes.

Q. Who, we infer, was on hourly observations from what we see in lines 65 and 66, is that right?

A. Yes.

Q. If we turn over to 67 and 68, we see that as well as the observations at 03:00 hours, there you are with Laura Eagles administering some medication to AM?

A. Yes.

Q. So it follows, doesn't it, that so far as the children, the other children in nursery 2 were concerned, there's no record of you doing anything in that time?

A. No.

Q. And so far as other people are concerned, we've got JF and [Baby G]. We see that JF was being given medication by Dr Clegg at lines 48 and 49, and by Ashleigh Hudson and Caroline Oakley at 59 and 60.

A. Yes.

Q. Together with Dr Neames notes at 3:00am and some observations taken by Ashleigh Hudson, also at 3:00am, is that right?

A. Yes.

Q. It looks from all that information, doesn't it, having sorted out the child JF or sorted out the observations at line 62 at 03:00 hours, Ashleigh Hudson then went to Nursery 1?

A. Yes.

Q. And you were doing nothing else at this time, were you, other than at the same time, the medication with Laura Eagles for your child, AM?

A. Yes.

Q. And that's why I'm suggesting it makes perfect sense for you to have swapped with Ashleigh.

A. Well, I don't recall that happening.

Q. She said, Ashleigh Hudson, that when she returned with milk for one of her children, she was preparing it and you were standing in the doorway. Do you remember that?

A. Yes.

Q. And it was at that point that you said, "Don't you think [Baby I] looks pale?"

A. Yes.

Q. How long after arriving did you notice that [Baby I] was pale?

A. I can't put a definitive time, but it was very quickly.

Q. No one's going to hold you to the second, but give us an estimate, please.

A. From my memory, we had just arrived at the nursery when I looked across and noticed.

Q. Were you helping her with the milk?

A. Not from my memory, no.

Q. You wouldn't need to, she wasn't that inexperienced, was she?

A. No.

Q. If you weren't the person that had swapped with Ashleigh into Nursery 2, what on earth were you doing going into Nursery 2 with Ashleigh?

A. I don't think there's anything sinister in that. At night we talk to each other, we go round the unit to different nurseries. That's not an unusual thing to happen.

Q. No, but the unusual thing is that, yet again, when a child collapses, you are the person that is there.

A. I don't agree that I was looking after [Baby I] at that point.

Q. The lights were off, weren't they?

A. I can't say.

Q. Has your memory improved since you were interviewed?

A. No.

Q. Can we go to [Baby I]'s police interviews, please. I want to start with the very first interview, which was 4 July 2018. Towards the bottom of the page you had told the police that following [Baby I]'s collapse, you had taken over her care.

A. Yes.

Q. The police asked you why that was and you said:
"Because staff nurse Hudson was a junior band 5 that couldn't care for intensive care patients, which [Baby I] had then become." Alright?

A. Yes.

Q. Then they're referring, the police, to notes, which we'll come to, but they say this:
"In your notes you've put 'noted to be pale'. Can you elaborate at all on that? Can you expand any observations at all?" And what is your response, please?

A. I said, "Some of it, when we went into the Nursery put the light on -- the lights aren't on in the nursery at night and we put the lights on for something and I noticed -- I looked over at [Baby I] and I noticed that she was pale in colour in the cot."

Q. Right. This is not what you said to the jury, is it?

A. I cannot definitively say what was happening with the lights, no. This is my memory at that time.

Q. No, but there's a fundamental point here, isn't there? Time and time again, witnesses have been asked about whether lights are on or off and what you are saying to the police here, not because they are leading you into it, when they asked you about the lighting in Nursery 2, you are telling them that the lights are off, aren't you?

A. Yes. And that's how I believed it to be, that we went to the nursery and put the lights on.

Q. But why have you repeatedly told the jury that the lights are never off?

A. So the lights are never off completely, the lights are on a dimmer switch and there's still enough light from the unit to illuminate the nursery.

Q. Why don't you say "turn up the dimmer switch" then instead of "put the light on"?

A. I don't know. There is no switch to flick the light on. It's on a dimmer so that's the only way you can put the light on.

Q. Page 29, please, which is the third interview on 11 June 2019. At the bottom there, there's a six line statement by one of the police officers that you agree with.

A. Yes.

Q. They repeat to you what you had said in your previous interview and say:

"With reference to you commenting that [Baby I] was pale, you said, 'When we went into the nursery, put the light on -- the lights aren't on in the nursery at night, and we put the lights on for something and I noticed'..." And you say "yes". Why don't you tell them about the dimmer switch and the lights being down low there?

A. I don't know.

Q. They repeat that over the page on page 30. And yet again you confirm?

A. Yes.

Q. Are you trying to massage the evidence to make it a bit better for yourself by saying the lights were on low?

A. No.

Q. So if the lights were off, where did you just come from into that nursery, into the doorway of that nursery?

A. I don't know.

Q. Well, from the corridor perhaps?

A. I can't say.

Q. Well, I'm sorry, but how do you get physically to the doorway of Nursery 2?

A. I could have come from the corridor straight ahead from nursery 1, or I could have come from the lower half of the nursery by 3 and 4, or from the nurses station.

Q. Whether you come from the nursing station, from a different nursery or you're just in the corridor, you've always got to go via the corridor, haven't you?

A. Yes.

Q. Are the lights on in the corridor?

A. Yes.

Q. If you go from a light corridor into a dark nursery, does that make your eyesight really good?

A. I don't understand.

Q. Oh, I think you do. What effect does coming from a bright corridor into a very dim nursery have on your eyesight?

A. I don't know.

Q. You really don't know?

A. No.

Q. You are a nurse. Everybody knows, don't they? If you go from bright into dark, what effect does that have on your capacity to see in the dark?

A. It would depend on the brightness of the light, but, yes, you wouldn't be able to see as well.

Q. No. And yet you noticed it straightaway?

A. Yes.

Q. And the reason for that, is because you had caused what it was you were purporting to notice, isn't it?

A. No.

Q. I'm going to show you a picture that Ashleigh Hudson annotated. It's covered by agreed fact 51. The reference is J25368. Do you agree that that is an accurate representation of the view?

A. No.

Q. No? In what respect is it inaccurate?

A. There would be more light -- the room would be lighter and the cot would potentially be nearer to the workbench.

Q. Would potentially be nearer to the workbench? Well, all sorts of things are potential. The cot potentially could be upside down. Where are you saying it was?

A. I think it was nearer to the workbench than that.

Q. What is the purpose of that tent-like structure over the cot?

A. To minimise bright light to the baby.

Q. How big are the hands of a child of [Baby I]'s age?

A. Small.

Q. Tiny, aren't they?

A. Yes.

Q. Her head is small as well, isn't it?

A. Yes.

Q. And she was covered with a babygro?

A. Yes.

Q. There was almost nothing to see, was there?

A. No, just her hands and her face.

Q. Which would have been covered by that tent-like structure?

A. Not entirely, no.

Q. Ashleigh Hudson was right, wasn't she, when she said you can't see anything from that doorway?

A. No.

Q. Do you remember what you said to the police when they asked you about this?

A. No.

Q. Let's go to the third of your interviews, this is the interview on 11 June 2019. This is the officer speaking to you: "How could you see from the doorway that [Baby I] was pale, without having the light on, Lucy? How did you know she was pale?" And you said what?

A. "Maybe I spotted something that Ashleigh wasn't able to spot. The rooms are never that dark that you would not be able to see the baby at all. There's always a level of light for that reason."

Q. You don't have better eyesight than Ashleigh, do you?

A. No.

Q. At page 35, over the page, you were putting all this down to your greater experience, is that right?

A. No.

Q. Well, the question is, how would you be able to spot the colouring then that Ashleigh couldn't if you were both stood at the same place? And your answer?

A. That I had more experience so I knew what I was looking for or looking at...

Q. Knew what you were looking for. What did you mean by that?

(Pause)

Q. Your answer, you explain it.

A. Yeah, I don't mean it like that. I'm finding it quite hard to concentrate on all of the dates at the minute.

Justice Goss: Right. well, we would do about another half an hour this afternoon, but having observed the witness and given that it's been a long day for her in the witness box, I'll stop the proceedings this afternoon and we will resume on Tuesday morning at 10:30, please.

(The court was adjourned)

Friday 2nd June 2023:

It has been, I think, eight days since you were last sitting there. In those days have you thought of anything that you have said so far that you would like to alter or review?

A. No.

Q. I would like to move on, if we may, to the third incident involving [Baby I]. Alright?

A. Yes.

Q. This happened towards the end of the night shift on 13th into 14 October 2015. Alright?

A. Okay.

Q. Have you got your defence statement there? I think it's just there under the iPad. You deal with [Baby I] at page 14. You can see that at paragraph 113 you deal with 30 September. At

paragraph 115 on page 15 you deal with the incident that we have just dealt with, which is what happened in Nursery 2 in the early hours of 13 October. With me so far?

A. Yes.

Q. And you don't mention at all -- before you get to -- at paragraph 119, which is [Baby I]'s final collapse and death, you don't mention at all the incident on 14 October.

A. No.

Q. When you were asked questions by your counsel on 15 May you said that you had no recollection of what happened on this shift or of [Baby I]'s desaturation, do you remember saying that?

A. Yes.

Q. Was that the truth?

A. Yes.

Q. Is it your case that the staffing levels on this shift caused or contributed to the life-threatening desaturation suffered by [Baby I] on 14 October?

A. No.

Q. Is it your case that medical competence or incompetence contributed in any way?

A. No.

Q. Is it your case that anybody's mistakes made a contribution to [Baby I]'s desaturation?

A. No.

Q. If we go to the [Baby I] sequence, please, Mr Murphy, it's sequence number 3, and could we go to tile 7. Click on that, please. This gives us the layout, doesn't it? Can you see that?

A. Yes.

Q. You see that you were one-to-one with [Baby I]?

A. Yes.

Q. Joanne Williams, with two other children, that were also in Nursery 1?

A. Yes.

Q. Nursery 2, Laura Eagles looking after two, who included [Baby G]?

A. Yes.

Q. Janet Cox in Nursery 4 with a single child?

A. Yes.

Q. And then some other babies whose location cannot be confirmed?

A. Yes.

Q. Should we take it though, that given that Janet Cox was looking after three of those other babies, they are likely to have been either in Nursery 3 or Nursery 4?

A. Yes.

Q. Okay. If we go to tile 46, please. This concerns an examination by Dr Neame very early in the shift at 22:05.

A. Yes.

Q. It shows that [Baby I] was stable, pink, settled and had good chest movement, albeit she was on a ventilator. Do you remember that?

A. I don't remember the shift specifically, but yes, I agree that's written there, yes.

Q. Yes. Well, you've heard the evidence relating to all this, haven't you?

A. Yes.

Q. Do you agree that by 1 o'clock the following morning on 14 October, [Baby I] was improving?

A. I'd have to review the notes again. I can't say from my memory.

Q. We'll look at your note then at tile 60, please. We can see at the top -- this is a note you made towards the beginning of the shift, is that right?

A. Yes.

Q. If we scroll down, please, do we see a note that you made at the end of the shift at 08:43?

A. Yes.

Q. We can see that you have recorded the fact that the blood gas at 01:00, which is why I've selected that time, was good?

A. Yes.

Q. No changes had been made to the ventilator?

A. No.

Q. Temperature elevated, incubator temperature reduced, is that right?

A. Yes.

Q. And other signs were good at that stage, would you agree?

A. Yes.

Q. So, for example:

"[Baby I] tolerating handling better. Tone appears improved. Remains pale. Abdomen distended but soft. Nil obtained from the NG tube"?

A. Yes.

Q. And you have then made a note, haven't you, of events at 05:00 hours?

A. Yes.

Q. Just tell us what you have noted there.

A. "At 05:00, abdomen noted be more distended and firmer in appearance with area of discolouration spreading on right-hand side. Veins more prominent. Oxygen requirement began to increase, colour became pale. Reviewed by Reg Neame. Ventilation increased to CMV, rate 70, 30/60, gradually requiring 100% oxygen. Blood gases poor as charted. Clear air entry, slightly reduced on left. Chest movement reduced. Nil obtained from NG tube throughout. Continued to decline. Re-intubated at approximately 07:00. Initially responded well. Consultant Jayaram aware and on way to unit. Abdomen firm and distended. Overall colour pale. X-rays carried out. Resuscitation commenced as documented in medical notes. Night and day staff members present. Drugs as documented given via peripheral line. Ciprofloxacin stopped to allow access therefore only half dose

completed. Morphine increased to 40 micrograms per kilogram per hour. And dobutamine increased to 20 micrograms per kilo per hour. [Baby I] placed back onto ventilator and care handed over to Staff Nurse Tomlins."

Q. Please describe for us the discolouration that you saw?

A. I can't recall that from my memory now.

Q. But it was moving discolouration?

A. No, I don't believe it was moving.

Q. Well, what does the word "spreading" mean?

A. That the area was getting bigger, not that it was actively moving. The discolouration was becoming bigger.

Q. So do you remember it?

A. No, but that's how I read my own note to be.

Q. Where did you get the time of 5 o'clock from?

A. I don't know.

Q. Had you ever seen this sort of spreading discolouration before?

A. I can't comment because I don't remember it right now.

Q. Don't or won't?

A. No, I don't remember it.

Q. Where did you get the time of 5 o'clock from?

A. I don't know. I don't know if it's from the paper charts, I'm not sure from my memory.

Q. Well, I'm going to suggest to you that if you really had seen this at 05.00 hours, as you have recorded, you would have escalated it straightaway. Do you agree with that or not?

A. I can't comment on what time the doctor did come. It does say I've asked for a review. I'm not sure without looking at the notes when that happened.

Q. What had happened about 24 hours earlier?

A. I don't know what you mean, sorry. With [Baby I]?

Q. I think you know who I'm talking about, don't you?

A. I don't understand the question that you're asking me.

Q. What had happened to [Baby I] about 24 hours earlier?

A. She'd been found in the cot.

Q. In what state?

A. Apnoeic.

Q. Oh, come on. She wasn't apnoeic --

A. Gaspng.

Q. Almost dead. Do you agree?

A. Yes.

Q. Yes. So this child, who had been almost dead 24 hours earlier, according to your note, has now got a more distended and firm abdomen. Is that a positive or a negative sign?

A. Negative.

Q. She has discolouration which is spreading on her right-hand side. Is that a positive or negative sign?

A. Negative.

Q. So what would you have done if what you wrote was true?

A. I would have escalated it to somebody, either a senior nurse or a doctor.

Q. But we know what time Dr Neame attended, don't we?

A. No, I don't know from my memory, now.

Q. Let's go to tile 79: "Asked to see patient re increased requirement for oxygen..." Is that right?

A. Yes.

Q. " and decreased saturations"?

A. Yes.

Q. Where is there mention to the doctor of discolouration?

A. I can't see that there until further down into the text.

Q. Well, where do you see it?

A. "Abdomen distended and mottled."

Q. Any evidence of moving discoloration?

A. No.

Q. Whose responsibility was it to communicate to Dr Neame the issue that you have recorded in your notes as having occurred at 5 o'clock?

A. Mine.

Q. You didn't communicate it, did you?

A. I can't say specifically what time I asked Dr Neame to come. He obviously has come at 5:55, yes.

Q. Is what you have recorded in your nursing note a serious event?

A. It's showing a decline, yes.

Q. Oh, but let's look at the context of this decline. A child that had almost died 24 hours earlier, correct?

A. Yes.

Q. "Abdomen distended and firmer. Area of discoloration spreading on right-hand side. Veins more prominent. Oxygen requirement beginning to increase. Colour became pale." All your note?

A. Yes.

Q. This would have been an emergency, wouldn't it, if what you wrote was true?

A. I don't believe it was an emergency. It was showing a decline, yes, and I'm not sure who I escalated it to and when.

Q. This is another example, isn't it, Lucy Letby, of you writing a nursing note that creates the impression of a more gradual decline than in fact really happened?

A. No, I don't agree.

Q. You sabotaged [Baby I] at about 6 o'clock, didn't you?

A. No.

Q. I'm going to suggest to you that Dr Neame was called at about 5:50, okay?

A. Okay.

Q. If we go to page 78, I'll show you the reason why and you can comment. If we go back to tile 78, please. There we can see in the third column of infusions, an infusion of morphine sulphate being given to [Baby I] at about 5:50, prescribed by Dr Neame --

A. Yes.

Q. -- with your signature underneath.

A. Yes.

Q. And this goes with his note, doesn't it, that I've just shown you?

A. Yes.

Q. And this is the time he arrived, isn't it?

A. From that, I can't say what time he prescribed it, but yes, the infusion was commenced at 5:50, so it would have been prescribed prior to that, yes.

Q. Yes. Go back to tile 76, we see your initials, don't we, at 01:00 hours down to 07:00?

A. Yes.

Q. We also see under the 5 o'clock column your handwriting, don't we --

A. Yes.

Q. -- in that large left-hand column? Does it read "metronidazole"?

A. Yes.

Q. Does it also read:
"05.30, abdo distended ++"?

A. Yes.

Q. Why is there such a difference between your nursing note and what you have written in handwriting there?

A. The nursing note was reflecting a period from 5 o'clock when her observations started to change.

Q. What was it about her observations that started to change at 5 o'clock?

A. She was needing an increase in oxygen and her abdomen was obviously becoming distended at about 05:30.

Q. Where do we see the increase in oxygen on this document?

A. On the chart there she's gone from 60% to, between 5 and 6, 100%

Q. Where is that, sorry?

A. It's on the left-hand column where the two ticks are.

Q. Where it goes to 100%?

A. Yes.

Q. Which column is that in?

A. 6 o'clock.

Q. Yes, not the 5 o'clock column, is it?

A. No. But by 6 o'clock, that was her oxygen requirement.

Q. Can you see -- just where the cursor is now, do you see it, where it's pointing to a 60?

A. Yes.

Q. Can you see that you have written in something above that?

A. "Squeaky" yes.

Q. Yes. What does "squeaky" mean?

A. Air entry, so the ticks there are for left and right-sided chest movement and air entry and I've said it's squeaky and that's led me to then do a suction.

Q. What does squeaky mean?

A. Squeaky means you haven't got -- when doctors and nurses write "clear entry", you don't hear anything, but to hear a squeak, means you're not getting full lung expansion.

Q. Let's look at that then. At 5 o'clock, according to you, you've got a child who was almost dead 24 hours earlier, correct?

A. Yes.

Q. A child whose abdomen has expanded and is becoming harder, yes?

A. Yes, at 05.30, yes.

Q. 5 o'clock according to your nursing note, but okay, 5:30 here. A child with moving discolouration or spreading discolouration, yes?

A. Yes.

Q. Who's on a ventilator and has got squeaky air entry?

A. Yes.

Q. And you didn't escalate it?

A. Squeaky air entry is not an emergency. The next thing we were going to do is suction, which is what I've gone on to do. We wouldn't be putting out an emergency call for a squeaky air entry.

Q. But we're not restricting ourselves to a squeaky air entry on what you have recorded, are we?

A. No.

Q. We've got an expanding hardening abdomen and expanding discolouration.

A. Yes. I can't say now at what time I've bleeped the doctors, I don't know, or who I escalated it to.

Q. "Asked to see patient" isn't a very urgent request, is it? It's not crash called or bleeped.

A. It's a bleep, yes, because there's no other way of asking a doctor to review them. I don't think that warranted a crash call, no.

Q. Just think about that: are you seriously suggesting that other than a bleep there is no way to ask a doctor a question or to review a patient?

A. Unless they're on the unit.

Q. Well, let's think back to [Baby E] and your evidence about [Baby E], the mucky aspirate.

A. Yes.

Q. What did you tell the jury was the way of communicating with the doctor on that occasion?

A. Telephone.

Q. Yes.

A. But the telephone comes from a bleep. I can't -- the only way a nurse can speak to a doctor is by bleeping them first. There's no way I can just pick up the phone and say, "Can I speak to..." It has to go through the bleep system.

Q. Why don't you mention the discolouration on this manuscript note?

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

Q. You took the word "squeaky" from Dr Neame's note at 5.55, didn't you?

A. I don't agree, no.

Q. Let's look at his note. Go back to his note, please, Mr Murphy, it's tile 79:

"On my arrival Neopuffing. Some chest wall movement. Positive capnograph change. Equal air entry. Some squeaky sounds.

A. Yes.

Q. So like you copied Dr Beebe's note in relation to 30 September, from an examination at 11:40, here you have done the same, haven't you?

A. No, I disagree.

Q. Do you remember Dr Neame saying that the mottling he saw, that he has recorded there, "Abdomen distended and mottled", was unusual?

A. Yes.

Q. Did you see anything unusual?

A. I can't recall specifically.

Q. Go to tile 85 and go to the report of Dr Wright, please. Do you see that there Dr Wright has recorded the fact that the degree of gaseous distension of the bowel has increased since the previous image of 13 October?

A. Yes.

Q. [Baby I] had been on a ventilator since then, hadn't she?

A. Yes.

Q. And the tube goes directly into the lungs, so it doesn't go into the stomach or via the stomach into the bowel, does it?

A. No.

Q. That's because you had injected [Baby I] with air, isn't it?

A. No.

Q. [Baby I] had been nil by mouth, hadn't she?

A. Yes.

Q. By the end of your shift, if we go to tile 129, everything had been decompressed, hadn't it? It says:
"No significant change in the degree of bowel distension since the previous image earlier in the day."

A. Yes.

Q. You had inflated [Baby I] with air, hadn't you, Lucy Letby?

A. No.

Q. [Baby I] collapsed again at 7 o'clock, didn't she?

A. Yes.

Q. This is one of those cases when air was going in and out of her, but she was not oxygenating, do you remember that?

A. Yes.

Q. If we see your note, it's at tile 105, please. Just to remind you, we've got that final paragraph and just above it, it says, about three lines up:

"Re-intubated at approximately 7 o'clock." Have you got that?

A. Yes.

Q. And by this stage, "Abdomen firm and distended"?

A. Yes.

Q. That is because you were sabotaging her, isn't it?

A. No.

Q. Look at tile 130, please. You record the resuscitation with both the night staff and the day staff present, is that right?

A. Yes.

Q. The drugs being given to [Baby I]?

A. Yes.

Q. And the fact that care was handed over to Shelley Tomlins?

A. Yes.

Q. And none of that you now remember?

A. Not with clear detail, no.

Q. Well, let's move on to [Baby I]'s death and the night shift of the 22nd to 23 October. Let's just remind you and remind the jury of what happened to [Baby I] after the collapse we've just dealt with. Between 15 October and the 17th she was taken to Arrowe Park, do you remember that evidence?

A. Yes.

Q. On 17 October she was returned to Chester and she made good progress thereafter, and I'm going to take up the chronology on the night shift of the 21st into the 22nd, alright?

A. Yes.

Q. So in other words 24 hours before she died. Do you accept the evidence of Ashleigh Hudson that on that night shift, the 21st to the 22nd, [Baby I] was easy to settle?

A. Yes.

Q. Do you accept that [Baby I]'s observations were stable, with the slight exception of a single raised respiration reading at 22:00 hours on that shift?

A. I can't say that now without seeing the chart. I can't remember all of the observations, sorry.

Q. Alright. If you want to look at it, by all means. If you look in jury bundle number two, here we have [Baby I]'s observations for the 20th, the 21st and the 22nd -- or the morning of the 22nd, do you see that?

A. Yes.

Q. So this covers the night shift of the 21st into 22 October, which is what I'm asking you about at the moment.

A. Yes.

Q. Just to remind you, to put that into context, this is 24 hours before [Baby I]'s death.

A. Yes.

Q. Okay. The suggestion I was making to you, and inviting you to confirm, was that [Baby I]'s observations were stable on that shift, with the slight exception of a single raised respiration reading at 22:00 hours.

A. Yes.

Q. So we're agreed about that?

A. Yes.

Q. Ashleigh Hudson told us that [Baby I] was being kept in Nursery 1 as a precaution, but she wasn't an ITU baby: do you agree with that?

A. Yes.

Q. Do you agree from this chart that she was self-ventilating in air and that her saturations were optimal?

A. Yes.

Q. Do you agree that she had a non-distended abdomen?

A. Again, I can't say from looking at any of this, but if that's what they stated then, yes.

Q. Just to satisfy you that I'm not misleading you, if we go to [Baby I] 4, please, and T9. We can go back to the original behind this if you want to, but if you look about five lines up from the bottom of the page it says that:

"[The] tube was on free drainage, [there were] minimal aspirates, clear fluid, abdomen soft and non-distended."

A. Yes.

Q. Have you got that?

A. Yes, thank you.

Q. So that was the position on the night shift according to Ashleigh Hudson.

A. Yes.

Q. Caroline Oakley took over at 8am, or thereabouts, on 22 October. Her evidence was read to the jury by agreement. She told the jury that [Baby I] was alert, that her abdomen was soft and non-distended, that there were minimal aspirates from the NGT. If we go to tile 23, please, we can see part of her note: [Baby I] had been out for cuddles.

A. Yes.

Q. So would you agree that despite three life-threatening situations in the preceding 3 weeks, [Baby I] appears to have been in good condition at that time on the day shift of 22 October?

A. Yes.

Q. So we come to the night shift on which she died. I'd like to start, please, with tile 47. Do we see there that Ashleigh Hudson, again, was looking after [Baby I] together with another child in Nursery 1?

A. Yes.

Q. That Valerie Thomas had a couple of children in transitional care?

A. Yes.

Q. And you had two children. One was HS --

A. Yes.

Q. -- in Nursery 2. The other a baby in Nursery 3, MC?

A. Yes.

Q. Finally, do we see that Christopher Booth, the band 6, had [Baby G] also in Nursery 3?

A. Yes.

Q. Just to remind you, HS was a child who went to Stoke Hospital that evening.

A. Right.

Q. Do you remember the child that I'm talking about?

A. Not with any clarity, no.

Q. Alright. He'd come from Stoke and he went back to Stoke during this shift.

A. Right.

Q. We will come to that in a moment. But first of all, I'd like to ask you the questions that I've asked you in relation to each of these incidents. Are you suggesting that the staffing levels caused or contributed to the death on this occasion of [Baby I]?

A. I think potentially there were staffing issues that may have affected her. I don't know how but the staffing was not ideal.

Q. Right. I will guess a reason that you are saying that as being you don't think Ashleigh Hudson was up to the job.

A. No, it was medical.

Q. Alright. What was the staffing medical issue?

A. That the doctor had to be called away to another delivery on the labour suite and left [Baby I]. And also Doctor Gibbs took her off ventilator, went home, and within half an hour had to come back again.

Q. We'll come to that. Is this Dr Chang that you're talking about?

A. Yes and Doctor Gibbs, yes.

Q. Dr Gibbs and Dr Chang. We'll come back to that. So far as the nursing staff were concerned, is there any issue here on what we can see on the screen with care?

A. No.

Q. So the medical issue, the doctor issue, you say was that Dr Chang was called away, is that it?

A. Yes, I think considering what [Baby I] had been through, as you've just been saying, she was a poorly baby, the doctors weren't with her at all times, no.

Q. So a child who had been very well for the proceeding two shifts you're suggesting, what, should have had a doctor there throughout?

A. Once she deteriorated, yes.

Q. What about Ashleigh Hudson? Do you accept that she was competent to look after [Baby I] on this shift?

A. Yes. At this time she wasn't needing any specialised care.

Q. You didn't like being in Nursery 3, though, did you?

A. No, I disagree.

Q. Were you jealous that Ashleigh was in Nursery 1 when you were in Nursery 3?

A. No, I have nothing to be jealous of.

Q. Can we look at paragraph 116 of your defence statement, please. What does it say?

A. "Ashleigh had been on the unit since February, she was quite inexperienced to be looking after [Baby I]."

Q. Yes.

A. This is with reference to 13 October.

Q. Oh, it is, which is, as you correctly observe, a full 9 days earlier.

A. Yes.

Q. Had Ashleigh's experience increased significantly in those nine days?

A. No. But [Baby I] was in Nursery 1 at this point, being very closely monitored, so I think Ashleigh was okay to look after her.

Q. What we're going to need to do now, please, is to open up the neonatal review before this shift. On the front of it it should say "Event 14 Child I".

A. Yes.

Q. HS is the [Baby I] was suggesting to you went to Stoke. Just keeping that there, I'm going to ask Mr Murphy just to put up tile 57 for the [Baby I] number 4 sequence, please. So this is a text you were sending to your friend [Nurse E] just after the beginning of the shift at 20:47, alright?

A. Yes.

Q. You were telling [Nurse E] that transport was on its way to take your baby back to Stoke:
"Only 8 babies. Off duty not out."

A. Yes.

Q. For reasons that we're going to see, the baby going back to Stoke is the baby HS.

A. Okay.

Q. Do you have any recollection of when HS left?

A. No, I don't, no.

Q. Well, if we go to line 85 of the neonatal review, do you see there in blue it says at 01:00 hours an entry regarding:
"HS leaving with team at 01:00 hours"?

A. Yes.

Q. Okay. So if that's the time -- if your note is accurate and that's the time the child was leaving, what time would the transport team have arrived?

A. Some time before that.

Q. Yes.

A. I couldn't be specific when, but..

Q. Generally speaking, how long does it take a transport team to get a stable baby ready for transfer?

A. I can't recall this baby specifically to know what needs that it had.

Q. Well, if he was relatively stable, is it a 5 minute job or half-an-hour or...?

A. Um... I think it depends. I don't think I can comment exactly how long it takes the transport team, but they would have been there a period of time to receive handover and talk to parents, get the baby moved, check any infusions. It's not a 5 minute process.

Q. So it takes a while anyway, is that right?

A. Yes.

Q. Do you remember being asked to look at this neonatal review by your counsel, when you were giving evidence in answer to the questions he was asking?

A. Yes.

Q. Just so you understand, the time at which [Baby I] deteriorated was just before midnight.

A. Right.

Q. Do you remember that?

A. Yes.

Q. We can see it marked in the review at line 62, can't we?

A. Yes.

Q. It's 23:57.

A. Yes.

Q. So 3 minutes to midnight.

A. Yes.

Q. The point that you were being asked to deal with, was what you were doing in the time leading up to that collapse. Do you remember that?

A. Yes.

Q. So if we go back to page 3 of 8, we can see that there's quite a lot of blue text on that page related to both the child HS, who is the transfer baby --

A. Yes.

Q. -- but also the child MC, who was your other child in Nursery 3.

A. Yes.

Q. But in the hour prior to HS's transfer there doesn't appear to be any entries at all on this neonatal review, does there?

A. No.

Q. I'm going to suggest that you were dealing with HS at 11 o'clock, 23.00 hours. Can you see that?

A. Yes.

Q. Do you remember falsifying a record relating to HS?

A. No.

Q. I'd like to start with a nursing note made at 22:50. It's tile 91 in the sequence. This is a note made by Ashleigh Hudson. Alright? Can you see there that this is a note made retrospectively at 03:39 but relating to events just before 23:00. Do you see that?

A. Okay.

Q. So what we see here is:

"[Baby I] was unsettled and rooting at the start of the shift". Do you see that on the third line?

A. Yes.

Q. "Settled with dummy and containment. Long line removed due to constant occlusions." So it was blocked?

A. Yes.

Q. "Neonatal Nurse Lucy unable to flush so registrar Rachel Chang informed." Got that?

A. Yes.

Q. Now, this comes about, doesn't it, because you, having your QIS qualification, were entitled to access the line, whereas Ashleigh Hudson was not?

A. That's right, yes.

Q. So you, because of your more extensive qualification, were the person trusted to have access to [Baby I]'s line at this time?

A. Yes.

Q. Is that right?

A. Yes.

Q. I want to look at what else you are noting at this time. Mr Murphy, can we look at the records of HS, please, and, to start with, J34535. If we can expand this a little, please, this is Dr Chang's note at 22:00 hours for HS, okay?

A. Yes.

Q. Just to put that into context, if we're looking at the neonatal review, this is line 28 in the neonatal review.

A. Yes.

Q. Have you got that?

A. Yes.

Q. Where it says: "Clinical notes about discharge examination. Dr Chang."

A. Yes.

Q. What Dr Chang has written is: "Discharge examination. Anterior fontanelle soft." Then various other physical findings, is that right, all normal --

A. Yes.

Q. -- without going into detail? Then the bottom half of the page, please: "Head circumference. Skin. Long line right leg flushing well. Plan..." And something about transfer?

A. "Safe for transfer".

Q. "Safe for transfer", thank you. So that was Dr Chang's examination of your baby at 22:00 hours?

A. Yes.

Q. 34537 is your nursing note. So this is still HS. This is a note you made at 22:50?

A. Yes.

Q. And concluded at 22:52?

A. Yes.

Q. It says:

"Written for care from 8 pm to present. Emergency equipment checked. Fluids calculated." Etc. Okay? Then it repeats some of the information noted by Dr Chang about 50 minutes or so earlier?

A. Yes.

Q. Then it says, about 5 lines down:

"IV fluids, Babiven and lipid via long line. To commence 10% glucose for transfer.

A. Yes.

Q. What does that involve, what process are you noting here?

A. So TPN and lipid cannot be given to a baby that's undergoing a transfer, so the standard procedure would be that the TPN would stop and a bag of 10% glucose will be put up ready for transfer.

Q. Yes, so that is what you were about to do, isn't it?

A. Yes, to commence at some point, yes, for transfer.

Q. "Awaiting arrival of transport team to return to Royal Stoke University Hospital"?

A. Yes.

Q. That's where I get Stoke from. That is what you did when you had made that note, isn't it?

A. I can't recall from my memory.

Q. Well, we'll look at the document. 34542, please. Is that the note?

A. Yes. I can't see the time though from here.

Q. Don't worry, we're going to focus on it very closely in a moment. We'll go right in on the time and date in a moment, because this is where I'm suggesting you have cooked the records

again. This is the note of the IV fluids being given to the child HS, isn't it?

A. Yes.

Q. The one that's referred to in Dr Chang's note and in your nursing note?

A. Yes.

Q. We see it's 10% dextrose, the volume, the rate and the prescription, which is Dr Chang's signature, is that right?

A. I can't confirm if that's her signature.

Q. Okay. RC, Rachel Chang was Dr Chang, wasn't it?

A. Yes, that's RC, yes.

Q. And your signature and Chris Booth's signature, isn't it?

A. Yes.

Q. What's the time and date that you have written there?

A. 22/10 at 24.00.

Q. What was written before? What is a different interpretation of what's written there?

A. That it was 22 and it's changed to a 4.

Q. A 3 to a 4, 23.00 to 24.00.

A. Okay.

Q. Well, do you agree or not?

A. I can't say what was beneath it, but it was at 24.00.

Q. Well, we've just seen, haven't we, that at 10 minutes to 23.00, in other words at 22:50, you were making a note, a timed note, timed by the computer, in the nursing notes that you were to put up dextrose because that's the standard procedure for a transfer.

A. Yes.

Q. And if this really did say 23:00 hours, this would be 10 minutes after that, wouldn't it?

A. After the note?

Q. Yes.

A. Yes.

Q. That is what was done at 23.00, isn't it, and you have subsequently changed it?

A. No, I would not have changed a record. That was obviously written in error and I've put 24 as the correct time, which Chris would have had to have signed with me.

Q. Well, that depends on whether the signature is put on before the time, doesn't it?

A. Well, it's part -- when you're signing that, you're signing to say that you agree with the time and date as well.

Q. Yes, but if you change it after Chris has signed it, he would never know, would he?

A. Well, the charts are there for everybody to look at, but no.

Q. 23.00 ties in with your timed computerised nursing note, doesn't it?

A. It says at that time, yes, that I will be starting 10% at some point, yes. It doesn't mean that I started it at that exact point. It just has to be up for the transfer.

Q. Well, let's go back to the neonatal review, please, at page 3 of 8. What else were you doing for HS at 23.00 hours? It's line 46.

A. Fluid chart.

Q. Yes. We'll look at the fluid chart, I think it's 34544, please. What we have here is the fluid balance chart, isn't it?

A. Yes.

Q. Can I just check what page that was? I was one page out. 34546. What we see here is a reading at 23.00 with your initials at the bottom, is that right?

A. Yes.

Q. And indeed one at 24.00?

A. Yes.

Q. And this would suggest that TPN was running right up to midnight, wouldn't it?

A. Yes.

Q. Interestingly at 24.00 there's no reading in the pressure VIP line, is there?

A. Yes, there's a zero in both.

Q. At 24:00?

A. Yes.

Q. What does it say next to 161?

A. Oh, I thought you said the VIP score, sorry. Yes, there's no pressure reading, no.

Q. Why not?

A. Because the pumps been discontinued.

Q. You have put those two readings in erroneously, haven't you -
-

A. No.

Q. -- because you changed it to dextrose at 23.00?

A. No, I changed it at 24:00.

Q. And the reason you changed it to 24.00 is because it was at 3 minutes to 24:00 hours that [Baby I] collapsed.

A. No, I disagree.

Q. Do you remember saying that you had no recollection, when your counsel was asking you questions, of any details other than what is in the notes?

A. For this baby?

Q. Yes.

A. Yes, I don't remember this baby without the notes, no.

Q. You said that your memory started from [Baby I] being resuscitated.

A. Yes.

Q. You said that you went to Nursery 1.

A. Yes.

Q. You believed that Ashleigh alerted you at some point that [Baby I] was unsettled.

A. Yes.

Q. And that you had had no involvement with [Baby I] before that.

A. From my memory, yes.

Q. Yes. That's what you were saying in evidence in answer to your own counsel. Can we go to paragraph 120 of your defence statement, though, and see what you were saying back in February 2022. Can you read out that paragraph, please, 120.

A. "I do not recall a lot of the detail of the night that [Baby I] died. I do remember her crying more than usual and going to her. I called for Ashleigh, who came in. From that point onwards, [Baby I] just deteriorated more and more."

Q. So what you were saying in your defence statement was that it was you who went to [Baby I] first.

A. No. There were two events: one that Ashleigh called me in for, the other where I believed I was there first.

Q. Let's deal with that then. So you put me right and explain where I've got it wrong.

A. So in paragraph 119 I say that I do recall Ashleigh calling me in to help but I cannot remember where I was beforehand.

Q. I see.

A. 120 is referring to a separate incident: "I called for Ashleigh, who came in."

Q. Well, I've clearly misunderstood it. Do you remember what Ashleigh said about this desaturation?

A. No. Which one, sorry?

Q. The one at midnight.

A. Yes, that [Baby I] had been very unsettled and she'd put her prone.

Q. Do you remember her saying that she heard a cry from [Baby I] that she had not heard before?

A. Yes.

Q. A loud, relentless, almost constant with no fluctuation cry?

A. Yes.

Q. Very different to a hunger cry?

A. Yes.

Q. Is she right about that?

A. I did not hear that cry, no. When I went into the nursery at that point, [Baby I] was quiet.

Q. Right. So Ashleigh says she's making a sound she'd never heard before, you say [Baby I] was quiet?

A. Yes, Ashleigh called me in because [Baby I] had become quiet and apnoeic. She was not screaming when I went into the room, no.

Q. Do you remember [Baby I] being intubated by Dr Chang?

A. I know that she was intubated, yes, I can't recall the specific details.

Q. Do you remember Dr Gibbs saying that both you and Ashleigh Hudson were involved in that at that time with [Baby I]?

A. I don't recall him saying that, but I don't disagree.

Q. You do disagree or you ---

A. I don't disagree. Without looking at the notes, I can't say that I wasn't helping, no.

Q. It's another case of you gravitating to Nursery 1 when you're in one of the less acute nurseries?

A. Well, it's a case of one of the other three members of staff on that night would have had to have assisted.

Q. Do you remember Dr Gibbs saying that [Baby I] made a very surprising recovery, and was breathing against the ventilator and cueing for a feed?

A. I disagree that she was cueing for a feed on a ventilator, I don't think that's physically possible, but yes, she did fight against the ventilator.

Q. Do you remember Ashleigh Hudson going to call [Baby I]'s parents?

A. No.

Q. Do you disagree that she did go and call [Baby I]'s parents?

A. No, I just have no independent memory of that.

Q. Would it be a normal thing for the nursing staff to do?

A. Yes, any member of staff, yes.

Q. I think you were then involved in giving medication to [Baby I], do you remember that?

A. Not from my memory, no.

Q. If we look at tile 117, we may see evidence of that.

A. Yes, I agree, thank you.

Q. Well, you just explain to us what you agree with and why.

A. I agree it's my signature on the 00:25 row and on the 01:25 and 01:48.

Q. Do we see a couple more examples of times being changed there?

A. Yes.

Q. Why is that?

A. I -- I can't explain that. It must be written in error.

Q. So three mistakes within 25 minutes in the paperwork?

A. Yes, potentially, yes.

Q. With two different children?

A. Yes.

Q. And were all just before this child died, is that right?

A. Well, I can't explain why the times have changed, no.

Q. Well, they've changed because you've changed them.

A. No.

Q. So who's changed them then?

A. I don't know who's changed them.

Q. The second one from the bottom, which looks like 01:25, with the 25 overwritten over some other numbers, can you see what the other numbers underneath are or do you know what the other numbers are underneath?

A. I can't say, no.

Q. Does it say 45 or 48? That would suggest that things were not done in the time order, wouldn't it, that sequence? Do you agree? We go 00:25, or 15, depending on which version we are to accept, we then go 01:38, then 01:25, which appears to have been changed from 01:40 something, and then 01:48.

A. Yes.

Q. How do those sorts of mistakes happen? You explain to us.

A. That's when there's a lot going on on the unit potentially, we may have written down the wrong time.

Q. We or you?

A. Well, I don't believe that that is me. I believe that would have been two of us together.

Q. So it's been overwritten twice, you each overwrite it separately, do you?

A. No, but we would both be there for it.

Q. Like with the 24:00 hours note for HS?

A. Yes.

Q. Or is it you altering medical records to put some time between yourself and serious events --

A. No.

Q. -- for [Baby I]? The time at the top, that's your writing as well, isn't it, the very first time and date?

A. No, I disagree.

Q. So you disagree that [Baby I] was crying and her cry was a "loud relentless almost constant with no fluctuation" cry?

A. Yes, that first event, yes.

Q. Are you saying that errors in the paperwork are all mistakes made in good faith?

A. Well, I can't say who has overwritten that, whether that was me or anybody else. I have no way of knowing now who did that, but I did not deliberately falsify any paperwork.

Q. And you can't remember whether Ashleigh Hudson went to phone the parents?

A. No.

Q. But would it -- can we deal with it this way: would it be normal in these circumstances, for a child in [Baby I]'s position, for the nurse to phone the parents?

A. Yes, it would, it would be a priority for any member of staff to then phone the parents, yes.

Q. Do you remember her saying that once [Baby I] had settled, she, Ashleigh, left Nursery 1 to maintain the quiet?

A. To what, sorry?

Q. To maintain quiet in the nursery.

A. I don't recall her saying that, but yes.

Q. Do you remember telling the jury that you couldn't remember where you were in that hour or so between, if we look at the neonatal review, the event at line 62 and the event at line 86?

A. Yes.

Q. But we do have, of course, to help us all, material showing when you have either co-signed or made a contribution to records?

A. Yes.

Q. And so as an example, we see at 00:00 the infusion charts that we've already looked at, line 70, for HS?

A. Yes.

Q. One just above at 69 for MC?

A. Yes.

Q. And [Baby I]'s 00:25, which we were just looking at, the altered time on the screen at line 76?

A. Yes.

Q. We then see two prescriptions for HS which you have signed for. It's actually one event, that, isn't it --

A. Yes.

Q. -- at 00.46? Then we have the time in the nursing note that we looked at earlier, which is your estimate of the time that the care for HS was handed over to the transport team.

A. Yes.

Q. At 01:06 [Baby I] was crying again, wasn't she?

A. Yes.

Q. If we go to tile 130, please, in the sequence. Ashleigh has recorded that [Baby I] became unsettled again and it was you who was with [Baby I], wasn't it, at this point when she went in?

A. I can't say 100% that I was there first, but yes, I do remember [Baby I] crying and Ashleigh being with me.

Q. Well, let's go back to the mistake I made earlier then at paragraph 120 of your defence statement. What do you say there?

A. Yes, that's what I recalled at the time. I couldn't say for definite right now, but yes, I do remember being in the nursery and she was crying.

Q. And?

A. And that Ashleigh came in.

Q. No, that's not what you've written, is it?

A. I called for Ashleigh.

Q. "I called for Ashleigh" That clearly says that you were there first, doesn't it?

A. Um... No, she may have been in the nursery at the time when I've called her over. I couldn't say where Ashleigh exactly was.

Q. So she may have been in the nursery and come over. What does it say after, "I called for Ashleigh"?

A. "... who came in."

Q. What, came in from that other half of the room to the other half of the room you were in?

A. Potentially, yes.

Q. Sorry?

A. Potentially, yes.

Q. Potentially?

A. Or in through the door, yes.

Q. Sorry?

A. She could have come in from the other side of the nursery or she's come in through one of the doors. I can't be specific.

Q. Well, do justice to yourself and just think about this before we move on. Are you seriously suggesting that "I called for Ashleigh who came in", doesn't mean that you were in there, Ashleigh was not in there, you called her?

A. I'm saying I don't have any specific memory of where exactly Ashleigh was.

Q. What were you saying in your defence statement?

A. That I called her and she came in.

Q. And what did you mean by that?

A. That she came into the nursery.

Q. Yes.

A. Yes.

Q. Why wouldn't you just admit that?

A. Because I can't say 100%, sitting here now, that is what happened, so I'm not going to say something is 100% if I can't be definitive.

Q. Would you have said it in this document if you weren't 100%?

A. No, but this was a period of time ago.

Q. Right at the end, and we've dealt with this many times, you accept this document as an accurate summary of your case.

A. Yes.

Q. Yes. That is the truth, isn't it, that you in there at the time [Baby I] was crying relentlessly and nobody else was there?

A. Potentially, yes.

Q. Potentially?

A. Yes, I can't say 100%, no.

Q. Do you remember Ashleigh saying that when she went in, you had your hands in the incubator?

A. Yes.

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

A. Yes, I do recall trying to settle [Baby I], yes.

Q. Do you remember Ashleigh saying to you, "She's going to do it again, it's the same cry"?

A. No, I don't recall that conversation word for word, no.

Q. Well, did she say something like that?

A. She may have done, yes. I can't say specifically.

Q. And you said, "She just needs to settle"?

A. Yes, my assessment of [Baby I] at that time was that she was hungry and rooting, yes.

Q. You had pumped [Baby I] with air, hadn't you?

A. No.

Q. That's why she was so distressed?

A. No.

Q. Because you were doing your best to kill her?

A. No.

Q. She hadn't been fed milk for quite some time by this stage, had she?

A. No, that's right.

Q. And yet her stomach was full of air, wasn't it?

A. After this, yes.

Q. Yes.

A. She required Neopuff.

Q. Because you had pumped her full of air, hadn't you?

A. No, I had not, no.

Q. There then followed a very long attempt to save [Baby I], didn't there?

A. Yes.

Q. But despite the best efforts of Dr Chang and of Dr Gibbs, she died?

A. Yes.

Q. The reason for that is because you had injected her circulation with air, isn't it?

A. No.

Q. There's nothing they could do to prevent her death.

A. No. I have never injected air into any baby.

Q. Do you remember saying on 16 May that you helped Ashleigh after [Baby I]'s death because this was her, that this is Ashleigh's first death?

A. Yes.

Q. Do you remember interrupting [Mother of Baby I]?

A. Interrupting her?

Q. Yes.

A. No.

Q. She and her husband were bathing their dead daughter.

A. Yes.

Q. This was agreed evidence. Do you remember it being read to the jury?

A. Yes.

Q. And do you remember her saying, these are her words: "Lucy came back in. She was smiling and kept going on about how she was present at [Baby I]'s first bath and how much [Baby I] had loved it"?

A. Yes.

Q. Why did you say that?

A. It's trying to, in that awful situation, have a little bit of -- whatever can be normal and referring to a positive memory, [Baby I] had really enjoyed her first bath. It wasn't meant with any malice. It's -- we still talk to babies, we still treat them as if they're alive. It wasn't joking or malice, it was just trying to reflect on a happier memory.

Q. Do you understand the difference between life and death?

A. Yes.

Q. How can you sit there and say, "[Baby I] enjoyed her first bath", when she was dead?

A. No, she'd had her first bath when she was alive, which I'd been present for. That's what I was referring to. I'm not saying she enjoyed the bath that she was passed away for, I was referring to an earlier bath.

Q. Oh, which bath was this then?

A. Her first bath that she'd had when she was alive ---

Q. Which one was that?

A. That her mum had done for her.

Q. When was that?

A. I can't recall a specific date.

Q. How do you know it was her first one?

A. Because I remember, I was there.

Q. But how do you know it was her first bath?

A. Because I remember we took photographs. It was a big occasion.

Q. [Baby I] was at Liverpool Women's Hospital between the 7 and 18 of August. How many baths did she have there?

A. I can't comment on that.

Q. You were getting a thrill out of what you were watching, the grief, the despair that you were watching in that room, weren't you?

A. Absolutely not, no.

Q. Three weeks or so later, you were taking a picture of the card that you had written out and you were taking that picture in the neonatal unit where [Baby I] had died, weren't you?

A. Yes.

Q. Because you killed [Baby I], didn't you?

A. No.