

Wednesday 7th June 2023

Cross-Examination of Lucy Letby regarding Baby N

by Nick Johnson KC

(Transcribed from audio/hard-coded subtitles)

Q. I'm going to move on to [Baby N] now and before the break, hopefully, deal with count 17.

As before, we will start with your defence statement, please. This section of it starts at paragraph 154. I'm breaking this down to differentiate between what happened on 3 June and what happened on 15 June, alright?

A. Okay.

Q. So we'll deal with the 3rd first of all and then we'll move on to deal with counts 18 and 19, which are on the 15th.

A. Okay.

Q. At paragraph 154, you say:

"I did nothing to hurt [Baby N]. I had never encountered a baby with haemophilia before. So far as I am aware no one on the nursing staff at the Countess of Chester NNU had either. It seemed that the doctors were in the same position. It appeared that no one knew specifically how to care for a baby with haemophilia. At various stages during his care the problems seemed worse because no one knew how to deal with this."

At paragraph 156:

"I can't recall who I was looking after on the night shift of the 2nd to the 3rd. I do not think [Baby N] 'collapsed' during this shift. He did require a little oxygen, but otherwise there was no significant concern. I do not think it is accurate to say he was screaming for 30 minutes."

Is that what you said?

A. Yes.

Q. I want to start then, please, with what you said in answer to questions from your own counsel. On 16 May you were asked about the incident that happened at about 1:10 on the morning of 3 Jun and you said that you simply didn't have any memory of it, was that true?

A. Yes.

Q. Have I understood your case, as it's set out in your defence statement correctly, that in reality this was a bit of a non-event, nothing serious happened at all?

A. Yes, I don't believe it was a collapse that needed resuscitation, no.

Q. If we go to the first of the [Baby N] sequence of events, please, at tile 52, Mr Murphy. We get to the population distribution, which you have helpfully turned up for yourself, and the neonatal review at paragraph 2 of 6. There we see that you had two children in Nursery 4.

A. Yes.

Q. One was JBR and the other AF.

A. Yes.

Q. Do you remember them?

A. No.

Q. You also had responsibility for AC, who's in the bottom right-hand corner of that screen.

A. Yes.

Q. That child was in with parents?

A. Yes.

Q. [Baby N] was in Nursery 1 with Christopher Booth, who had another child in there as well.

A. Yes.

Q. In Nursery 2, there was a single child with Sophie Ellis. And in Nursery 3, two others also with Sophie.

A. Yes.

Q. And two in transitional care, being cared for or supervised by Valerie Thomas?

A. Yes.

Q. Who's a nursery nurse?

A. Yes.

Q. Are you suggesting that the staffing levels on this shift caused or contributed to the events concerning [Baby N] at 1:10 on 3 June?

A. No.

Q. Are you suggesting that anyone's mistake or incompetence made a contribution?

A. No.

Q. Do you agree that [Baby N] collapsed just after Chris Booth went on his break?

A. Yes.

Q. Do you agree, as we see there, that you had two, what have been described as "feeders and growers", to care for in Nursery 4?

A. Yes.

Q. Did you find that boring?

A. No.

Q. Did you find that you had time on your hands?

A. No.

Q. Do you agree that [Baby N] was in good shape at the beginning of this shift?

A. Um, I think so, yes.

Q. Well, just to satisfy you that I'm not misleading you, if we go to tile 65, please. These are Nurse Booth's notes written retrospectively towards the end of the shift. As you can read for yourself there, they present an encouraging picture, don't they?

A. Yes.

Q. And he is an experienced nurse?

A. Yes.

Q. I want to look at what you were doing at the beginning of this shift, please. So if you turn over in the neonatal review that you have in front of you, there at lines 2 of 7 we see, first of all, the blue-coloured font, which denotes your involvement?

A. Yes.

Q. And secondly, that the two children in respect of whom you were involved were the two for whom you were the designated nurse in nursery 4?

A. Yes.

Q. Do we see recorded there that the first thing you did was to take observations and feed AF?

A. Yes.

Q. And you went on, having fed AF, to deal with medications, together with Christopher Booth, for the other child JBR?

A. Yes.

Q. That was the order that you would have done things?

A. Yes.

Q. Yes. I'd like to put up the feeding chart for AF, please, which is J30921. At the bottom do we see your writing, "Sleepy ++"?

A. No, that's not my writing.

Q. It's not your writing? Alright. If we remove that highlight, please. What do we see so far as the feed at 20.30 is concerned?

A. At 20.30 the baby has had a nasogastric feed because they're sleepy.

Q. Yes. 50ml?

A. Yes.

Q. Prior to that -- trace aspirate, is it?

A. Yes.

Q. And no entries so far as urine or --

A. No, we don't do cares if the baby's asleep.

Q. Okay. 50ml takes how long, please?

A. Again, I can't put a definitive number, but 10 minutes or so, 10 or 15 minutes depending on the baby. I think the baby's being offered a bottle feed there, were they not?

Q. 10 or 15 minutes, you say, for this one?

A. Well, potentially. I can't put a -- I don't think any member of staff could put a definitive number on how long anything takes. I would say around that region.

Q. Other estimates we've been given for this sort of quantity is about 20 minutes.

A. Yes, I really can't say.

Q. And as you have told us several times, when I've encouraged you, you pour 10ml at a time into a syringe, that's right, isn't it?

A. Yes.

Q. Yes, a two-handed job?

A. Yes.

Q. How do you do that whilst you're texting your mates?

A. It's not done at the same time.

Q. No? You were texting your friends, though, right through this time, weren't you, that you were supposedly feeding this child?

A. I don't know.

Q. You don't know?

A. No.

Q. Have you not noticed? Well, let's look. I'm going to run through these quite quickly. If we start at tile 54, please, in the sequence of events. Remembering that you have put this down at 20:30 and it's before the medications that are given to the other two children in the nursery at 20:37, making allowances for you being 5 or 10 minutes out, you started a text conversation with your friend [Nurse E] pretty much as soon as you came onto the ward, didn't you --

A. Yes.

Q. -- asking whether she was home? She responded within a minute, the next text. You responded to her again within about a minute at 20:35 (sic). And then she sent a text message:

"Aren't you in handover?" and responded to a couple more. And then at tile 61, you say:

"[Redacted] had gone home so I had a paper handover."

A. Yes.

Q. So we're now half an hour before you feed AF, do you agree?

A. Yes.

Q. You send another message to [Nurse E] 11 seconds later, tile 62. She responded within seconds, tiles 63 and 64. Tile 66, somebody doing [Baby N]'s observations. If we move on to tile 68, as that is going on you are telling [Nurse E], tile 68: "We've got a baby with haemophilia." Yes?

A. Yes.

Q. So that's tile 68 at 20.00 hours. Tile 70, 24 seconds later: "34". Which is an answer to [Nurse E] asking how many weeks was [Baby N]. Tile 72, a minute later, less than a minute later: "Everyone bit panicked by seems of things. Although baby appears fine." She said, "Male?", you say, "Yes". she says "Factor VIII?", you say:

"Not sure. I only know what's on the handover sheet as doctors are in with him doing a head scan."

You then send another reply/message within 15 seconds:

"Oh, had a weird Facebook message from [Dr A] earlier." Yes?

A. Yes.

Q. She replies straightaway:

"Lad with haemophilia when worked in community with Leighton on placement." And you say:

"Ah, okay, I'll have to google it later, I don't know much about it." 20.04 -- so this is seven messages within 4 minutes, yes?

A. Yes.

Q. She then says:

"Have to be careful with cannula." Then:

"Give factor VIII or factor IX. Have as an infusion for the rest of your life." And you reply immediately, "Wow". She then sends you seven messages between 20.08 and 20.11, tiles 84 to 90. Just scroll through those, please, Mr Murphy.

(Pause)

You then reply at tile 91:

"Complex condition. Yeah, 50/50 chance antenatally."

You'd been googling haemophilia, hadn't you?

A. No.

Q. So when you say:

"I'll have to google it later, I don't know much about it." You didn't intend to google it?

A. Yes, but not at this point-- there and then.

Q. Why not?

A. Because I wouldn't have been on the computer on Google in the unit.

Q. Your phone has Google though, doesn't it?

A. Yes.

Q. What was in your hand as this was all going on?

A. My phone.

Q. That's where you got that information from, "50/50 chance antenatally", isn't it, from Google, Dr Google?

A. No, the 50/50 chance is something that staff would know. I didn't know any details about the condition other than it's complex and that if mum has got it then it's a 50/50 chance that the baby will have it.

Q. And the texts continued. 93, please:

"How's Z?" You reply at 94, 5 minutes before you're about to feed AF:

"Great. In cot. Alternate B/bottle/NG feed." Is that right?

A. Yes.

Q. She replies, "Aww", and says, "Is [redacted] better?" at tile 96. At tile 97, 4 minutes before you're about to feed AF:

"FFS. Mel asking me how to make up 12.5%." Yes?

A. Yes.

Q. Were you really unhappy with Mel?

A. No.

Q. You see, in answer to questions from your counsel, you said you only swore in very extreme circumstances. What does FFS mean?

A. "For fuck's sake."

Q. Yes. Were you unhappy with Mel?

A. Yes, I was shocked that a band 6 senior nurse was asking me how to make up 12.5% dextrose.

Q. And you know, don't you?

A. Yes.

Q. That's why I was asking you questions in relation to [Baby M]. You were telling the jury that you need to look at all the paperwork.

A. Yes.

Q. You knew, but the boss, the supervisor on the shift, was asking you how to do it?

A. Yes.

Q. Yes.

A. When she could have looked for herself.

Q. She could. But you still told her?

A. I don't know what I said to Mel.

Q. You passed her the folder. Let's look. Tile 98:
"Does she not know where the policy is?" And your response. You read it, it's your answer.

A. "No, I've passed her folder but now asking if can run via cannula. She needs to look herself!"

Q. You were not happy with Mel, were you?

A. No, I wasn't happy with Mel being like this, no, a senior member of staff.

Q. Yes. Tile 100, a minute before you're about to feed AF:
"[Redacted] is great. Still on monitor but hoping to stop over weekend." And then your friend [Nurse E]:
"Is she in charge?" Referring to Mel no doubt, is that right?

A. Yes, I would assume so, yes.

Q. And then:

"Other [redacted] gone?" Then according to your record, you start to feed AF, but within a minute, tile 103, what are you saying?

A. "Yeah, in charge."

Q. And then 19 seconds later, what did you say?

A. "No, [redacted] slow with feed but getting there."

Q. She replied within half a minute of the previous text, 106, while you are feeding AF. What did you say?

A. "Oh ha ha, I was talking about [redacted]."

Q. She replied and then you sent a couple of emojis at 108. This is all while you're feeding AF, isn't it? How do you do that? How do you text while you're doing the two-handed job of feeding a child?

A. You can't.

Q. No. Well, you can, there is a way of doing it, isn't there, to feed a child very quickly? Isn't there?

A. You think I pushed it in?

Q. I do. You tell the jury.

A. No, I did not.

Q. How do you push it in? How would you push it in if that's what you wanted to do?

A. Put the plunger on the end.

Q. Yes. That's what you were doing, isn't it?

A. No.

Q. Your texts continue at 111, please. Your mind was not on AF, was it?

A. No.

Q. Who was it on?

A. [Nurse E].

Q. Oh come on. Who was it on?

A. Well, in this specific message, [Dr A].

Q. Yes. And [Nurse E] knew you were sweet on [Dr A], didn't she?

A. There was nothing between me and [Dr A].

Q. Did [Nurse E] think you were sweet on [Dr A]?

A. What do you mean by "sweet on"?

Q. Had a crush on him.

A. No.

Q. Well, let's see how she replied then. 112. This is about your weird -- strange, sorry, message from [Dr A] earlier:

"Did you? Saying what?" And without me reminding you, can you remember what the next thing was she said?

A. No.

Q. Really?

A. Yes.

Q. Let's look. What does that mean, is it a reference to the Royal Marines?

A. I don't know.

Q. You don't know? "Go commando." You don't understand what that means? Well, you understood it because if we go to 114 you found it highly amusing. So what did you understand the message to mean?

A. I don't know. I can't say right now. I don't know.

Q. Do justice to yourself. What did you understand "go commando" to mean?

A. I don't know.

Q. Did you think this was an army reference, you being from Hereford?

A. I don't know.

Q. These messages continued. I'll just concentrate on the ones from you: 115, that's 20.39. 118, 20.40. 119, 20.41. 121, 20.43. 124, 20.44. 126:

"I don't flirt with him!" That's a response to her message at 122 where she says:

"He's as flirty as you." Are you still saying you don't know what "go commando" means?

A. Yes.

Q. So we've just seen there that you were, I would suggest, texting non-stop in the time window that you were recording having fed AF. How did you manage that?

A. I couldn't feed a baby while texting so it must have happened at a different time.

Q. What must have happened at a different time?

A. The feed.

Q. The feed? Well, when?

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

Q. Or the alternative is, to use your phrase, you pushed it through?

A. No.

Q. Is that a phrase in usage in the NNU, pushing it through?

A. No.

Q. Where did you come up with it from?

A. Because that's been suggested to me many times.

Q. Not that phrase, pushing it through.

A. Well, how else would you describe it?

Q. I'm more interested in how you describe it.

A. To put the plunger on the end would involve pushing the feed through.

Q. Yes. If we go to tile 161, please, going back to [Baby N], here we see Dr Loughnane's notes, timed at 22.55. Can you see them there?

A. Yes.

Q. And by this stage, enteral feeds were being contemplated for [Baby N], weren't they?

A. Can I see further down?

Q. Of course. Mr Murphy will help us. I think we need to go on to the next page as well. Actually, I think we have just gone past it, it's my fault, being too eager. It says:
"Feed 60ml/kg/day." That's 10% dextrose.

A. Yes.

Q. "Consider starting enteral feeds."

A. "Gas normal".

Q. Yes, exactly. Now, we know that [Baby N] collapsed at 01:00 hours, and that's at tile 171. If we go straight to 172 after that, please. So that's the event marked -- sorry, just pausing there for a second, we see that Christopher Booth recorded some data at 01:00 hours.

A. Yes.

Q. Then if we go to his note, please, at tile 172, no doubt you remember his evidence, and we'll stay with this version of it, but we can go to the original if you want to. Whilst he was on his break, it says:
"[Baby N] crying ++ and not settling. Became dusky, desaturating to 40s." That's very serious, isn't it, 40s?

A. Yes.

Q. "Responded to facial oxygen within 1 to 2 minutes." In your experience how long does it take for a child to desaturate right down to the 40's?

A. That's dependent on the child.

Q. Sure, but in general terms?

A. Sometimes they can drop straightaway or sometimes they have a continual drop in their saturations that will take several minutes.

Q. Yes. That's a collapse, isn't it?

A. No.

Q. So a desaturation to a life-threatening -- as we've heard from experts -- level of the 40s, you don't classify as a collapse?

A. No, because the baby's needed facial oxygen, which is not a resuscitation measure, and has recovered within 1 to 2 minutes.

Q. So oxygen doesn't resuscitate a desaturating baby, is that your evidence?

A. I don't think you can class oxygen as resuscitation. We used facial oxygen on a day-to-day basis for babies like this.

Q. Well, [Baby N] collapsed, according to -- well, let's look at Dr Loughnane's note if we can, please, tile 174. Do 173 just to put this into context. We see Dr Loughnane coming into the NNU at 1:07. Do you see that?

A. Yes.

Q. We see her note at 1.10.

A. Yes.

Q. Just reminding ourselves of what it was she noted:
"Desat. Unsettled. Increased work of breathing. Got upset. Looked mottled. Sats down to 40%, in 100% oxygen. On my arrival 40% oxygen, screaming."

Do you remember the look of surprise on Dr Loughnane's face when she was sitting where you are, when she saw that word that she had used?

A. Yes.

Q. Screaming is very unusual, isn't it, in a child of this age?

A. Yes.

Q. Chris Booth had gone on his break, hadn't he?

A. Yes.

Q. And you took that opportunity to sabotage [Baby N], didn't you?

A. No.

Q. This was your doing?

A. No, it was not.

Q. Did you want to be Nursery 1?

A. No.

Q. We have had other babies in this case screaming, haven't we?

A. Yes, to some people, yes.

Q. [Baby I]. Three weeks later, one that we'll come to later today hopefully, [Baby O]. Let's move on to 15 June, please, counts 18 and 19. It's the second sequence of events for [Baby N], please. If we start with tile 7. These are events of 15 June, but I'm going to start with the night shift of the 13th to the 14th, alright?

A. Okay.

Q. The 13th was a Monday, the 14th was a Tuesday. If we look at Dr Henton's note and just scroll down, is this the preceding examination for the grand round or is this something else?

A. No, that's right, this is the form that's completed on the Tuesday ready for the Wednesday ward round.

Q. So "Looking to go home this week" is the plan, isn't it, for [Baby N]?

A. Yes.

Q. So that is a reflection, I would suggest, of how well he was doing at that time.

A. Yes, I recall he was only in at that moment because he needed phototherapy.

Q. Yes, exactly. He was feeding well?

A. Yes.

Q. If we go to tile 25, please. Your nursing note also recording the fact that he was due to go home subject to his SBR level?

A. Yes.

Q. Otherwise, ready for home, as you've just told us?

A. Yes.

Q. On the early part of this shift -- and this is a shift where you were looking after [Baby N], isn't it?

A. Yes.

Q. [Mother of Baby N] was breastfeeding [Baby N], do you remember that?

A. Yes.

Q. We see it if we go to tile 23. This is the feeding chart for him.

A. Yes, so he was predominantly bottle feeding, but he was also going to the breast as well.

Q. Yes. PTB and EBM it says, doesn't it?

A. Yes.

Q. So "put to breast". So that's 11.50 on the 14th.

A. Yes.

Q. So this is the day before the events that we're going to look at. [Mother of Baby N], his mum, left at 14:20, which is tile 26. This is taken from a note that you made, the note at 14:20 saying she'd left, is that right, or, "Mummy visiting this morning"

A. Yes, I put she aims to return later.

Q. We know she'd gone by 14:20?

A. Yes.

Q. And at 17:15, so teatime, this is tile 29, you recorded the fact that [Baby N] took a 60ml bottle. That's a very good sign, isn't it?

A. Yes.

Q. As he did subsequently at 21:00 hours, as a matter of fact?

A. Yes.

Q. I'm going to suggest that just before you handed him over that evening, you did something to destabilise [Baby N].

A. No, I did not.

Q. If we go to tile 78, we've got your friend Jennifer Jones-Key's nursing note, relating to events in the early part of the shift.

A. Yes.

Q. It begins with:

"Baby very unsettled early part of night."

A. Yes.

Q. So you're saying this is a coincidence that this happened just after you went off shift?

A. Yes.

Q. [Baby N] was seen by [Dr A] at 01:45. If we go to tile 80, please, where he noted mottling. Do you see that?

A. Yes.

Q. That was followed by some self-resolving desaturations, which we'll see in Jennifer Jones-Key's notes at tile 81, the very next tile. Do you see those?

A. Yes.

Q. [Baby N]'s bloods were taken at 03:25 and 03:53, that's tiles 82 and 85. Do you accept, and we can go to them if you want to, but do you accept that the lab found nothing untoward about [Baby N]'s bloods?

A. Could I just see the sheet? I can't recall specifically the results.

Q. Of course. That's all right. You're fully within your rights to ask me to show you and I will. Tile 499, please. There's a text that [Dr A] sent you a few days later: "Micro all neg." That's microbiology, isn't it?

A. Yes, that's the cultures, yes.

Q. Yes. Just going back to 03:53 then that morning. This is the morning of the day when [Baby N] collapsed twice. I think the information about the blood cultures is also at tile 85, if we go back to that, please: "No bacterial growth after 5 days' incubation."

A. Yes.

Q. There was what [Dr A] called called a "reassuring blood gas" at 03:53 or thereabouts, do you remember that?

A. Yes.

Q. That's at tile 86. Blood gas may be the wrong way of putting it. This is one that actually went to the lab, isn't it? Is that right?

A. Yes, sorry, I thought you were referring to the gas.

Q. There may well be a gas as well. It may be my loose use of terminology. This is a properly analysed blood sample, which gives us a reassuring picture, would you agree?

A. As much as I can understand those results, yes.

Q. Well, that was the evidence from [Dr A].

A. Okay.

Q. Now, I'm then going to come to some of your text messages. You had had [Baby N] on the previous day shift.

A. Yes.

Q. I'm suggesting that you did something to him before you went off duty that destabilised him in the early part of the shift, alright?

A. Okay.

Q. I know you dispute that. But at 05.10 that morning, you were texting your friend [Nurse E], who was working on this shift, is that right? It's tile 92. It's probably impossible for you to carry this in your head, but let's go to tile 92 to remind you. Do you see that?

A. Yes.

Q. And just to make the point that I'm seeking to make, that she was working, if we go to tile 93, please, the very next one. Okay?

A. Yes.

Q. Then you asked the obvious question, if I may say so, tile 94:

"Why?" And she replies at tile 100 a short time later and you respond:

"OMG." Then I'm particularly going to direct your attention to tile 104, please, which is a few minutes later:

"[Baby N]...". Of course he hadn't been given a first name at this stage, had he?

A. No.

Q. "[Baby N] screened. Looks like shit." We know as a matter of fact that the screening revealed perfectly normal results, don't we?

A. Yes.

Q. You responded at 106 and 107:

"Really?"

And: "Oh no."

I'm going to suggest to you that you saw this as an opportunity to sabotage him on the day shift.

A. No.

Q. The reason you had done something to him before you went off the previous day shift was to give the impression that there was a progressing decline that you could take advantage of on the day shift of 15 June.

A. No, that's not what happened.

Q. At tile 112 your friend [Dr A] sent you a text or a Facebook message, apologising for having filled the neonatal unit and talking about an issue he had with hypoglycaemia, a personal issue, is that right?

A. Yes.

Q. And talking about an issue that you had with thyroid function?

A. Yes.

Q. And signing off saying:

"Have a good breakfast. I think your day may be busy."

A. Yes.

Q. Were you looking forward to being in Nursery 1?

A. I didn't know where I was going to be placed on this shift.

Q. Were you thinking that you might be in Nursery 1?

A. I had no idea.

Q. Let's look at tile 118. Is that where you wanted to be?

A. No. But the chances are I probably would have been in Nursery 1 if the unit was that busy.

Q. Well, from that point, this is 6:04, you were texting both [Dr A] and your friend [Nurse E], both of whom were working, weren't they?

A. Yes.

Q. The texts continued until 06.27 at tile 128. This was a response to [Nurse E] sending you one saying: "Yeah, I've been about half 12 both nights." You were talking about when you took your breaks?

A. Yes.

Q. Do you remember that conversation?

A. Yes.

Q. So just to put this into context, you and she were talking about when to take a break, she said that she was habitually doing it at about half 12 on nights, and you had actually said: "Yes, I've started going 12 sometimes on nights."

A. Yes.

Q. All right. I think the gist of the conversation was if you got a break in early, you were less likely to lose your break?

A. Yes.

Q. [Baby N] was in good shape, I'm going to suggest. If we look at tile 134. this shows that at 7:00am, [Baby N] was getting some fluids, is that right?

A. Yes.

Q. His bowels had opened?

A. Yes.

Q. Scroll down to the bottom, please. Nothing else untoward there, is there?

A. No.

Q. And so far as the readings are concerned at the beginning of your shift -- of course these things have to be looked at as a trend, as we know, but so far as the 7 o'clock and 9 o'clock readings are concerned, there's nothing concerning there, is there?

A. No.

Q. No. And I'm going to suggest that when you took over [Baby N] that morning, so far as the charts were concerned at least, there was nothing suggestive of there being a problem, albeit we

know there was an issue when you went in shortly after 7 o'clock.

A. Yes, so I agree, at this point his observations were normal, yes.

Q. Alright. Let's look back at what happened as you were arriving. Going back to the sequence of events, please, at tile 135, [Nurse E], who was working, was telling you that Minna Lappalainen was in charge for your shift, is that right?

A. Yes.

Q. And if we go to the very next tile, 136, do we see that you go into the neonatal unit --

A. Yes.

Q. -- at 07.10? The next tile, 7:12, has you going from the labour ward to the neonatal unit. So that's two minutes later?

A. Yes.

Q. What route would you have been taking to have gone through those doors at those times, do you know?

A. So I've come on to the neonatal unit and then gone through to the labour ward and then have come back in.

Q. Come back in?

A. Yes?

Q. Any reason why you'd go to the labour ward?

A. The labour ward is where the scrubs are kept, where the toilets are. I couldn't say definitively now but it's common practice we do go to labour ward for things, yes.

Q. So this shows, doesn't it, that you are certainly in the neonatal unit by 07:12?

A. Yes.

Q. And within 3 minutes, [Baby N], as he had done in the early hours of 3 June, had both desaturated and was crying?

A. I don't recall if he was crying.

Q. Well, I'm going to suggest to you that was the evidence. But what do you remember?

A. I don't really remember. I just remember being in the doorway talking to Jennifer and I just arrived and his alarm went off.

Q. Just as you arrived?

A. Yes.

Q. While she was feeding another child, do you remember that bit of evidence?

A. Yes.

Q. Presumably, if she's feeding a child, her attention would be directed towards that other child in the room?

A. Yes.

Q. Dealing with the first collapse at about 7.15, 3 minutes after you arrived, are you suggesting that a medical or nursing mistake caused or contributed to that?

A. No.

Q. So far as his subsequent collapses during the shift were concerned, are you suggesting that any mistakes or negligence or incompetence caused or contributed to those?

A. I don't know whether the issues with gaining endotracheal tube access made a difference. I don't know.

Q. Why did you head straight for Nursery 3 when you got in?

A. To talk to Jennifer who was my friend.

Q. But you had been, as we have just shown from references to the text messages, you'd been talking to [Nurse E], hadn't you?

A. Yes.

Q. Wouldn't you normally have gone to speak to her, given what you'd been talking about?

A. No, I'd spoken to [Nurse E] via text. I've gone through to speak to Jennifer.

Q. Of course, [Nurse E] had told you that, to use her phrase, "[Baby N] looked like shit"?

A. Yes.

Q. And you saw that as an opportunity, didn't you, to sabotage him?

A. No.

Q. And you also saw it as an opportunity to make it look like you had inherited a problem from the night shift? You sabotaged him, in effect on the night shift, by going in early?

A. No.

Q. You'd set him up to fail at the end of the previous day shift and you were in there before your shift started, making a beeline for him to make it look like he came from the night shift with a problem?

A. No.

Q. Do you remember Jennifer Jones-Key's evidence about the circumstances in which [Baby N] collapsed at about 7:15?

A. Not in its entirety, no.

Q. What she said was that you said to her that [Baby N] looked "a bit pale" Do you remember her saying that?

A. No.

Q. That's what you said to Ashleigh Hudson with Child I on 13 October, wasn't it?

A. Yes.

Q. Let's just look at your defence statement if we can, please, it's paragraph 158 that I'm particularly interested in, but if you want to refer to anything else you say so. Just take a moment to look at it in its entirety so far as [Baby N] is concerned in case I miss something out. You tell me when you've read through the whole [Baby N] section for yourself.

(Pause)

A. Okay.

Q. I'm going to concentrate on -- starting at 158:

"I was on the day shift for 15 June when I went in around 7:15. I went to chat with who was present. There is nothing unusual about this, it's what we do at the start of a shift. I went to Nursery 3 to speak to Jennifer Jones because she's my friend. I did not go in specifically to check on [Baby N]. Jennifer and I were talking in the doorway..."

Well, she wasn't in the doorway, was she?

A. No.

Q. No:

"... the doorway to the nursery, and [Baby N] was on the right-hand side. I hadn't actually had the handover at that point and we heard his monitor go off and when I looked over he was blue." So not pale, but blue, yes?

A. Yes.

Q. "He wasn't breathing. I shouted for [Dr A]. I started to Neopuff [Baby N] and Jennifer came over to help." First of all, is that what it says?

A. Yes.

Q. Secondly, is that an accurate summary of your memory insofar as it goes?

A. Yes, other than it was just myself that was stood in the doorway.

Q. Why did you say Jennifer was in the doorway?

A. I -- I didn't mean it as in both of us were stood in the doorway, I think it's just -- how it's come out makes it read that way.

Q. "Jennifer and I were talking in the doorway", comes out that way?

A. Yes.

Q. When you were being asked questions by your own counsel, you said this:

"I went to speak to Jennifer Jones-Key as she was a good friend of mine. I was ready to start to talk to her. I was going to talk to Jennifer. I am not aware that handover had been allocated." Do you remember saying that? What did you mean by "I was not aware that handover had been allocated"?

A. So at that point the formal handover process had not happened, so I hadn't had a full handover on the unit of who was looking after who at that point.

Q. Weren't you saying, in answer to your own counsel, that you at that point didn't know who it was you were going to be looking after?

A. I didn't know until I got on to the unit, no. I can't remember at what point Kate Percival-Ward told me I would be having [Baby N].

Q. You knew as soon as you got in, because if we go to tile 138: "I've escaped being in 1, back in 3."

A. Yes, so I must have been told at that point that I was going into Nursery 3.

Q. Yes, as soon as you had come through the door you knew, that's why you went to Nursery 3, wasn't it?

A. No.

Q. Just think about that. Are you really saying that that wasn't the reason you went to Nursery 3?

A. No, I went to talk to Jennifer, which is what I would do on most shifts if she was in.

Q. Going back to your evidence, you then said: "Within minutes [Baby N]'s monitor went off. I was in the doorway."

A. Yes.

Q. As soon as you arrived it pretty much went off, didn't it?

A. Yes.

Q. Because you sabotaged him?

A. No, I did not.

Q. "I cannot remember where Jennifer Jones-Key was. She was in the room with another baby. I had not gone into the room at this point, I was in the doorway chatting."

A. Yes.

Q. "She was attending to a baby that was not [Baby N]."

A. Yes.

Q. "He [presumably Child N] was bluish and not breathing properly."

A. Yes.

Q. "Jennifer Jones-Key finished with her baby and came over to help. [Baby N] recovered, but within minutes it happened again." This was a serious event, wasn't it?

A. Yes.

Q. It happened within a minute or two of you arriving in that room?

A. Yes.

Q. Just bad luck, is it?

A. Yes.

Q. Do you remember saying in evidence that the first blood seen orally was "during intubation"?

A. Did I say that?

Q. Yes, in evidence, in answer to questions from your counsel.

A. I can't recall now.

Q. Well, do you remember? You were asked lots of questions about the I-Gel airway.

A. Yes.

Q. Do you remember that?

A. Yes.

Q. And you were taken to your interviews, the detail of your interviews, and Mr Myers was seeking to elucidate from you what you meant, what you were saying to the police in interview about when it was you had seen blood in [Baby N]'s mouth.

A. Yes.

Q. Do you remember that?

A. Yes.

Q. And you understand the importance of this point, don't you?

A. Yes.

Q. Yes. Because if there was blood before anybody tried to intubate [Baby N], that potentially could be worse for you, couldn't it?

A. Yes.

Q. Because it might suggest, and you know that I will suggest, that you did something to cause the bleeding. You understand that's the prosecution case, don't you?

A. Yes.

Q. So the swelling to the epiglottis, the swelling to the throat, the blood coming up from under the vocal cords, all features that we have seen in other cases, but are features of [Baby N]'s case on this day?

A. Yes.

Q. And you know, don't you, that we suggest that was because you sabotaged him?

A. Yes.

Q. Right, okay. So we know where the battle lines are, if you like. You understand, don't you?

A. Yes.

Q. Okay. What I want to understand before the break, if we can please is I'd like you to tell us when you are saying blood was first seen orally on 15 June in the case of [Baby N].

A. So the only time I remember definitively seeing it was about 3 o'clock that afternoon with the I-Gel airway. I can't remember specifically when else I've seen blood.

Q. But of course you've, in preparation for me asking you questions, looked at the notes, haven't you?

A. Yes.

Q. You've looked at what you have said in interview?

A. Yes. In interview I was referring to the 3 o'clock incident.

Q. Well, I know that's what you say and you will understand that we don't accept that. You understand that, don't you? So when you say "definitively" what do you mean by that, in this context?

A. Sitting here now I cannot say with 100% accuracy when I saw something.

Q. Okay. What about if you've written it down at the time, what does that tell us definitively?

A. That that's what happened around that time.

Q. Right. So if you have written down in the paperwork that you saw blood much earlier than the I-Gel airway was used, would you accept that as definitive evidence from you that there was blood at that time?

A. Yes, although it may not have been seen by myself, that might have been information I was told that I've then written onto the chart.

Q. And who else would be giving -- before we start going through these records, which we will, who else was in a position to be telling you, the designated nurse, about blood?

A. The medical team that were dealing with [Baby N].

Q. Right. So initially, at least on this particular shift, are we talking about [Dr A]?

A. Yes.

Q. And do you accept what [Dr A] says about it or do you not accept it?

A. I can't recall all of his evidence now, but if that's what he says, I can't -- I can't say whether that's true or not. I didn't look down his throat.

Q. Well, [Dr A]'s not one of the Gang of Four is he?

A. No.

Q. Did [Dr A] have it in for you as far as you knew?

A. No.

Q. He was a good friend of yours, wasn't he?

A. Yes.

Q. Who you say you loved as a friend?

A. Yes, as time went on, yes.

Q. Do you accept what Doctor A says about this initial desaturation about the handover time, about it being concerning, to use his word?

A. Yes.

Q. Can you remember what you said to the police about what you remembered about these events, when they questioned you about them?

A. No.

Q. Let me just remind you. If we go to interview bundle No. 2 please. You say:

"Oh, did I have the baby from half 7?" About halfway down. Do you see that?

A. Yes.

Q. They say:

"Something's happened for him to be moved." And you say:

"Something's changed there because he's gone from just temperature obs to full obs." Which is what we looked at before at 01:00 hours.

A. Yes.

Q. And then over the page, you say:

"The first observations are at 9 o'clock." you were then asked the question:

"Do you remember when the first attempts to intubate were?" You say no. And you say:

"When I've taken over at 9 o'clock, the line was occluding."

A. Yes.

Q. And you then go on to refer to further entries on the chart.

A. Yes.

Q. Had you completely forgotten about the serious or concerning, to use [Dr A]'s word, concerning desaturation at 7:15?

A. Yes, at this point I did not connect [Baby N] with this baby. No, I was reading purely from the notes and it looked like at 9 o'clock I had taken over care.

Q. I see.

A. I had no memory of who [Baby N] was at this point.

Q. Let's just look at your nursing note, please, at tile 151. As always, if you want to go to the original behind this, which has more information in it, you please say so.

A. Okay.

Q. But let's look at what we've got on the screen for now. This is you writing it up at 13.53 that afternoon --

A. Yes.

Q. -- when things would have been very fresh in your mind, wouldn't they?

A. Yes.

Q. You would not have forgotten about the desaturation at 7.15 would you?

A. No.

Q. No. What you write is this:
"Written for care given from 07:30 to present." So you're not referring at all to events at 07.15, are you?

A. No, because at that time he was still under the care of Jennifer Jones.

Q. Well, he was, but who discovered him?

A. Well, we were both there.

Q. Who discovered him?

A. We both heard his monitor, I went over to him.

Q. Mm. He was looking a bit pale, your words to her. This has echoes, doesn't it, of [Baby I] and Ashleigh Hudson?

A. I don't recall commenting he was pale, but...

Q. Well, just thinking about [Baby I] for a second, you wrote that one up, didn't you, in the nursing notes?

A. Yes.

Q. Why?

A. Because that was a serious life-threatening collapse that required resuscitation. I then took over [Baby I]'s care.

Q. This was concerning, that the child continue to collapse throughout the day and then you took over his care, so why didn't you write it up?

A. I don't feel that it's the same context at all of having some desaturations, compared to finding [Baby I] and her needing full resuscitation.

Q. The answer, I am going to suggest to you, is because you were hoping to create the impression in the paperwork that these were all events that had happened before you arrived.

A. No, I disagree.

Q. It says:

"Infant transferred to Nursery 1 on handover. Mottled, desaturating, recurring Neopuff and oxygen. Capillary refill 3 to 4 seconds. Cold to touch." You had written out the events of your arrival in Nursery 3, hadn't you?

A. Yes.

Q. Why?

A. I've taken over [Baby N]'s care from 7.30.

Q. Let's go to the original, please. What time is this note written?

A. 14:10.

Q. "Decision made to intubate. Drugs given as prescribed. Unable to intubate." What does the next few words --

A. "Fresh blood noted in mouth and yielded by suction ++."

Q. Who does the suction?

A. Doctors during intubation.

Q. Not the nurses?

A. No.

Q. You were there.

A. Yes, I was there.

Q. Do you remember me asking you when you first noted blood?

A. Yes.

Q. What does this note, made at 13.53, suggest was the time you first saw blood?

A. After attempts to intubate.

Q. Yes, but the I-Gel doesn't come into play until a good hour or two after this note is made, does it?

A. No.

Q. No. What's your explanation for that?

A. For what?

Q. The disconnect between the evidence you gave to the jury that the first time you saw blood was when the I-Gel was used and the note that you have made between 13:53 and 14:10 please?

A. The first time I definitively remember seeing blood was prior to the I-Gel insertion.

Q. The first time you definitively remember seeing blood was prior to the I-Gel insertion? Well, this is prior to the I-Gel insertion, isn't it?

A. Yes.

Q. It's a good hour before the I-Gel insertion.

A. Yes.

Q. [Baby N] was bleeding from when you first got involved with him that day, wasn't he?

A. No.

(A short break)

Q. You will remember just before the break that I was asking about the nursing note that you made at just before 2pm.

A. Yes.

Q. One of the issues that we began to deal with before the break was the point at which you first saw blood --

A. Yes.

Q. -- and the suggestion from the prosecution that that was before [Dr A] tried to intubate [Baby N] --

A. Yes.

Q. -- and your counterposition that the first time you were aware of any blood was sometime immediately before the I-Gel insertion.

A. From my memory, yes. I know there was blood before that.

Q. Yes.

A. Yes.

Q. Well, there was a lot of blood before that, wasn't there, before the I-Gel? Wasn't there?

A. Yes.

Q. Yes. Because you will remember, and I think we dealt with this as well before the break, that I reminded you about a series of questions and answers that passed between you and your counsel, where there was an analysis of the interview and what you meant by saying various things at various times, with relation to the appearance of blood.

A. Yes.

Q. Am I correct in suggesting that the position you reached as a result of the questioning and answers you gave, was that the blood was just before the I-Gel?

A. Yes, because that's what I thought was being referred to in this interview, yes.

Q. Right. And for example, one of the parts of the interview that was referred to was page 20, so it's the first of the [Baby N] interviews on 10 June 2019, so this is your second arrest.

A. Yes.

Q. So this is a case that made itself known to you, or an accusation that made itself known to you, on your second arrest, not your first.

A. Yes.

Q. If you look at page 20, the officer is asking you about blood and says:

"So if what you just said, Lucy, you're happy in your memory that there was blood present before attempts to incubate, is that what you've just said without the tube, before you've tried to put in the tube?" and you say:

"Yeah"

A. Yes.

Q. Then this question:

"And that's from your memory, because it's not clear in the notes there, is it?" And you say:

"No, but because I have documented it here, haven't I, at 9 o'clock, when I've done his cares, there's fresh blood when I have checked the tube?" That's a reference to the NG tube, isn't it?

A. Yes.

Q. But what you are saying there clearly, I suggest, is that before 9 am on 15 June, you saw blood.

A. No, I disagree. The intubation I'm referring to is the 15.00.

Q. Where does it say that?

A. The whole line of questioning is regarding the I-Gel. When I get further on...

Q. Oh, I see.

A. ...I don't refer to the handover intubation at all.

Q. The use of an I-Gel airway isn't an intubation --

A. It is, yes.

Q. No, it isn't.

A. It is. It's a secure airway.

Q. It doesn't go through the vocal cords into the lungs, does it?

A. I'm not sure exactly where it goes, but it's a mechanical airway that we never usually use, so it is a form of ventilation.

Q. We heard evidence from Dr Brearey and other doctors it is not an intubation.

A. Okay.

Q. You disagree with that?

A. Yes, I was referring to it as an intubation, yes.

Q. I see. Do you remember [Dr A]'s evidence about all this, about events from shortly after 7am?

A. Not in its entirety, no.

Q. He said to the jury that he saw blood in [Baby N]'s throat before he started the intubation process, at about 8 o'clock. Do you remember that?

A. Yes.

Q. Tile 155, please. This is you co-signing with Bernadette Butterworth for morphine, isn't it?

A. Yes.

Q. At 156, sodium chloride?

A. Yes.

Q. And at 158, atropine?

A. Yes.

Q. And at 160, suxamethonium?

A. Yes.

Q. And these are all drugs that are given within a six-minute period?

A. Yes.

Q. For what purpose?

A. Intubation.

Q. There was an attempt to intubate at about 8 am?

A. Yes.

Q. Do you remember [Dr A] also saying he saw swelling at the back of [Baby N]'s throat?

A. Yes.

Q. Do you remember him saying, "It must have been unusual for me to have remembered it."

A. Yes.

Q. And a clear import of his evidence, I am suggesting to you, is that he was saying this was all before he intubated or tried to intubate [Baby N]. Do you agree?

A. No, I don't think I can comment on what [Dr A] saw.

Q. Well, let's look at tile 171, your note, please:
"Unable to intubate. Fresh blood noted in mouth." That's what we referred to before.

A. Yes.

Q. What does that mean?

A. The doctors were unable to intubate, and fresh blood was noted in the mouth and on suction when trying to insert the tube.

Q. Yes. They can't see, can they? The doctors cannot see because of the blood.

A. Well, I think you'd have to clarify that with them because that's not a view that I would see as a nurse, so I can't possibly comment on what exactly [Dr A] saw.

Q. Do you agree that Professor Kinsey, in effect, eliminated the possibility of a spontaneous haemorrhage?

A. Yes.

Q. Do you remember what you said to [Father of Baby N]?

A. No. At what point?

Q. At about this point.

A. No.

Q. He said this in a statement that was read to the jury:
"I was at work. I then received a phone call from [Baby N]'s nurse, Lucy."

A. Yes.

Q. "Lucy said that [Baby N] had been a bit unwell in the night, but she said he's okay now. I told Lucy that [Mother of Baby N] would be in in a bit to see him as usual and that was that. She [this is you] didn't give me any other information. I didn't get the impression that he was still unwell or that we needed to be concerned. About 10 minutes later, [Mother of Baby N] rang me.

We needed to go to the hospital." You rang [Father of Baby N], didn't you?

A. No.

Q. Why was that evidence agreed?

A. I don't know that it's agreed.

Q. It was.

A. Okay. I think there's a written note by Bernadette Butterworth to say that she spoke with the parents.

Q. Is there? You think about that.

A. Well, I don't recall speaking to the parents myself.

Q. Tile 169, please, as you've brought it up. Can we have the original, please? The bottom right-hand corner, Mr Murphy, thank you very much. So this is Bernadette Butterworth's note, is it?

A. No, it's my note referring to Bernadette Butterworth, and I would not have put her name in there had that not happened.

Q. Because you don't make false notes?

A. No.

Q. "I think there's a note by Bernadette Butterworth to say that she spoke with the parents." That's what you just said. Was that true?

A. No, I said "I think" and I understand now that this -- it was myself that wrote that.

Q. Oh, you knew very well it was you that wrote it, didn't you?

A. I do now I am seeing it, yes.

Q. Because you study these papers in advance of me asking you questions about them, don't you?

A. I look at them, yes.

Q. Yes. What have you written at 14:10 to 14:12 that afternoon?

A. "Parents were contacted by Staff Nurse Butterworth during intubation. Both mobile phones switched off and no answer on landline. Message left. Call returned shortly after and parents were asked to attend. Have been present since. Both

understandably upset. Support given and fully updated by myself, Consultant Saladi and medical team. Aware of support needed and plan of care. Mummy expressing, milk frozen."

Q. "I was at work and then I received a phone call from [Baby N]'s nurse, Lucy. Lucy said that [Baby N] had been a bit unwell in the night but he's okay now." That was the agreed evidence. How does that agreed evidence live with your note?

A. There's a difference in recollection.

Q. No, because the agreed evidence is the truth.

A. Well, I can't answer that.

Q. Well, the answer is your note is a lie.

A. No, it's not.

Q. In her agreed evidence, [Mother of Baby N] said this: "On the 12th day, 14 June, we were told by a consultant that he [that is [Baby N]] was able to go home the next day." So that's 15 June, the day we're talking about, isn't it?

A. Yes, she was talking -- on the 14th, yes.

Q. "I was due to go and collect him on 15 June around 8am. I had a phone call from [Baby N]'s dad to say that there had been an issue at the hospital and [Baby N] had had a bleed and was unwell." This is information coming from you to [Father of Baby N] to [Mother of Baby N].

A. No, I disagree.

Q. But it's agreed evidence.

A. Well, I disagree with it now.

Q. It's yet another account from a parent that has been agreed and you are now saying is untrue, is that right?

A. Yes, I have no recollection of speaking to the family on the phone, and I would not have put Bernadette Butterworth's name in there had that not been the case.

Q. Were you sitting in the court when this agreed evidence was read to the jury?

A. Yes.

Q. What did you do about it?

A. Well, with respect, there's been a lot of evidence gone over and I've relied on my legal team. I can't say any more than that.

Q. We've seen you firing out Post-it notes from the dock.

A. Yes, which I think I'm entitled to do.

Q. You are, absolutely. Absolutely you are. That's the whole point of you being here. Have you raised an issue with these agreed statements being read?

A. I'm not sure, no.

Q. Well, is the answer no?

A. I can't say now whether it's something I've ever raised with my legal team, no.

Q. Well, if you did raise an important issue like that and they didn't pursue it with the court, what would you do?

A. Well, I think we're getting beyond that. I don't want to comment on what-ifs and buts, I don't know.

Q. Well, we've heard you interrupting [Mother of Babies E & F], for example, when she gave evidence, saying you couldn't hear. We saw you interrupt [Dr A] when he first came to give evidence and you tried to get out through the back door of the dock.

A. Yes, because I felt unwell.

Q. No, no. You didn't like hearing your boyfriend giving evidence, did you?

A. That's not fair.

Q. You told [Father of Baby N] two lies, didn't you?

A. No.

Q. First of all, you minimised how ill [Baby N] was and said he'd just been "a bit unwell in the night", and secondly you told him that [Baby N] was "okay now". That's right, isn't it?

A. No.

Q. And the third lie is you attributing the conversation to Bernadette Butterworth.

A. No.

Q. And this is part of your pattern of behaviour, distancing yourself from and making misleading records?

A. No. Bernadette's name is in there because that's what happened, and all the staff on the unit have access to those notes. If anybody disagreed with that at the time they could have looked at that.

Q. Well, that would presuppose that Bernadette Butterworth had a reason to go and look at the note, wouldn't it?

A. A lot of the nurses look at any of the notes at any point. That's up to them.

Q. Yes, absolutely. But do you ever suspect your colleagues of making false notes about you?

A. No.

Q. Do you spend your time reading the notes of other children?

A. Yes, sometimes, yes --

Q. You do?

A. To familiarise myself with who else is on the unit, yes.

Q. Is that because you're so busy you haven't got any time?

A. I don't understand. That doesn't make sense.

Q. Well, you have repeatedly told us how busy things are on the unit.

A. Yes.

Q. Have you got time to be reading the notes for children who you are not caring for?

A. Yes, at times. It's important all staff know about the babies on the unit.

Q. If we can go to page 29 of your interview, please, This is the interview on the 10 November 2020. This is what you were saying in 2020 about this telephone conversation, alright?

A. Yes.

Q. The officer asks:

"I've got a statement from [Father of Baby N] and he evidences a telephone call, which he received from you on 14 June, saying that [Baby N] had been unwell in the night but he was doing okay now. He says 10 minutes later, [Baby N]'s mum called him, saying [Baby N] was poorly and they needed to go to the hospital. Do you understand what he said there, Lucy? So he's saying there that he received a call --"

And you replied:

"And was it from me?" You were then asked the question:

"Why did you tell [Father of Baby N] that he was doing okay?"

You replied:

"I don't recall the conversation."

A. No, I don't.

Q. When this call was made, did you know that Jennifer Jones-Key was going to say that you had been at the scene of the first collapse?

A. I didn't make the phone call.

Q. You carried on making false entries, didn't you, in the paperwork?

A. No.

Q. Let's see if you're saying these are true or untrue. Can we look at J19316, please. 09.00, that's your writing, isn't it?

A. Yes.

Q. Is what you have written there true?

A. Yes.

Q. What does it say?

A. So I've written the drip reading at 9 o'clock and said it was occluding. I can't see what the 10ml is in reference to.

Q. Right. What does the 10 o'clock reading say?

A. Again it's got the drip readings, then it says:
"1ml fresh blood. Not passed urine. Green stool."

Q. 1ml fresh blood, which column is that in?

A. I'd have to see the top of the page, please.

Q. The "NG/vomit/asp" column, is it?

A. Yes, I believe it would be, yes.

Q. How did that blood find its way, coming up out of the NG, as a vomit or as an aspirate?

A. I can't say from reading that which it was, whether it was a vomit or an aspirate.

Q. [Baby N] had had a serious desaturation at about 07.15 or thereabouts, is that right?

A. Yes.

Q. [Dr A] had tried or made preparations for intubation at about 08:00?

A. Yes.

Q. At 10.00 hours -- well, you knew that [Baby N] had haemophilia?

A. Yes.

Q. And at 10.00 hours, you were making a note that there was a millilitre of fresh blood in the NG/asp/vomit column?

A. Yes.

Q. What did you do about it?

A. I can't say from my memory now.

Q. Well, you know what's in or isn't in the notes, don't you?

A. No, I don't recall my notes word for word, no.

Q. Well, given that background and given the particular issue that this child had, what should have been done about the fresh blood in the mouth?

A. I don't know that it was in the mouth. Fresh blood would be escalated to somebody, whether that's the nursing staff or medical.

Q. So who did you escalate it to?

A. I don't know.

Q. There is no record of you escalating it to anybody, is there?

A. No, if that's the evidence, no.

Q. Well, I am suggesting to you that there is no record anywhere of you escalating this issue with this child at about this time.

A. Okay.

Q. Do you dissent from that?

A. I agree there's no written record, yes. Whether there is any verbal conversation, I can't say.

Q. Well, this was potentially very serious, wasn't it?

A. Um, 1ml of fresh blood is not -- is not normal but it's not a life-threatening event.

Q. For a child with haemophilia who had desaturated to very low levels a couple of hours earlier, it was serious, wasn't it?

A. I don't agree that 1ml of fresh blood would require crash calling or anything like that.

Q. Would it be a concern?

A. Yes.

Q. And to whom would the concern be escalated?

A. A senior member of the nursing team or medical staff.

Q. Let's go to -- so this is 10 o'clock. Let's go to tile 185. Dr Saladi was on a ward round at 10 o'clock, wasn't he?

A. Yes.

Q. There was no mention of this to Dr Saladi, was there?

A. I can't say.

Q. Is it in his notes?

A. I can't recall his notes, but if you've said that it's not in there, then no.

Q. Well, let's look. Would you like to see the original? Any mention of blood? So:

"Attempt intubation x3, blood in oropharynx. . ." No mention of anything coming up the NG tube is there?

A. No.

Q. Dr Henton's note, tile 188, please. Is this a note made on the day, do you know? At the bottom, possibly, it will have a time.

A. I think usually this is -- oh, so the grand round form would be present, yes, at the time, yes. "See written notes", yes.

Q. Yes. Again no mention of this blood up the NG tube at about this time, according to your note?

A. No.

Q. That is why I am suggesting that at 10 o'clock, if there really was blood, you would have done something about it and the fact that you haven't done anything about it shows that you have invented the blood at 10 o'clock.

A. No, I disagree.

Q. Well, what did you do?

A. I can't tell you exactly what I did.

Q. This is all designed to give the impression of an ongoing problem in a child who had haemophilia, isn't it?

A. No.

Q. Do you remember the explanation that you gave to the police about it?

A. No, I don't remember, no.

Q. Do you see there, about a third of the way down, the police were asking you about this very point?

A. Yes.

Q. You were able to answer the question then that I asked you earlier:

"I've obviously checked his tube and 1ml has come out."

A. Yes.

Q. You were then asked the question:

"Would that be concerning, fresh blood?" you replied:

"Yeah". They then asked:

"You explain what you did about it, Lucy." you replied:

"I don't remember". Is that right?

A. Yes.

Q. Then over the page, just at the bottom of that page, you were asked this question:

"Just in your experience, Lucy, the fresh blood, what can cause that?". You replied:

"Is this when he was first born?" They reply:

"No, this is on the 15th." You then reply:

"So any sort of trauma to the airway." Is that right?

A. Yes.

Q. "He's having some sort of an abdominal issue, an abdominal bleed, something like that. If the tube's been -- the NG tube's been inserted forcefully, it can cause a bit of trauma going down."

A. Yes.

Q. Is that true?

A. Which part? Well, yes, it's all true, yes.

Q. Is it true that the NG tube can cause bleeding in the throat or the mouth?

A. Yes, a small amount, yes.

Q. Do you remember it being suggested to Dr Evans on your behalf that that was a ridiculous suggestion, that the NG tube --

A. For a very large amount of blood, yes.

Q. Do you remember the expert evidence of Elizabeth Morgan, the expert nurse, which was agreed?

A. Not in the entirety, no.

Q. That any unusual occurrence should have been escalated verbally to the medical staff, particularly where it was relevant to a particular issue to which the blood was relevant. So a haemophiliac child bleeding.

A. Yes.

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

A. I cannot say that I didn't escalate it verbally.

Q. You were telling your friend [Dr A] about it, though, weren't you? Do you remember?

A. Yes, I remember at some point [Dr A] asked me how he was.

Q. Let's just look at tile 199, please, which is a Facebook message you sent him at 11:29. Read that out, please. It's your message.

A. "Small amounts of blood from mouth and 1ml from NG. Looks like pulmonary bleed on X-ray. Given factor VIII. Wait and see. Apnoeas have improved and gases good. Colour and perfusion still not great. If deteriorates, will try to intubate."

Q. As a matter of fact, the X-ray had been at 09.08, which is well before your record of the blood, isn't it?

A. The 10 o'clock, yes.

Q. Yes. If we go back to tile 176, please. This is an X-ray taken at 09:08, reported on by Doctor Wright, the radiologist: "Presumed haemophilia A. Profound desaturation and blood at oropharynx on intubation [query] pulmonary haemorrhage." That was the reason for the X-ray, is that right?

A. Yes.

Q. But Dr Wright's report says the appearance is more in keeping with infection than with pulmonary hemorrhage.

A. Yes. This information comes some time after the X-ray, though, it's not available at that time.

Q. So I'm suggesting to you that you were creating the impression with your colleagues that [Baby N] had a problem which, if it existed at all, was being caused by you.

A. No. Can you rephrase that, please?

Q. Yes. I'm suggesting two things. Either there wasn't a problem at all and you were making it up, as evidenced by the fact you didn't report it through the normal chain of command, or, if there was a problem, you were causing it.

A. No, I disagree with both.

Q. Do you remember the parents of [Baby N] arriving?

A. Not in clarity, no.

Q. Well, you referred to it in a text message you sent to your friend [Nurse E].

A. Yes.

Q. Tile 232. That's her question to you. "[Baby N]'s parents been in?", asks your friend.

A. Yes.

Q. And your response comes 3 minutes later at 13.54, tile 235 please. So Nurse E, had she gone off from the night shift?

A. Yes.

Q. So she would have gone, what, after 8 o'clock and probably before 9 o'clock, is that right?

A. Yes.

Q. So [Father of Baby N]'s statement is correct, that they came into the NNU as a result of a phone call?

A. Yes, they did attend, yes.

Q. Do you remember him saying in his statement that they went to get something to eat?

A. Yes.

Q. Do you remember what he said happened when they went to get something to eat?

A. That there was a deterioration with [Baby N].

Q. [Baby N] collapsed again.

A. Yes.

Q. To be fair to you, he puts the time of that in the statement as earlier than the time of the collapse, okay?

A. Right.

Q. But he says such was the dramatic and extreme nature of the collapse that they were offered a priest. Do you remember that?

A. Yes.

Q. And therefore that has to be, doesn't it, the collapse at 14:50?

A. Yes, if that's the time of the collapse, yes.

Q. Well, let's look at tile 244, please. Your note?

A. Yes.

Q. "Desaturation to 44. Heart rate below 100 at 90. Fresh blood..." So more fresh blood?

A. Yes.

Q. "... noted from mouth and 3ml aspirated from NG tube."

A. Yes.

Q. So the source, on the face of it, not the stomach -- not the lungs I should say, because the NG tube is in the stomach.

A. Yes.

Q. What had you done to [Baby N] to make him bleed?

A. I hadn't done anything to him.

Q. This is very similar to what happened to [Baby E], isn't it, do you agree?

A. Um, [Baby E] had significantly more blood, but yes, he did have fresh blood, yes.

Q. Do you remember telling Dr Mayberry about this?

A. No.

Q. It's tile 245 in his note if we look at that, please. This is written in retrospect of course:

"Crash bleeped to NNU due to sudden desaturation following 3ml aspirate of blood from NG."

A. Yes.

Q. So we're talking about the same event, aren't we?

A. Yes.

Q. "1 attempt at intubation by myself. Cords seen but obstructed by swelling in airway."

A. Yes.

Q. Do you remember what he said about that?

A. I remember him saying it was unusual, he'd not seen anything like that before.

Q. Exactly:

"Unlike anything I had encountered previously."

A. Yes.

Q. You had shoved some foreign object down [Baby N]'s throat, hadn't you?

A. Absolutely not, no.

Q. That's why he was bleeding.

A. No.

Q. Doctor D saw swelling in the throat.

A. Yes.

Q. Dr Brearey saw blood in the throat about this time. Do you remember?

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

Q. And it's all your work, isn't it?

A. No, it's not at all.

Q. Do you remember some assistance having to be called from Alder Hey?

A. Yes.

Q. And you were agitated by that, weren't you?

A. Yes, I'd never known anything like that.

Q. Did you think eyes from outside might work out what you'd been up to?

A. No. There was nothing to do. I wanted them to come and help [Baby N] because at that point nobody on our unit could do that.

Q. Do you remember saying to [Dr D], "Who are these people?"

A. Yes.

Q. "Who are these people?"

A. Yes, I did. I had no idea who these people were. The nursery was full of people and I didn't know who they were. I'd never

experienced staff coming from another department or another hospital before.

Q. So that's your reason, is it? You didn't know who they were?

A. No, I didn't know who they were, no.

Q. You didn't know where they'd come from?

A. I knew where they'd come from, I didn't know who they were or who was doing what. I've never known staff come from different hospitals or different departments. It was a completely new experience.

Q. Do you remember the evidence from the doctors that as [Baby N] collapsed the final time, they were all away from him?

A. As in every doctor?

Q. Yes. Dr Potter and Dr Lakin were in a different room, preparing Dr Potter's equipment, I think, and Dr Gibbs said they were in effect in a huddle, discussing what they were going to do.

A. Okay.

Q. And that was the point at which [Baby N] collapsed again, wasn't it?

A. Yes.

Q. And you took advantage of, as we have seen in many other cases, them being distracted, to try to kill him?

A. No.

Q. You did try, didn't you?

A. No.

Q. Were you telling the truth when you told the police that the only thing you could remember was what was written down about these events?

A. Yes, at the start of the interview before I realised it was [Baby N], yes.