

Thursday 8th June 2023

Cross-examination of Lucy Letby by Nick Johnson KC - Day 9

NJ: We're going to move on please to Count 20 which concerns [Baby O]. As before, I'd like to start with the contents of your defence statement, it reads as follows: "I did nothing to hurt [Baby O]." At paragraph 169: "On 23 June 2016 I was allocated [Baby O], [Baby P] and another baby called J. Rebecca Morgan, the student nurse who was with me, fed [Baby O] at 8:30, 10:30 and 12:30. I signed the notes for this but she fed him down the NG tube and did his observations. Shortly after the 12:30 feed, [Baby O] vomited, he didn't look right, and his observations were yellow on the charts." At paragraph 171: "It had not been a profound vomit, however because [Baby O] didn't look right I got Dr A to review him, this would have been around 13:50, and nil by mouth was entered in the medical notes. At that point, there was a change in his appearance but it was not dramatic. [Baby O] remained in Nursery 2."

So, so far as what I've read to you there, is that what appears in the document?

LL: Yes.

NJ: And is it correct?

LL: Yes.

NJ: At paragraph 172: "At 14:40 [Baby O]'s monitor went off. He was not breathing well and his tummy was red and distended. I'd done nothing to cause this to happen. I called Dr A from Nursery 3 and he used the Neopuff. He checked the blood gas, which was not good, and so we moved [Baby O] to Nursery 1. Too many babies in there and so we had to move some out [as read]."

Again, is that what it says?

LL: Yes.

NJ: And is it correct?

LL: Yes.

NJ: At paragraph 173: "When [Baby O] collapsed people were panicking. The unit was very busy. We had to move another baby to make space for [Baby O] in Nursery 1."

Is that what it says?

LL: Yes.

NJ: Is it correct?

LL: Yes.

NJ: Paragraph 174: "When [Baby O] was put on the ventilator in Nursery 1, he stabilised but then deteriorated rapidly." Again, is that what it says?

LL: Yes.

NJ: At paragraph 175: "I didn't notice a rash to the right side of [Baby O]'s chest. No one mentioned such a rash. His hands and feet were pale, and his stomach was red and purpuric, and getting bigger all the time. At one point, Dr Brearey put a needle into his stomach to see if anything could be drained. My recollection is that his stomach stayed red the whole time. I was present when we were resuscitating [Baby O], and it did not go."

So again, is that what it says?

LL: Yes.

NJ: And is it correct?

LL: Yes.

NJ: At paragraph 176: "[Baby O]'s abdomen was very swollen and the doctors were struggling to get access to a vein. One of [Baby O]'s lines had tissue and we were struggling to get lines into him. His peripheries turned white. He was so poorly it couldn't be done and the only option was to inject his shin and put a line into his leg." Is that what it says?

LL: Yes.

NJ: And is that correct?

LL: Yes.

NJ: Are you there suggesting that intravenous access was lost?

LL: I'm saying that one of his lines had tissue, yes. One of the lines.

NJ: Are you saying that intravenous access was lost?

LL: I can't say. From that I've read one of [Baby O]'s lines had tissue.

NJ: You know the significance of intravenous access in this case, don't you?

LL: No.

NJ: Well, we'll come to it. Paragraph 177: "Dr B kept going outside to smoke during the collapse. I appreciate it may seem a small matter in all the circumstances, but she didn't wash her hands when she returned." Is that what it says?

LL: Yes.

NJ: And is that true?

LL: Yes.

NJ: Then finally: "Sophie Ellis had raised a concern about [Baby O] and the appearance of his abdomen during the night shift before my shift commenced. I do not accept that this was dealt with adequately at the time." Is that what it says?

LL: Yes.

NJ: And is that true?

LL: Yes.

NJ: And is that your position, that you do not accept it was dealt with adequately at the time?

LL: Yes.

NJ: When did you come to that conclusion?

LL: By the time this statement had been written.

NJ: What was it that caused you to reach that conclusion?

LL: Reviewing all of the medical records.

NJ: So that is some time at or before, I think it was, the 11th of February that this document was signed off, 2022?

LL: Yes.

NJ: Alright. One thing I've overlooked is the question I ask you usually the beginning of every day or every session, namely: up to this point in your evidence, is there anything that you want to amend or change or put a different emphasis on?

LL: No.

NJ: So taking yesterday as the most recent example, is there anything you said yesterday that you now wish to review?

LL: No.

NJ: Anything you felt you couldn't answer yesterday that, having thought about it overnight, you now feel that perhaps you can answer?

LL: No.

NJ: Have you given that some thought?

LL: Yes, I've thought about it overnight, yes.

NJ: Yes, you have thought about what you said yesterday and whether or not in fact you made a mistake, is that right?

LL: Yes.

NJ: I want to deal with the background to [Baby O]'s death, please. We know from the evidence that we have heard that he was born on Tuesday, June 21st at 14:24. He died on Thursday, June 23rd at 17:47. Alright?

LL: Yes.

NJ: At the time of [Baby O]'s birth, you were abroad, weren't you?

LL: Yes.

NJ: You were with Nurse E and others in Ibiza?

LL: Yes.

NJ: You had gone there on the 20th of June and you returned on the 22nd?

LL: Yes.

NJ: And you were very interested in the triplets, even before you had seen them, weren't you?

LL: I received information about the triplets, yes.

NJ: Would it be fair to say that they were big news in the unit?

LL: Yes, it was very unusual to have triplets on the unit, yes.

NJ: Naturally conceived triplets. Had you ever in your experience come across naturally conceived triplets?

LL: No.

NJ: If Mr Murphy would help, please, and we start at tile 21, this is your friend Jennifer Jones-Key telling you about their arrival, is that right?

LL: Yes.

NJ: In the next text you make it clear that, as a matter of fact, you already knew.

LL: Yes.

NJ: Is that right?

LL: Yes.

NJ: Then we have tile 24 where you say: "Probably be back in with a bang."

LL: Yes.

NJ: Within 72 hours of that text, [Baby O] and [Baby P] were dead and [Baby Q] had collapsed, that's right, isn't it?

LL: Yes.

NJ: And all happened when you were there?

LL: Yes.

NJ: Yes. You then texted your friend Dr A at tile 62, please -- I say text, it's a Facebook message -- still on the 22nd, where you were asking him for further detail about the triplets.

LL: Yes.

NJ: Any reason why you were so interested?

LL: It was just general conversation. Triplets were unusual. Jennifer had obviously texted me to say they were born, as had Dr A. It was just general conversation about something that's quite unusual.

NJ: Did you want to get involved with them?

LL: No, I'm just making enquiries about something that's unusual on the unit that the other members of staff are talking to me about.

NJ: Do you accept the evidence of the boy's mother, [Mother of Babies O, P & R], that all went well at their birth?

LL: Yes.

NJ: Do you accept that overnight, the day they were born the 21st into the 22nd, Amy Davies told us that there were no concerns for either [Baby O] or [Baby P]?

LL: Yes.

NJ: Do you accept the evidence of Samantha O'Brien from the day shift on June 22nd, so the day that you were sending the text that we've just looked at, when she said that [Baby O] in particular was fine on that day shift?

LL: Yes.

NJ: And Yvonne Farmer, who said he was moved into Nursery 2 because he was doing so well on that shift?

LL: Yes.

NJ: Do you accept that overnight, from the 22nd into the 23rd of June, both [Baby O] and [Baby P] were clinically well?

LL: Is that on this, on the 22nd?

NJ: This is the night shift before you came in on the 23rd.

LL: Yes.

NJ: And do you accept that they were moved from CPAP to Optiflow on that night shift?

LL: I'd have to check. I can't recall that from memory, no.

NJ: We'll come to the charts. Chris Booth told us that his impression was that [Baby O] would "sail through". Until [Baby O] collapsed, did you see anything to undermine that as a reasonable impression?

LL: No, not up until that lunchtime, no.

NJ: Sophie Ellis actually looked after [Baby O] in particular that night and said there was nothing concerning about his presentation, do you accept that?

LL: Yes.

NJ: If you go, please, to Jury bundle 2, you will find the charts and other documentation for [Baby O]. If you look at the second page, which is J23657, there we have the observation chart for [Baby O] from about the time of his birth, do you see that?

LL: Yes.

NJ: And thus the clock went from the 21st to the 22nd, about halfway across the page where we get to midnight. Do you see that?

LL: Yes.

NJ: It ran to 13.00 hours on the 22nd at the far right of the page.

LL: Yes.

NJ: Then turn over the page, page 23658, we have a chart starting at 14:00 hours on the 22nd and moving through to the early hours and then ultimately the time of death of [Baby O] on June 23rd.

LL: Yes.

NJ: In answer to questions asked by your counsel, I just want to confirm that you identified your handwriting on that chart, in particular where we see what looks like 13:30, is that right?

LL: Yes.

NJ: Is that a time that's been changed as a matter of interest?

LL: It looks like I've gone over it in some way, yes.

NJ: It looks like there was a 4 there at some stage, doesn't it?

LL: I can't -- I can't say for definite.

NJ: Well, it's your writing. What does it look like to you?

LL: 13:30. I would say it's gone from a 2 to a 3.

NJ: Right. So no 4 under there?

LL: That -- that's my opinion, it's a 2 to a 4 [sic].

NJ: Anyway, we know that problems for [Baby O] started, give or take, at about lunchtime, at about 13:15, alright?

LL: Yes.

NJ: We'll come to it in the sequence, but looking at the readings, the observations, is there anything concerning, from your perspective, on that chart prior to that time that I have just drawn your attention to?

LL: His temperature's a little bit unstable at times.

NJ: Yes, someone appears to have put a reading into the temperature chart at 12:30 and then crossed it out, don't they, and put a different one in?

LL: Yes.

NJ: Was that you?

LL: No.

NJ: How can you say?

LL: That's not how I would document a temperature. That's not my writing.

NJ: That dot is not your writing?

LL: I don't believe so, no, because I join up -- I usually join up the arrows.

NJ: Like you didn't do at 14.30 or 13.30?

LL: Because they're not a continuation. When there's two side by side, usually you would join them up, which is what's been done in the yellow bit. They actually join up.

NJ: [Baby O], according to that chart, had been very stable overnight, hadn't he?

LL: He's had some temperature issues, but yes.

NJ: If we can look at the bottom part of the page, please, Mr Murphy. That's it, thank you. That left-hand column under where it says "Cooling Infant", do you see it?

LL: Yes.

NJ: It says "sats" and then "fractional oxygen".

LL: Yes.

NJ: Then what does it say?

LL: "Optiflow."

NJ: Yes. And this is the point I made to you earlier, that [Baby O] had been on Optiflow for quite some time, hadn't he, by the time --

LL: Yes. I couldn't recall that from my memory, so thank you for showing me.

NJ: It's quite alright, it may be important, alright?

LL: Okay.

NJ: His ECG leads had been removed and that would be in keeping with this picture, wouldn't it?

LL: Yes, if that's what happened, yes.

NJ: That was the evidence.

LL: Okay.

NJ: His antibiotics had been stopped and we know from tile 175, if Mr Murphy would help, please, that in a sample taken after his first collapse at 13:39, after 5 days there was no bacterial infection.

LL: No.

NJ: Then if we go, please, to tile 52, the aspirates in the output section under the NG/asp/vomit column show that [Baby O] was tolerating his feeds very well, don't they?

LL: Yes.

NJ: Going back to your defence statement then, and what you wrote at paragraph 178, what are you saying is the point that you don't accept that the appearance of his abdomen overnight was dealt with adequately?

LL: I think concerns were raised about his abdomen and feeds were continued.

NJ: But what was actually going shows that there wasn't a problem, doesn't it?

LL: I -- I don't know.

NJ: Well, you do know, you're a band 5 QIS qualified nurse. Where, looking at the data, is the problem?

LL: I -- I can't say without looking.

NJ: Well, you take your time and look and you tell us where you are saying this problem was.

(Pause)

LL: He's still having milky aspirates.

NJ: You give us the page that you're looking at, please.

LL: 23676.

NJ: So if we carry on in the documents to the final document behind divider 20, what's the problem?

LL: There's not a problem, it's just that he is still having aspirates and he hasn't had his bowels open.

NJ: Doesn't it say bowels opened, for example, at 5 o'clock, and he passed urine as well?

LL: I think that's a BNO [Bowels Not Opened].

NJ: BNO?

LL: Yes.

NJ: Well, you see, this is one of the reasons I went to your defence statement first because you raise an issue and I'll just remind you of what you said at paragraph 178: "Sophie Ellis raised a concern about [Baby O] and the appearance of his abdomen during the night shift. I do not accept that this was dealt with adequately." What is the inadequacy?

LL: I don't know.

NJ: You don't know?

LL: No.

NJ: So you are suggesting that there was a problem but you are not in a position to tell us what the problem was?

LL: Mm.

NJ: Is that what it comes to?

LL: Yes.

NJ: And there's no apparent problem recorded in the paperwork, is that right?

LL: Yes, not on the charts, no.

NJ: Do you accept Dr Mayberry's account of examining [Baby O] at the end of the night shift and that all was well?

LL: Is this the night when he reviewed him but didn't write the notes? So, yes, on his word, yes.

NJ: Well, are you suggesting we shouldn't accept his word if he didn't write it down himself?

LL: No, I'm saying there's no way of definitively knowing if he reviewed him or not.

NJ: Well, Sophie Ellis wrote down that he had because as you remember, I'm sure, he had been called away and didn't have time to make the note himself.

LL: Yes.

NJ: So when you say there's no way of definitively knowing if he didn't examine him, would it follow you're suggesting there must have been some sort of cover-up between Dr Mayberry and Sophie Ellis?

LL: No, I'm saying there was no formal note, so therefore, I was not there, I cannot say definitively what happened.

NJ: Right. Well, do you accept the nursing note that he did it?

LL: Yes.

NJ: Right. Do you accept that Dr Mayberry essentially excluded the presence of the subcapsular haematomas in [Baby O]'s liver at the time of that examination?

LL: Yes.

NJ: If we could go, please, to Sophie Ellis' note at tile 105. So: "Abdo looks full, slightly loopy, appeared uncomfortable after feed. Registrar Mayberry reviewed. Abdo soft. Does not appear in any discomfort on examination. Has had bowels open." So there's a note made by your colleague that his bowels had opened, do you agree?

LL: Yes.

NJ: "To continue feed but to monitor." Is that note, in effect, the foundation for your assertion in your defence statement that there was some sort of inadequate treatment?

LL: I think I've stated because the doctor didn't actually write anything down, I don't know that he was fully reviewed.

NJ: Right. So because Dr Mayberry personally didn't make a note, you do not accept that any issues that there may have been with [Baby O] was adequately dealt with at the time?

LL: Yes.

NJ: So it comes down to the personalisation of the note, that's the basis for your concern?

LL: Yes, because it's been pointed out where something's not written down, you don't know that it happened.

NJ: And who's pointed that out?

LL: Sorry?

NJ: You say it's been pointed out, by who?

LL: You.

NJ: Me? When's that?

LL: Well, people have stated that if something's not written down or somebody writes something, it might not be correct.

MR MYERS: If I can help, it was the suggestion made in the case of Dr Beebe's afternoon review of Child I when in the nursing notes it was pointed out that Ms Letby had said there was a review at about 15:00 and the prosecution pointed out there was no note and that's what she is referring to, that it's been pointed out before.

NJ: Is that what you meant to say?

LL: Yes, so therefore it didn't happen, yes.

NJ: I'm very grateful to Mr Myers. Do you accept that at 9:30 Dr Cooke examined [Baby O] and actually felt the liver area and excluded there being an injury at that point?

LL: Yes.

NJ: So does it therefore follow that the liver injury [Baby O] did sustain happened, in effect, on your watch?

LL: Yes.

NJ: Yes. Do you accept, therefore, that somebody must have inflicted that liver injury on [Baby O] during that day shift?

LL: I agree that it's happened during that shift. I don't know how it's happened.

NJ: Well, we've heard expert evidence from Dr Marnerides about how these things happen, haven't we?

LL: Yes.

NJ: Yes. Your case is you don't know how it's happened and I assume you will say that you deny it happened at your hand?

LL: That's right.

NJ: Well, let's go to the population distribution, please, at tile 106. There we see that you were the only nurse in Nursery 2, is that right?

LL: Yes.

NJ: With [Baby P], [Baby O] and a child JD?

LL: Yes.

NJ: The third triplet, [Baby R] was in Nursery 1 with [Baby Q], BM and YM. And the nurses in there were Samantha O'Brien and Christopher Booth. Is that right?

LL: Yes.

NJ: Three children in Nursery 3: ZZ, MB and FG, with Mel Taylor and Nurse C?

LL: Yes.

NJ: Then another couple in Nursery 4 with Nurse C, is that right?

LL: Yes.

NJ: So it follows that you were the only nurse in Nursery 2 on this shift?

LL: Yes.

NJ: Are you suggesting that the staffing levels caused or contributed to [Baby O]'s collapse or death?

LL: No.

NJ: Are you suggesting that any doctor's mistake caused or contributed to his collapse or death?

LL: No.

NJ: Are you suggesting that any nursing mistake caused or contributed to [Baby O]'s collapse or death?

LL: No.

NJ: You, of course, were supervising, was it Rebecca Morgan --

LL: Yes.

NJ: -- the student on this shift? But she wasn't always in the nursery with you, was she?

LL: No.

NJ: She was off doing other things with other people and having a chat to some of the mums?

LL: Yes.

NJ: We can see you telling your friend Dr A about that at tile 149, at 10:20 that morning, can't we?

LL: Yes.

NJ: Is the fact that you had three children in Nursery 2 a reflection of the fact that they were all doing very well?

LL: Yes, it would suggest that they're not all high dependency.

NJ: Was [Baby O] high dependency?

LL: I don't believe so, no.

NJ: No. It's just in your evidence on May 17th you suggested that he was.

LL: Well, I'm not sure without clarifying with the guidelines. I can't remember.

NJ: Or was it that on the 17th you were trying to create the impression that things were rather more fraught and difficult than really they were?

LL: No, I can't recall now what access he had and what would make him an ITU or non ITU.

NJ: Do you agree that high dependency babies should never be left unattended?

LL: No, they are left unattended but somebody would be aware that you're leaving the room, yes.

NJ: So somebody would keep an eye out?

LL: If you're going to be away for a period of time, yes.

NJ: And what do you mean by a period of time?

LL: So if I was leaving the nursery to, say, leave the unit then I would get somebody to listen out. If I was going to get medicines from another nursery then I wouldn't necessarily do that because I would still be able to hear the monitors.

NJ: Okay. I want to start with tile 121, please. these are Dr Cooke's notes of an examination that she undertook of [Baby O] at 09:30.

LL: Yes.

NJ: Dr Cooke told us that the designated nurse, which we know was you, told her that there were no concerns for [Baby O], do you accept that?

LL: Yes.

NJ: She told us that reported to her were trace of aspirates but none bilious, do you accept that?

LL: That I told her that?

NJ: Yes.

LL: I don't recall saying that, but there weren't any -- there's no bile on this chart, no.

NJ: No. Well, you were either completing the chart or supervising the student completing the chart, weren't you?

LL: At this point there is only one feed, but yes.

NJ: Yes. Dr Cooke said there was absolutely nothing abnormal with [Baby O] at this stage of the morning, do you accept that?

LL: Yes.

NJ: And she positively excluded the possibility of there having been an abdominal issue at that point, do you accept that?

LL: Yes.

NJ: Did you leave the unit shortly after this?

LL: I've left the unit at points, yes. I think I went to go and get some donor milk out of the fridge -- freezer, sorry.

NJ: Where is the freezer?

LL: It's on the corridor outside of the neonatal unit doors.

NJ: I'm just interested in a sequence of text messages that you then started to send to your friend Dr A. Alright? Can we start at tile 123 on the basis that you're the only nurse in Nursery 2 and if you're going off the unit, you get someone to listen out. You say "Boo" at 123. Is that trying to get his attention?

LL: I think it's in response to a previous text where he said he's not on the unit, I think.

NJ: Yes, you're quite right.

LL: He texted me first and I think this is my response to him not being on the neonatal unit that day.

NJ: He was in the clinic, I think, it's tile 119. Were you disappointed that he wasn't there in the unit?

LL: Yes, I enjoyed working with Dr A, yes.

NJ: Did you want to get his attention?

LL: No.

NJ: Is that the reason you sabotaged [Baby O]?

LL: No.

NJ: If we go to 124 next, please, Mr Murphy. In answer to "Boo" he says: "I thought something similar." Then 3 minutes later, 125, you sent another message. Then added a correction to that at 126. "Are you here this aft?" and he replied: "Yes, back after the clinic." So at that stage you knew he would be back in the afternoon, didn't you?

LL: Yes.

NJ: You then said: "Have fun." 130: "My student is glued to me." He commiserated saying: "Could be a challenge." Then: "This is what my morning is looking like." I say "my" because of the next text. You responded: "How exciting." He said: "No, it's a load of..." And you said: "Now, now, Dr A." Then at 09.45: "Bit rubbish you couldn't stay on NNU." Were you missing him?

LL: No, this was my first day back at work.

NJ: At 9.47, tile 138: "It's okay. Tony would have had a whole day of clinic otherwise. Clearly fridge sales must be low." And then you sent two further messages about the Eskimos at 139 and then whether or not he would get lunch. And your texts continued at tile 142, 09.55. You said you'd lost your handover sheet and found it in the donor milk fridge. He replied and you continued texting him on and off between 10:00 hours and 10:39. Was that a busy morning for you?

LL: Sorry?

NJ: Was that a busy morning?

LL: It was a fairly busy shift, yes, not exceptionally busy.

NJ: Given that you don't text in the clinical areas, you have told us, where do you get the time from to be sending all these texts?

LL: A lot of the staff are often on their phones.

NJ: No, no, I'm not asking about --

LL: When you're not doing something directly with the baby, I could be on my phone.

NJ: In the clinical area?

LL: I wouldn't be at the cot side, no, but I might be on the unit using my phone, yes. I wouldn't have used the phone in the clinical

area. A non-clinical area would be somewhere like the nurses station, the equipment room, the break room, the corridor. Anywhere that's not at the cotside.

NJ: At tile 158, please, 10.36, Dr A was offering to get you lunch and saying he thought clinic should be done in an hour, so in other words, by about 11:35, is that right?

LL: Yes.

NJ: And when he arrived, we know he came to see one of the babies, [Baby Q].

LL: Yes.

NJ: So that shows, doesn't it, that Dr A was on the neonatal unit at 12:10?

LL: Yes.

NJ: At 12:30 you fed [Baby O], didn't you?

LL: Could I just see the chart, please?

NJ: It's tile 167, please, Mr Murphy. That shows you feeding [Baby O], doesn't it?

LL: No, that's not my writing. I signed the bottom, but the actual feed content is not my writing.

NJ: Whose initials are at the bottom?

LL: Mine.

NJ: Yes. So you fed [Baby O]?

LL: No, it's not, no. That's not my writing, that's Rebecca's writing, and as her mentor I have to countersign that she's done anything.

NJ: Yes, but she should sign it as well, shouldn't she, if she did it?

LL: Or if I've done it first she wouldn't need to, no.

NJ: If what, sorry?

LL: If I've signed as well then she doesn't need to, necessarily, no.

NJ: Why is that?

LL: Because if she's fed back to me that she's fed the baby I would take her word for that and document it myself, the initials.

NJ: There were no problems at that feed according to the data that's recorded on the form, were there?

LL: No.

NJ: Trace aspirate?

LL: Mm-hm.

NJ: And your initials?

LL: Yes.

NJ: And it was about this time that you deliberately overfed [Baby O], wasn't it?

LL: No, I did not overfeed [Baby O] and I did not feed him this feed.

NJ: Do you remember that it was around this time that Mel Taylor was in Nursery 2?

LL: Yes.

NJ: If we look at line 57 of the neonatal review, we can see that at 13:00 hours she made an entry of having fed the child JD.

LL: Yes.

NJ: And JD was one of your children in Nursery 2, wasn't he?

LL: Yes.

NJ: So Mel was in there, in Nursery 2, in the aftermath of your record that you had fed [Baby O], is that right?

LL: Yes, so Mel was with the baby JD at 1 o'clock, yes.

NJ: The point is she's in Nursery 2, is that right?

LL: Yes.

NJ: And you know the significance of Mel being in Nursery 2 at that time, don't you?

LL: Because she said she made a comment about [Baby O] not looking well.

NJ: Yes. She said to you that [Baby O] didn't look well. What else did she suggest?

LL: From her recollection that we should move him into nursery 1.

NJ: Yes. And you refused, insistentlly, didn't you?

LL: I don't recall the details of the conversation, no.

NJ: Well, do you recall a different conversation?

LL: I don't recall any specific details about talking about going into Nursery 1. I know that Nursery 1 was very full. I don't remember being very dismissive to Mel about where [Baby O] needed to be.

NJ: She told the jury that you were undermining her authority.

LL: That's Mel's opinion if that's what happened.

NJ: Mm. Well, I'm going to suggest to you that from what we saw yesterday with Child N, you weren't getting on with Mel at this point, were you?

LL: Yes, I got on well with all my colleagues, professionally.

NJ: "FFS", do you remember that, yes?

LL: Yes.

NJ: You were angry with Mel, you accepted that.

LL: Yes.

NJ: Was it your place to refuse if a senior colleague made a suggestion?

LL: No, I don't recall doing that, but if I had, Mel would have been perfectly within her rights to override me and take the baby off me.

NJ: But she didn't?

LL: No.

NJ: You had sabotaged [Baby O], hadn't you?

LL: No.

NJ: And that's why you didn't want him moving outside your control into Nursery 1?

LL: No.

NJ: Because, as we can see from the population distribution, if a child went from 2 to 1, it would necessarily involve a child coming out of Nursery 1 and in all likelihood being swapped into Nursery 2?

LL: Yes.

NJ: Keeping you in Nursery 2?

LL: I can't answer that. That would be up to how the shift leader would have allocated.

NJ: Well, it would, but two of your charges remained in Nursery 2?

LL: Yes.

NJ: And this would have meant [Baby O] escaping your influence, wouldn't it?

LL: No, I disagree. I can't say how the allocation would have worked had [Baby O] moved.

NJ: We've looked just now, and it may be that the jury still have open chart 23676 behind divider 20. So that's an examination by Dr A in the aftermath of what I'm going to suggest was a collapse for [Baby O] at 13:15.

LL: Okay.

NJ: You would have been giving this information to your friend Dr A, wouldn't you?

LL: Yes, most likely.

NJ: It gives the amount of milk that [Baby O] was receiving, a vomit post-feed, no bleed, small meconium plug, heart rate 160 to 170, etc, doesn't it?

LL: Yes.

NJ: 160 to 170 isn't tachycardic, is it?

LL: It's higher than we would want it -- well, it's the higher end of normal.

NJ: Yes. Well, if we go in to the paper bundle 23656, we see that the yellow area starts at 180, doesn't it?

LL: Yes.

NJ: If we look at your nursing note at tile 169, we see that you were recording at this examination that [Baby O] was tachycardic. That wasn't an accurate reflection --

LL: Yes.

NJ: Is that an accurate reflection in reality?

LL: Yes. He's had an increasing heart rate over the period of time and when I've got him reviewed it suddenly spiked up further, so --

NJ: He was not tachycardic, was he?

LL: I think he was in my nursing opinion.

NJ: Alright, in your nursing opinion?

LL: Yes.

NJ: I see. Do you remember saying on May 17th that this was not a concerning vomit, it was a standard baby vomit?

LL: Yes.

NJ: Do you remember the lying false entry you made in a different chart at about this time?

LL: No.

NJ: Let's look at tile 170, please. It's J23667. Right at the back -- one from the back of the paper documents behind divider 20. You see there your writing at 13.20?

LL: Yes.

NJ: What's the false entry in that line?

LL: I don't know.

NJ: You don't know? Do you remember Dr Bohin telling us about it?

LL: No.

NJ: CPAP?

LL: Yes.

NJ: Do you remember now?

LL: I think he had some CPAP pressure at that point, did he not?

NJ: No. He'd not been on CPAP for hours and hours. You were covering for air you'd given him, weren't you?

LL: No.

NJ: Let's look at tile 197. This is an X-ray that was taken at about the time of [Baby O]'s second collapse at about 14:40. Okay?

LL: Okay.

NJ: Do you remember Professor Arthurs looking at this and telling us about it?

LL: Yes, I know he looked at it, yes.

NJ: Yes, and he said that the level of gas in the bowel was more than would be expected in a normal baby. He gave two possibilities as being the reason: one was NEC and the other was air down the nasogastric tube. Do you remember that?

LL: Yes.

NJ: That's the reason you wrote CPAP in the gas chart, isn't it, so that anyone looking back might think: Well, if he was on CPAP that might account for why he's got gas in his bowel?

LL: No.

NJ: Well, why did you write CPAP in the gas chart?

LL: I can't answer that now, I don't know.

NJ: Were you upset that he wasn't on CPAP?

LL: He wasn't on the full CPAP machine -- I can't say whether he was having CPAP via the Neopuff. I don't know.

NJ: That's a medical decision, isn't it?

LL: Yes.

NJ: It's not for a nurse to put a child on CPAP?

LL: No.

NJ: No. Going back to the observation chart, which is 23658, no mention of CPAP there, is there?

LL: No.

NJ: Optiflow, as we saw before.

LL: Yes.

NJ: Yes. Did you forget to make a false entry in that chart as well?

LL: No.

NJ: Do you agree that Dr A left the neonatal unit after the review of [Baby O]?

LL: If that's what he says, yes. I don't have any recollection. Is this the first collapse or the second?

NJ: That's the first collapse at about 13.15.

LL: I know he was back on the unit by the time of the second event.

NJ: And we can also see, if we look at a neonatal review document at line 91, you were making nursing notes in the case of JD at 14:30.

LL: Yes.

NJ: And it was shortly after that and shortly after the departure of Dr A that [Baby O] collapsed again, didn't he --

LL: Yes.

NJ: -- at 14.40?

LL: Yes.

NJ: Can you remember what you told the jury about this collapse when you were answering questions from your own counsel?

LL: Not in great detail, no.

NJ: Well, I'll remind you. You said that you heard the monitor alarming. When you went into the nursery, you found it was [Baby O] and you called for Dr A, who was in a nursery next door.

LL: Yes.

NJ: So he'd come back by this stage, had he?

LL: Yes, I recall that Dr A was on the unit at the time, yes.

NJ: I think you then suggested that you weren't on the unit at all by reference to tile 193, if you remember that. If we look at tile 193. This is door swipe data. It shows you going from the labour ward into the neonatal unit.

LL: Right.

NJ: I think you told us yesterday that there's a doorway there, I think this is when you came in and saw Child N on the 3rd of June at 7:12. Do you remember? We had the same sort of data.

LL: Yes. I've entered the unit via the maternity ward, yes.

NJ: So where were you at around this time?

LL: I can't say definitively, but I've come through the labour ward.

NJ: Had you just nipped out to make it look like you weren't actually around when [Baby O] collapsed?

LL: No.

NJ: One of the things that we see in the X ray report that I showed you before, it's tile 197, please, Mr Murphy, is that the NG tube was in a satisfactory position. Do you see that?

LL: Yes.

NJ: At tile 199, we have Doctor A's note. Just to remind you of what he said, he refers to being called to see [Baby O] at about 14:40. Was it you that called him?

LL: From my memory, yes.

NJ: Were you trying to get his attention?

LL: Yes, I wanted him to review [Baby O], yes.

NJ: But his personal attention as well for you?

LL: No. Dr A was on the unit that day.

NJ: If we look at tile 200, please. What we see there is some of your handwriting, is that right?

LL: In the second column, yes.

NJ: Yes. So it's the second row, is that right?

LL: Yes.

NJ: "23 June, saline 0.8, 20ml, bolus, intravenous." Prescribed by Dr Cooke much earlier that morning, wasn't it, at about 9.30?

LL: I'm not sure what time she prescribed that.

NJ: But not given until this time. Any reason for that?

LL: How do you know it was prescribed earlier?

NJ: I think Dr Bohin referred to it.

LL: Well, I can't answer that. There's no way, looking at that sheet, to say when it was prescribed.

(A short break)

NJ: It may be that I've introduced a level of confusion about something which I want to resolve if we possibly can. Alright? We need to look at several documents, please. The first is tile 200, the one we were looking at before. If we just look at this, please. Do you remember me showing you this before?

LL: Yes.

NJ: So in the second row of data you have co-signed with somebody else, is it Samantha O'Brien?

LL: Yes.

NJ: For giving a saline bolus, we can see of 20ml. The time you've put -- that's your writing in the time and date, isn't it?

LL: Yes.

NJ: The time you've put in there is 14.40. I suggested it was prescribed by Dr Cooke because we see Dr Cooke's signature in the column immediately to the left of your signature.

LL: Yes.

NJ: I think where I fell into error was attributing that event, the prescription that is, to the 9:30 examination, whereas in fact, if we go to Dr A's note, which we looked at earlier at tile 168 we see just above where it says "observations" "Plan 1: gas 2 if temperature instability/apnoea/bradycardia. PO/PR aspirated. Blood. Abdominal X-ray. IV fluids: 10ml kg bolus." And then abdominal X-ray.

LL: Yes.

NJ: Is that right?

LL: Yes.

NJ: So 10ml per kilo. We know that when he was born, [Baby O] was 2.02 kilos, so even my maths can work out that's a 20ml bolus.

LL: Yes.

NJ: So it appears that it was Dr A that in effect made the order, but Dr Cooke who wrote the script.

LL: Yes.

NJ: Would that fit?

LL: Yes.

NJ: Would you agree that the reason, as you understood it as the designated nurse, for the order from Doctor A was because this was a child that needed a bolus of saline because he'd just vomited?

LL: I don't think the saline was in response to the vomit, I think it was his poor blood gas.

NJ: Alright, whatever the reason, there was a fairly important need for it?

LL: Yes.

NJ: So the question, please, is why you delayed giving the bolus for such a long time?

LL: He needed to have access obtained. He didn't have a peripheral line, I don't believe, at this point.

NJ: Right. Well, who put the peripheral line in?

LL: I think Doctor A did.

NJ: Is that the reference in the text?

LL: Yes.

NJ: I see. And so it follows, you'd been on a break when he was doing that, is that what you're saying, you left the child?

LL: Potentially. I don't know that I was definitely on a break but I was not with [Baby O] because Dr A was texting me.

NJ: "Potentially" is a word you use rather a lot.

LL: Because I can't say 100% that I was on my break at that point. There's no way of ever being able to know what time somebody's break was definitively.

NJ: No, but if a child had desaturated significantly, sufficiently to require the attendance of Doctor A, who you appear to have been looking forward to seeing, would you have chosen that moment, as he was treating and putting a line into the child, to go on your break?

LL: Yes, breaks are allocated by the shift leader so I would have been guided by them.

NJ: Anyway, the fact is that you gave the bolus to [Baby O] just before he collapsed, didn't you?

LL: No, I believe that the bolus was given as a result of the collapse.

NJ: Well, we may never get to the bottom of this, but if we go to tile 199, it was something that Doctor A was asked about, it says: "plus 10ml/kg 0.9 sodium chloride bolus already given."

LL: Yes.

NJ: You're saying that's a different bolus?

LL: I'm saying the bolus that I've documented is the 14.40. That's the only bolus that I've written anything against.

NJ: Yes. But I'm asking about the coincidence between the second collapse of [Baby O] and you belatedly, for the reasons you have described, administering this bolus of sodium chloride.

LL: Again, I don't know what time that was prescribed, whether it was for the previous sodium chloride bolus or whether it was for the 10% that needs to be given now at 14:40.

NJ: Well, who of the nursing staff has principal responsibility for [Baby O] at this stage?

LL: Me.

NJ: And this second desaturation was very significant, wasn't it?

LL: Yes. More so than the first one, yes.

NJ: Profound, would you agree?

LL: Yes.

NJ: That was the word you used at tile 201. Go there, please. You record: "Profound desaturation to 30s followed by bradycardia and mottled ++. Abdomen red and distended. Transferred to nursery 1 and Neopuff ventilation commenced. Perfusion poor." This was a life-threatening event, wasn't it, that level of desaturation?

LL: Yes.

NJ: Before the events that the jury have been hearing about during the course of this trial, which events started at the beginning of June 2015, had you seen lots of desaturations like these?

LL: Yes, frequently babies desaturate, yes.

NJ: But to this level?

LL: Yes, they can do.

NJ: I know they can do. I'm asking you whether it happens very often.

LL: Yes.

NJ: Do you remember what you said about the mottling, as you have described it -- or "mottled" as you've described it in that nursing note -- what you said about that in interview?

LL: No.

NJ: I'll just remind you. It's the second interview bundle, please, and it's the first of the [Baby O] interviews. You say: "So I remember it well. He was mottled over his -- he was mottled all over and he had a red abdomen. So the mottling is a sort of blotchy purply-red rash and a red abdomen as well." Is that how you remember it?

LL: Yes.

NJ: Had you seen that sort of mottling before?

LL: Yes, mottling is common.

NJ: This isn't normal mottling, is it?

LL: The redness to his abdomen was abnormal, yes.

NJ: The mottling is abnormal as well, isn't it, that you're describing there?

LL: No, I would say that's my description of mottling.

NJ: So serious was this event that [Baby O] had to be intubated, didn't he, do you remember?

LL: Yes.

NJ: And that happened at 15:03 that day. Do you remember what Dr Brearey saw when this was going on?

LL: The intubation?

NJ: Yes.

LL: No.

NJ: You really don't remember what Dr Brearey saw on [Baby O]?

LL: No. I cannot remember what every witness has said with every baby, no.

NJ: I don't doubt that but I'm going to suggest you do remember very well what Dr Brearey saw. I'll remind you of what he said. He said: "I noted during the intubation that [Baby O] had a rash on his chest, on the right side of his chest wall, exactly 1 or 2 centimetres in size. I haven't said the size there.. " And he's referring to the note: " but I mentioned it in my statement. It was an unusual rash. It initially appeared like a purpuric rash, so it was a little concerning and clearly noticeable." That, if anyone wants to check, is the evidence he gave on March 15th at page 29 of the transcript. He went on to say that the rash disappeared later on. Do you remember now that that was what he said?

LL: Yes.

NJ: And that is what you saw as well, isn't it?

LL: No.

NJ: Did you have to think about that?

LL: Yes.

NJ: Do you agree that that's what was there?

LL: Again, I don't believe that's what I saw, I saw mottling, but if that's what Dr Brearey saw...

NJ: "If that's what Dr Brearey saw", what was at the end of that sentence, please?

LL: If that's what Dr Brearey saw and that's what people take as being true, then yes.

NJ: Do you remember Dr Brearey telling us that at this stage [Baby O] had a mild, non-metabolic acidosis?

LL: Okay, yes.

NJ: And that that was explicable by blood loss?

LL: Yes.

NJ: Do you agree with that?

LL: I don't think as a nurse that I can comment on what has caused a blood level result.

NJ: Alright. Do you remember that when Dr A had intubated [Baby O], he went to see [Baby O]'s parents on the maternity ward?

LL: Yes.

NJ: And when Dr A disappeared, [Baby O] declined again, didn't he?

LL: Yes.

NJ: And at 15.49, he, Dr A and Dr B were together on the stairs. Do you remember them saying they met on the stairs by chance --

LL: Yes.

NJ: -- and the bleeps, their bleeps, went off? Do you remember that?

LL: Yes.

NJ: Just to remind us, please, Mr Murphy, these are tiles 214 to 217. We can just scroll through the carousel, thank you. There's the entry of Dr B back into the neonatal unit, okay?

LL: Yes.

NJ: This was [Baby O]'s final decline, wasn't it?

LL: Yes.

NJ: Do you remember it happening?

LL: This specific moment where I've put out a crash call?

NJ: Yes.

LL: No.

NJ: Do you remember it?

LL: No.

NJ: It was a very dramatic death, wasn't it?

LL: Yes, I remember his death, I don't remember this exact moment that he declined.

NJ: Do you remember how you felt when this child, who had already collapsed twice, collapsed for a third time just after your friend had gone to see his parents?

LL: Yes, I was concerned for him.

NJ: But you don't remember it?

LL: Not with any detail, no. I remember the death, but not this precise moment that he desaturated and needed a crash call, no.

NJ: Do you remember this was another case of the doctors establishing good air entry into [Baby O]'s lungs and yet he was, that is [Baby O], desaturating?

LL: Yes.

NJ: He was intubated again, do you remember that?

LL: Yes.

NJ: He was given CPR and two doses of adrenaline, do you remember that?

LL: Yes.

NJ: And do you remember that his spontaneous circulation was restored?

LL: Yes.

NJ: And the rash that had been there earlier had disappeared, do you remember that?

LL: I don't recall the rash disappearing, no.

NJ: You see, Dr Brearey and Dr B both said that this sequence is something they had never seen before. Had you seen that sort of thing before?

LL: I didn't see what they saw. He had a red and distended abdomen.

NJ: When did you pull the nasogastric tube out of [Baby O]'s stomach?

LL: I don't recall pulling a tube out of his stomach.

NJ: Let's look at tile 246, please. This was an X-ray taken to establish the position of the ET tube, do you see that?

LL: Yes.

NJ: It says: "ET tube in situ in satisfactory position. NG tube [so the nasogastric tube] in situ with its tip close to the cardia [it says]." Got that?

LL: Yes.

NJ: "It should be advanced [in other words put in] by 10 to 15 millimetres". Is that what it says?

LL: Yes.

NJ: I showed you an X-ray report earlier that was taken at about the time of the second collapse, 14:40 --

LL: Yes.

NJ: -- in which Dr Wright reported that the NG tube was in a good position.

LL: Yes.

NJ: In terms of a child with a distended abdomen who may have had air in his stomach, what effect would pulling a nasogastric tube back have?

LL: I believe it would still drain because it's still in the stomach.

NJ: It's not in a good position, is it?

LL: No, it needs to be advanced, yes.

NJ: Yes, to be effective it needs to be further in, do you agree?

LL: I don't know that the tube is not working at that position. I agree that it needs to be advanced, yes.

NJ: In a child who's intubated, how would the NG tube come out?

LL: During the intubation, the taping that's on the baby's face securing the tube would need to be taken off to allow for the NG tube to be put in and secured, so potentially it slipped a little bit while that's been doing -- being done.

NJ: Did you take that as an opportunity to make sure that the tube wasn't draining [Baby O]'s stomach --

LL: No.

NJ: -- all as part of your efforts to kill him --

LL: No.

NJ: -- by pumping him with air? I'm going to ask you about descriptions given by the parents of [Babies O, P and R]. Alright? And like many of the other parents' evidence, this evidence was agreed. Alright? So I'm going to ask you whether you still agree it. Do you remember the mother of [Babies O, P and R] saying that: "[Baby O] was changing colour with discolouration and prominent veins." And that she saw something similar with her other son, [Baby P] the next day. Do you agree with that description?

LL: I didn't see that. I didn't see that myself.

NJ: The father of [Baby O], [Baby P] and [Baby R]. Do you remember the father of [Babies O, P and R]?

LL: Yes.

NJ: Do you remember his video --

LL: Yes.

NJ: -- played to the jury? What he said was this: "You could see [talking of his son] all his veins, bright, bright blue, going different colours. Looked like he had prickly heat. You could see something oozing through his veins." Do you agree with that?

LL: I didn't see anything like that, no.

NJ: So we've got Dr Brearey with the disappearing rash and the father of [Babies O, P and R], talking about a moving pattern of colour.

LL: Yes.

NJ: That's the truth, isn't it?

LL: I can't comment on their truth. I did not see anything like that myself.

NJ: What you saw was a sort of blotchy purply-red rash and a red abdomen?

LL: Yes.

NJ: Do you remember you were asked by your counsel about the CPR that was given to [Baby O]?

LL: Yes.

NJ: And do you remember what you said about it?

LL: No.

NJ: You said it was done by others but not by you.

LL: Okay.

NJ: Do you remember?

LL: I don't remember, no.

NJ: You don't remember saying that? Well, let's see what you said to the police if we can, so the same interview that we had before. This is the very end of what we have of the interview on July 5th 2018. The police asked you: "Okay, so, 'CPR commenced at 16.19. Medications/fluid given as documented'. What was your role in his CPR?" You said: "I think I did some chest compressions and I think I did some drugs, but I'd have to check.", Right?

LL: Yes.

NJ: What's changed your mind since that interview?

LL: I've been able to look at the charts to see that I was doing the medications.

NJ: Yes. What's changed your mind about the CPR?

LL: Because if I was doing the medications at those times, I would not have been able to be carrying out the compressions.

NJ: Well, why didn't you say that here then?

LL: Because at this point in interview, I didn't have any details of seeing what I had done during the resuscitation.

NJ: You said: "I think I did chest compressions, and I think I did some drugs."

LL: Which is standard practice, yes.

NJ: Yes. Nurses rotate, don't they, on these occasions?

LL: Yes.

NJ: Particularly with prolonged resuscitations?

LL: Yes.

NJ: Because it's important to keep the CPR going at the right rate?

LL: Yes, so it'd be -- many staff would be involved, yes.

NJ: Yes. I'm going to suggest a reason why you are now saying it wasn't you doing CPR, because you don't want to have any connection between you and the liver injury, because you're now running a case that it was the CPR that caused the liver injury.

LL: No.

NJ: You don't agree with that?

LL: No.

NJ: Of course when you gave this interview this was well before Dr Marnerides ever wrote a report, wasn't it?

LL: Yes.

NJ: Yes. How did [Baby O] get that liver injury?

LL: I don't know.

NJ: Do you accept the evidence of Dr Marnerides?

LL: Yes.

NJ: Because he also told us that [Baby O] didn't have any bowel disorder, do you remember that?

LL: Yes.

NJ: So no bowel disorder to account for all the gas in his bowel. Professor Arthurs told us that if a bowel disorder was excluded we're

left with air going down the NGT to account for the gas in the bowel, do you accept that?

LL: If that's what he said, yes.

NJ: That's why you made the false entry about CPAP, isn't it --

LL: No.

NJ: -- to account for the gas?

LL: No.

NJ: You injected [Baby O]'s stomach with gas down the NGT, didn't you?

LL: No, I did not.

NJ: You injected air into his circulation, causing an air embolus?

LL: No.

NJ: And you, through some violent mechanism, inflicted that liver injury on him, didn't you?

LL: No.

NJ: These things happened on your watch, didn't they?

LL: Yes.

NJ: Do you dispute that Dr Brearey tried to persuade you not to come in after [Baby O]'s death?

LL: Yes.

NJ: Why did you want to come in after that?

LL: I didn't feel, if that's what Dr Brearey had offered, that I needed time off.

NJ: Were you not bothered by what you'd witnessed?

LL: Of course I was bothered, yes.

NJ: I would like to deal with a few texts that you sent in the aftermath of [Baby O]'s death, please, starting with tile 331. It might be better to do 330, actually, because you need to know what Dr A said to deal with this. So this was at 21.13, an hour and 13 minutes after your shift had ended. He was sending you a message saying: "Your notes must have taken a long time. Had you documented anything from this morning?" And you responded: "Only a little. Had the other two to write on as well and sorting out the FFP..." Is that a blood transfusion?

LL: Yes, fresh frozen plasma.

NJ: Fresh frozen plasma: "... etc. Left signing for drugs until tomorrow." Which drugs are you referring to as being signed the next day?

LL: Um, I couldn't say definitively. I'm assuming any of the drugs that were given that afternoon.

NJ: Are these all drugs that are when they're signed, they are electronically stamped with a time signature by the computer?

LL: No, it could be computerised records or it could be any paper drugs as well. I couldn't say which drugs exactly I'm referring to.

NJ: So we're not going to be any the wiser by looking at the records, are we?

LL: No, because I'm not sure whether it means signing electronically or signing by hand on a paper form.

NJ: Okay. The notes for [Baby P], as a matter of record, and we can come to this in due course, if we go to tile 23 on the [Baby P] sequence, took you about three minutes to write, between 20:24 and 20:27. We'll look at that in due course. I want to just move on, though, to tile 332, please. This is a conversation that you were having with Nurse E who had asked you what had happened about a minute earlier. There she is asking you what happened in graphic terms at tile 332. "Can't think straight so took a while." And then the next one, please: "Blew up abdomen. Think it's sepsis." Is that a phrase you use often, "blew up abdomen"?

LL: No.

NJ: How many cases of "blew up abdomen" have you seen?

LL: I've seen a few over my time.

NJ: I'm going to suggest that you were also telling your friend Nurse E lies in these texts. Okay? So if we go to tile 342, please. Would you just read that, please?

LL: "Had big tummy overnight but just ballooned after lunch and went from there."

NJ: That wasn't really an accurate statement of what had been happening with [Baby O] the night before he died, was it?

LL: I believe he had had an enlarged abdomen overnight.

NJ: This is one of the reasons why at the beginning we went through what had happened on the night shift.

LL: Yes.

NJ: There was nothing wrong with him when you took him over in the morning, was there?

LL: He'd just been reviewed by the doctor for having a loopy bowel.

NJ: Yes, but that's not "big tummy overnight", is it?

LL: I disagree. I think I am referring to some distension that was there prior to me taking over at 8 o'clock.

NJ: Then tile 403, please. It begins with Nurse E saying: "We don't have any luck with 33/34 weekers." You agree and you may remember the police asked you questions about that in interview. And the conversation goes on with Nurse E saying: "Hope other two have an easy ride now for the parents sake." That's a reference to the other two triplets, isn't it?

LL: Yes.

NJ: And you say: "Yeah, worry she's missed something." Then you say: "Home at last." That's to Dr A at tile 401. To Nurse E you say: "Fingers crossed." And then: "Worry as identical." So this is a text that you are sending at the same time or within the same minute as the text you were sending to Dr A saying that you'd just got home?

LL: Yes.

NJ: Were you setting up a false narrative here? Do you understand what I mean by that?

LL: Yes, and no, I wasn't, no.

NJ: You were trying to create in the minds of other people that because [Baby O] had died of some unspecified problem, there was a likelihood that the same thing was going to happen to one of his siblings.

LL: No, that's not what I'm suggesting at all.

NJ: Because that's what you were planning, wasn't it?

LL: No, it was not.

NJ: And you had already put into motion your plan by pumping air into [Baby P] before you left?

LL: No.

NJ: Do you remember the Datix form that you put in relating to [Baby O]'s death?

LL: Yes, I think there was something in relation to equipment, was there?

NJ: Well, we will come to this, alright? I'm trying to deal with things chronologically. We will come to a text that you had stored on your phone that was never actually sent. It was in effect a note to yourself. Do you remember?

LL: Yes.

NJ: It was on a date right at the end of June, reminding yourself to put in Datix forms, do you remember that?

LL: Yes.

NJ: One of those Datix forms was the Datix form that you put in for [Baby O], do you remember?

LL: Okay.

NJ: We'll just look at it, please, it's tile 497. So what we see is that on 29th June 2016 at 08.36, this form was submitted.

LL: Yes.

NJ: And I think you've already told us that you go into the child's records, there is a drop-down menu, you can select a Datix form, which then gives you various options that you fill in as you go along, is that right?

LL: Yes, you'd open up the Datix sort of app and it would produce you with this, with drop-down pieces throughout, yes.

NJ: So you fill in the child's details, is that right?

LL: No, that I believe comes from the system.

NJ: Okay. So "clinical incident" is what you are suggesting, is that right?

LL: Have I filled in this form?

NJ: Well, okay, we'll establish that first. Can we just scroll down, there we are. So "employees involved".

LL: Yes, the incident reporter though was Eirian Powell.

NJ: I see. Eirian Powell, of course, wasn't on duty on this shift, was she?

LL: No, she wasn't.

NJ: So where would she have got the information from?

LL: From any of the notes that were available, medical and nursing notes, word of mouth.

NJ: Word of mouth?

LL: Well, the deaths would be discussed, yes.

NJ: This was one of the things on your note to self-submit, wasn't it?

LL: A Datix, yes.

NJ: Yes. So you had a hand in this, didn't you?

LL: Not in this Datix, no. I believe it was about equipment that I was filling in the Datix for.

NJ: Do you remember Dr Brearey telling us that the information in this Datix is untrue?

LL: Yes.

NJ: Do you remember what the untrue statement in the Datix is?

LL: He didn't believe at any point that IV access was lost.

NJ: Yes, exactly. So Eirian Powell, if what you're saying is right, is making a report of an incident at which she was not present?

LL: Yes, because she's the ward manager.

NJ: Yes. I'm suggesting to you that you in effect were giving her the information and that's why your name features as the employee involved.

LL: No, the employee involved would always be the designated nurse, so yes, it was me.

NJ: Yes. If we scroll down, please, to what's actually being reported. It should have: "Situation: one of the spontaneous triplets born died suddenly and unexpectedly." Then it says "incident reporter" you found it, thank you. So there we have: "Triplet 2 born." and it gives his details. Is that right so far?

LL: Yes.

NJ: "On 23 June at 13.15 he vomited undigested milk, became tachycardic." So that's taken directly from your nursing notes, isn't it?

LL: Yes.

NJ: You were the one who said he was tachycardic: "He was reviewed by the registrar. Septic screen. 14.40, profound desaturation followed by bradycardia. Transferred to nursery 1. Put on Neopuff. Doctors crash called at 15.51..." " This is Dr B and Dr A, is that right?

LL: Yes.

NJ: " due to further desaturations down to 30. Chest movement and air entry." We've just dealt with all that. "Responded to treatment. Back on to the ventilator. 17.15 baptised. CPR following further desaturation. Six doses of adrenaline and other drugs. Decision made to stop. [Baby O] passed away at 17:47." Right so far?

LL: Yes.

NJ: Is that how you remember it?

LL: I don't recall writing this, no. I don't think I filled it in.

NJ: Okay. Let's keep going if we can. Scroll down. Further again, please. That's all behind the scenes information, is that right?

LL: Yes.

NJ: Down again. A meeting, an incident review group, is that right?

LL: Yes.

NJ: If we scroll down please, So: "Infant had a sudden acute collapse requiring resuscitation. Peripheral access lost. IO access required. Resources not available. Right?

LL: Yes.

NJ: Do you remember this, do you remember completing this?

LL: Oh, no -- this, this isn't me completing this, but no. I know I put the form in, yes, because we didn't have the IO access on the unit.

NJ: Okay. Let's just carry on, please. The patient details are [Baby O]'s details, yes?

LL: Yes.

NJ: You are the incident reporter on this?

LL: Yes.

NJ: Then the report further down, please. So: "Infant had sudden acute collapse requiring resuscitation. Peripheral access lost." That was not true, was it?

LL: I think at the time, yes, it was.

NJ: No, no. Dr Brearey has told us it was not true.

LL: Okay. That's Dr Brearey's opinion.

NJ: Well, it is Dr Brearey's opinion, you're quite right, but it's also what's in the medical records. How [Baby O] was being given some of the resuscitation drugs was through the peripheral access that was not lost. Do you agree?

LL: Yes.

NJ: Thank you. "Incident investigation: reviewed on 25 July."  
"Patient did not lose peripheral access. IO access required for blood samples only."

LL: I accept that, and the form was written with regards of (sic) we did not have that equipment on the unit.

NJ: No, but you understand the allegation here, or part of the allegation, is that you injected air into [Baby O]'s circulation, don't you?

LL: Yes.

NJ: If there was no peripheral access, that would not be possible, would it?

LL: No.

NJ: No. And that is the reason you were suggesting that when this child had his fatal collapse he did not have peripheral access.

LL: That's not what I was suggesting. I'm saying it was lost during resuscitation.

NJ: That wasn't true, was it? Why were you making an untrue statement in a Datix form?

LL: I don't believe it was untrue at the time.

NJ: Is it just a coincidence that you were making this report at pretty much the time that you were being removed from the unit?

LL: I hadn't been removed from the unit at this point.

NJ: When did you leave the unit as you remember it?

LL: Sometime in July.

NJ: Right at the beginning of July.

LL: Okay.

NJ: You were very worried that they were on to you, weren't you?

LL: No.

NJ: Well, we'll come to the texts. Do you remember those panicked texts you were sending to Dr A because Eirian Powell had phoned you up at short notice to cancel you coming in for a shift?

LL: Yvonne Griffiths, yes.

NJ: So you do remember?

LL: Yes.

NJ: And you were very worried they were on to you, weren't you?

LL: No. I was worried what was happening, yes.