

Thursday 8th June 2023

**Cross-Examination of Lucy Letby regarding Baby P
by Nick Johnson KC
(Transcribed from audio/hard-coded subtitles)**

Q. We're going to move on to [Baby P], please.

If I can just deal with some of the background. Can we look at the defence statement, please? Count 21, please, ladies and gentlemen. Paragraph 179. It begins with you denying having hurt [Baby P].

At paragraph 180:

"In the evening of 23 June Belinda Simcock asked me if I wanted to look after [Baby P] on the 24th. I said I did. I wanted to do this as continuity for the benefit of the parents rather than them seeing me working with other babies after what had happened with [Baby O].

I don't recall having an argument with Kate Percival-Ward about wanting to be in Nursery 1. On 24 June [Baby P] was in Nursery 2. A little after 09:35 I was talking with Rebecca Morgan when [Baby P] stopped breathing."

Just to remind us, Rebecca Morgan is the student, is that right?

A. Yes.

Q. "Dr Ukoh was in Nursery 2 already because he was writing up his notes. The monitor sounded and I shouted for [Dr B] because she was already on the unit. I also called [Dr A] to assist."

At paragraph 183:

"[Dr B] came, a crash call went out. A lot of doctors and nurses came. It was chaotic. [Baby P] was too ill to move to Nursery 1 so he remained in Nursery 2. When Dr Rackham arrived, he took control of what was happening."

Paragraph 184:

"Events during the collapse and resuscitation are difficult to remember."

At paragraph 185:

"[Baby P]'s stomach was distended when he collapsed but it was not as red as [Baby O]'s had been. I don't recall [Baby P]'s skin being mottled."

Paragraph 186:

"After [Baby P] died, we talked about dressing the twins. I was asked to dress them in the same outfits. Christopher Booth and I did this in Nursery 2. Sophie Ellis took photos of [Baby P] with [Baby O] and [Baby R]. There's nothing strange about this."

It's part of the bereavement pathway. I did the bereavement pack and memory box."

At paragraph 187:

"At some stage during this, I pricked myself on a cannula needle which had been put into [Baby P]'s leg. I went to the accident and emergency department as was standard procedure with a needle stick procedure, and I was there for about an hour. Whilst there, I fainted and I had to be given medical attention. I think this is because of the stress and upset of the past two days and because I hadn't eaten. I completed the bereavement procedure and the memory box after returning from A&E."

At paragraph 188:

"On 23 June 2016 I had been looking after [Baby P], [Baby O] and another baby. I kept the handover sheet from 23 June so I would know what I was doing. I had written notes on the back of the handover sheet. I took it home to bring it into work the next day to write up the notes on the unit. The sheet stayed with me and after [Baby P] died I forgot about it and brought it home with me and it stayed there, although I had forgotten about it. I did not decide to keep it."

Do you accept that [Baby P] was born in good condition?

A. Yes.

Q. The day after his birth, Wednesday, 22 June, do you accept that he was doing well and that at 11:45 that morning he was taken off CPAP by [Dr B]?

A. Yes.

Q. Do you accept that, that day, his blood gases were excellent?

A. Yes, I haven't reviewed them myself, but yes, I accept that.

Q. Thank you. On Thursday, 23 June, which was the day [Baby O] died, and if we could just look at tile 22, please, I'm going to suggest this shows that [Baby O] was taken off Optiflow at 6:00am. If we scroll down, please. Can you see?

A. Yes.

Q. You'll remember that this day or the time at which [Baby P] was taken off Optiflow became a subject of confusion when some of the witnesses were giving evidence, do you remember that?

A. Yes.

Q. Dr Gibbs, for example, thought that he'd been on Optiflow much closer to the time of his death than in fact was the case.

A. Yes.

Q. Yes. And Dr Gibbs therefore mistakenly attributed the distension of his stomach and bowel to Optiflow.

A. Yes.

Q. Yes. But in fact, he wasn't on Optiflow at all for many hours prior to his death, was he?

A. No.

Q. No. At 10 am, and this is tile 64, so we're still on the 23rd, the day [Baby O] died, the day you were in Nursery 2 with [Baby O], [Baby P] and the other child, an examination by Dr Cooke and [Dr A] was unremarkable, do you agree?

A. Yes.

Q. And do you accept that throughout that day there was nothing unusual at all so far as [Baby P] was concerned?

A. Not in the daytime, no.

Q. No. Events, I suggest, started to take a turn for the worse just after [Baby O] had died, [Baby O] having died at 17:47, do you agree

A. Yes.

Q. Do you remember that Dr Gibbs examined [Baby P] in the aftermath, the immediate aftermath of [Baby O]'s death?

A. Yes.

Q. That's tile 133, please. This is you feeding [Baby P], isn't it, at 18.00 hours, do you remember?

A. No, again, that's not my writing.

Q. Sorry?

A. That's not my writing.

Q. What's not your writing?

A. The 18.00 feed.

Q. Oh right. Whose signature is it at the bottom?

A. Possibly mine.

Q. Possibly yours? Who else's might it be?

A. I can't see for definite, but it looks like mine, yes, but that's not my writing.

Q. As a matter of interest, do you remember what you said in interview about this when the police asked you questions about it?

A. No.

Q. No, well we'll come to it. You think about it over the break.

Do you remember Dr Gibbs saying that when he examined [Baby P], he was remarkably well for a triplet baby and very well grown?

A. No, but if that's what he said.

Q. He did. If we go to tile 145, please, we see that a blood test was also taken at about this time.

A. Yes.

Q. And that came back as normal. Do you accept that? I think the result may be further down.

A. Yes, the culture is negative.

Q. Yes. Five days later, tragically several days after he died, of course, [Baby P]'s blood, at the time you were coming to the end of your shift on which we suggest you had murdered his brother, was entirely normal.

A. From a blood culture perspective, yes.

Q. Yes. What other perspective would be relevant?

A. So this is purely looking at if there's any bacterial growth within a venous blood source. It doesn't describe CRPs or any other blood issues.

Q. There weren't other any issues at this stage, were there?

A. Okay.

Q. Were there?

A. I can't say without looking, I've only seen this.

Q. But you've told me more than once that you do look at the papers in advance of giving evidence about these cases.

A. Yes. I can't remember it all.

Q. No, no one would expect you to remember everything, but have you identified an issue that was ongoing at this time with [Baby P]?

A. No.

Q. No. You overfed [Baby P] sometime between 18:00 and handing him over at 20:00, didn't you?

A. No, I did not.

Q. We'll just deal with that point that I asked you about earlier, about Rebecca Morgan and the feed at 18:00 hours. Go to the [Baby P] interviews, please, to the very first interview. Do you see there the police are asking about the feeding chart that we just looked at?

A. Yes.

Q. Can you see that you say:
"At 10 o'clock he received a further feed via his NG tube..."

A. Yes.

Q. You say:
"...by the student nurse, countersigned by myself. Then 12 o'clock, nappy care, small vomit. All done by the student nurse, co-signed by me. Another feed at 14.00 via the NG tube, done by the student nurse, co-signed by me. Another feed at 16.00..."

Just read what you say there then, please?

A. "...via his NG tube and that was signed by the student nurse and then by myself. And there was a feed at 18.00 via his NG tube and that's signed by myself."

Q. Then:
"Is there a reason why Rebecca hasn't signed after 4 o'clock?"
What do you say?

A. "Students usually only work an early shift so potentially she had gone home."

Q. "Potentially she'd gone home":

"Is there a reason why you've got entries for 4 and 6 o'clock?"

A. I replied:

"When a student does a feed they have to inform somebody that they've done it to get a co-signature. I have co-signed that one and then I believe I may have done this feed for somebody at 6 o'clock." Can I just point out that I did not have the chart at this point.

Q. "You've done it for somebody? is that common practice then to sign on someone's behalf?" And you say?

A. "No. I mean -- I've done the feed."

Q. Yes.

A. "But I've done it on behalf of somebody and they've had to leave."

Q. You say you didn't have the chart. Can you go to the bottom of the previous page, please? What's your reply at the bottom?

A. "So this is the feed chart. He's been fed at 8 o'clock in the morning and that's via the student nurse and co-signed by myself."

Q. "So this is his feed chart here." What did you mean by that?

A. Sorry?

Q. "Okay, so this is his feed chart here." What did you mean by that?

A. That's his feed chart for the 23rd.

Q. Yes. You've just told the jury that you didn't have the feed chart.

A. But I --

(Pause)

[There may be part of the transcript missing here]

(The lunch break)

Q. So far as your evidence before the break was concerned, having thought about it over the adjournment, is there anything that you would like to amend or add to?

A. No.

Q. We'd got almost to the position, or pretty much to the position, where you are handing over [Baby P] to one of your colleagues at the end of the day shift of 23 June on which [Baby O] had died. Alright?

A. Yes.

Q. You said in answer to questions from your own counsel that so far as [Baby P]'s position at handover at between 19:30 and 20:00 hours on the 23rd, there were no problems.

A. Yes.

Q. Is that your position?

A. Yes.

Q. But do you remember the evidence of the X-ray, the radiograph that was taken of [Baby P] just after 8pm?

A. Yes.

Q. And do you remember the evidence of Dr Arthurs about this?

A. No.

Q. Do you remember it being suggested to Dr Arthurs on your behalf that the reason for the abdominal distension was because [Baby P] had been on CPAP?

A. I can't recall, but if that's what he said, then...

Q. As a matter of fact, the last time [Baby P] had CPAP was about 36 hours earlier, wasn't it? Do you remember that?

A. Again, I can't say without looking definitively, no.

Q. Well, would you like to look at the chart to see?

A. No, if it's agreed then that's okay.

Q. Well, it can be checked. It's J23820. I am suggesting that the last time [Baby P] had had CPAP was 11:45 hours on Wednesday the 22nd, so just before midday the previous day.

If we put up tile 173, please, Mr Murphy. We see there that:
"The NG tube is in a satisfactory position, but there are gas-filled loops throughout the abdomen, through to the lower rectum with no evidence of obstruction and no signs of perforation."

And that was because in the aftermath of his brother's death, you had pumped air into [Baby P] just before you handed him over, isn't it?

A. No.

Q. This was a significant change from the position with [Baby P] in the preceding 48 hours though, wasn't it?

A. Yes.

Q. Yes. And it happened just as you were handing him over, didn't it?

A. That's when the X-ray was taken, yes.

Q. Yes. It's very similar, isn't it, to what happened to [Baby O] the previous night? Just as you handed him over [Baby O] was having problems. Do you agree?

A. Yes, [Baby O] had problems on into the night shift, yes.

Q. So 24 hours later, problems for a child who had had no problems during the day?

A. Yes.

Q. Yes. And Dr Arthurs, you may remember, told us that this image was quite unusual in a baby of this age and gestation. Do you agree that the gas was there because somebody put it there?

A. I can't comment on how the gas got there. I just know that it wasn't me that put it there.

Q. Look at tile 171, please. We can see that throughout the day when you are signing or countersigning the feeding record, there are no significant aspirates, can't we?

A. Yes, that's right.

Q. Yet we see the moment, literally the moment he's handed over, a 14ml aspirate?

A. Yes.

Q. And that was your doing, wasn't it?

A. No.

Q. And on your way home, you were sowing the seeds with your colleagues? Do you remember that text I showed you at tile 403

on the [Baby O] sequence, "Worried because they're identical", or words to that effect?

A. Yes.

Q. Yes, just as you got home. Do you remember you were in a two-way conversation, one with [Nurse E], the other with [Dr A]?

A. Yes.

Q. You were feeding a false narrative to your colleagues, weren't you?

A. No.

Q. Trying to divert attention away from your homicidal activities?

A. No.

Q. Do you agree that Dr Mayberry put [Baby P] nil by mouth in the light of those aspirates?

A. Yes. Yes, after midnight, yes.

Q. After midnight. Do you remember being asked about this sequence of events, so far as feeding was concerned overnight, by your counsel as part of your evidence-in-chief?

A. Yes.

Q. This shows, doesn't it, and we heard evidence from her, that Kathryn Percival-Ward got an aspirate at 04:00 hours?

A. Yes.

Q. And do you remember saying in answer to your own counsel that the material that was drawn out in the aspirate wasn't there when the earlier aspirate was taken because when the earlier aspirate was taken they would have emptied the stomach because the syringe has a resistance? This was your evidence.

A. Yes.

Q. Do you remember saying that?

A. Yes.

Q. What we can see if we look at it, just examining your explanation, your assertion that this is a developing problem and the reason you've just given for why that is, what we see

looking at the chart is that at 7:00am, 07:00 hours, do you see that Sophie Ellis got 5ml of air, and 2ml of milk at 7 o'clock?

A. Yes.

Q. How much milk had [Baby P] been fed overnight?

A. I think he'd had two feeds prior to midnight, 28ml was it, or something?

Q. Yes, but he'd been fed nothing at all, had he, during this day?

A. No.

Q. So unless somebody was surreptitiously feeding him milk when you weren't there, the obtaining of that milk shows that the stomach hadn't been emptied by Kathryn Percival-Ward, doesn't it?

A. No, what I was suggesting is that air would come out when you're aspirating milk. Milk obviously sits in the stomach and would depend how close it was to the end of the NG tube, but air should come out regardless.

Q. Well, it all depends where the end of the NG tube is, doesn't it?

A. If the NG tube is in the stomach air will come out.

Q. No, if the NG tube is in the liquid in the stomach it wouldn't take any air out at all until the liquid that it's actually dipped into has been emptied, would it?

A. No.

Q. It's common sense, you don't need to be a nurse to understand it. It's like emptying a pond with a hose pipe, syphoning a can of petrol. The point I'm trying to make is, so that you understand, is I'm examining your assertion, and the reasons for it, that Kathryn Percival-Ward had emptied the stomach with that 25ml aspirate and I'm suggesting that she hadn't.

A. Okay.

Q. Well, do you agree or disagree?

A. I disagree.

Q. Do you agree that by the end of this shift on which [Baby P] had problems, he was comfortable, settled and seemed like a well baby?

A. At 8 o'clock in the morning?

Q. Yes.

A. Um, I'm not sure.

Q. You're not sure.

A. He had just been reviewed by the registrar, I'm not sure.

Q. Do you agree that whatever had been the problem when you handed over [Baby P], it had resolved itself by the time you got him back at 7:30 the following morning?

A. No, because he's been placed nil by mouth.

Q. Yes, but he was a well baby by the time he was handed over to you, wasn't he?

A. No, I disagree. A baby nil by mouth is not a well baby.

Q. Okay. Do you remember saying in evidence that Sophie Ellis was quite concerned about [Baby P] in view of what had happened to [Baby O] and that he'd been reviewed several times overnight?

A. Yes.

Q. Do you remember what you said to the police though?

A. No.

Q. Well, can we look at your police interviews, please. It's the [Baby P] interviews. Can you see the second question on the page says:

"Okay, but in terms of your view of his health on this day, on the 24th, when you first took over his care, was he stable, was he well?" And your answer please?

A. "He appeared so, yes. I think it was just we were keeping an eye -- he was nil by mouth at the time and keeping an eye on his abdomen".

Q. I have just made that suggestion to you that he was stable and he was well and you said that he wasn't. Why did you say that he was in the interview?

A. I didn't say he was stable, I said that he wasn't a well baby, being nil by mouth.

Q. "Was he stable? Was he well?" --

A. Yes, this is the time of interview, yes.

Q. "He appeared so, yes."

A. Yes, I agree. This was fresh in my memory, more so than today.

Q. Are you trying to make the position of [Baby P] appear to be worse now to explain what happened whilst you were looking after him on 24 June?

A. No.

Q. Let's go to the sequence of events at tile 258, please. There we see the population distribution, don't we?

A. Yes.

Q. I just want, if we can, to go back to the previous tile, which is 257. What I would like you to do is look at the staff who were on, the registered nurses, and tell us from whom the shift leader would have been selected.

A. The shift leader for this shift had been selected by the shift leader of the night shift previous to this.

Q. I understand, but which of those names would have been sufficiently qualified to have been a shift leader?

A. [Nurse D] and Chris Booth.

Q. So it's got to be either one or the other?

A. Yes.

Q. Alright. Can we go back to 258, please. Now, looking at the population distribution layout, we have [Nurse D] with 2 in Nursery 1 --

A. Yes.

Q. -- together with your friend Mary Griffith. Chris Booth with a single baby in Nursery 2 and you with [Baby P].

A. Yes.

Q. Then Mary Griffith and Angela McShane sharing the babies in nurseries 3 and 4?

A. Yes.

Q. Does it look like therefore that the shift leader on this shift was Christopher Booth?

A. Yes, it was Christopher Booth, yes.

Q. Now, whilst you were conducting safety checks at the beginning of the shift, you told the jury, in answer to questions from your own counsel, that [Baby P]'s abdomen was quite loopy, that you could see visible loops of bowel, that you spoke to the nurse in charge, who we now know would have been Christopher Booth.

A. Yes.

Q. And said quote:

"We were going to wait for Dr Ukoh to review him."

A. Yes.

Q. Do you remember saying that? Dr Ukoh did that and was still in the nursery when [Baby P] had an apnoea and you were there at the time.

A. Yes.

Q. And you said you thought Rebecca Morgan was there, too.

A. Yes.

Q. So that was, in broad terms, your explanation for the first event. Before we get to the detail I just want to ask you the questions I've asked you in relation to all these incidents. Are you suggesting, looking at the population distribution, that staffing levels caused or contributed to [Baby P]'s collapse and death on 24 June?

A. No.

Q. Are you suggesting that anybody's mistakes caused or contributed to [Baby P]'s collapse and death?

A. No.

Q. Is there anything you can point to about the circumstances of [Baby P]'s care that, in your view, caused or contributed to his collapse or death?

A. I think from the evidence there was potentially some issues with the chest drain, but I can't say what effect that had on [Baby P], if any.

Q. Do you accept that when you took over [Baby P] the NGT, the nasogastric tube, was on free drainage?

A. I can't say from my memory. That would be standard practice.

Q. Yes. Well, let's look at the document. I was just wondering if you could remember. It's 249, please. This is Sophie Ellis' note. So this is -- it's about 50 minutes before you came into work, isn't it?

A. Yes.

Q. "Abdomen has been soft and non-distended. 25ml of air aspirated by Senior Nursing Practitioner Kate Ward." Which is what we saw on the form, is that right?

A. Yes.

Q. Then:
"NGT placed on free drainage."

A. Yes.

Q. And that would have remained the position, all things being equal, wouldn't it?

A. Yes.

Q. Do you accept the evidence of [Dr B] and Dr Mayberry that they discussed [Baby P] at the handover this morning and there were no concerns about him?

A. Yes, that's their discussion, yes.

Q. Why was it then that you created a false nursing note, which I will show you, at tile 263? "NG tube on free drainage." Do you see that at the bottom?

A. Yes.

Q. "Trace amount in tube. Abdomen full, loops visible."

A. Yes.

Q. That is not the picture in the note of Sophie Ellis at 6:39, is it?

A. No.

Q. No:

"Abdomen full, loops visible." This is a carbon copy, isn't it, of Sophie Ellis' note from the previous day for [Baby O]?

A. No.

Q. Let's go back to [Baby O]'s sequence if we can. Tile 105: "Abdo looks full. Slightly loopy. Abdo soft." What you wrote the next day for his brother:

"Abdomen full, loops visible. Soft to touch."

A. Yes. That's what I saw.

Q. It wasn't what Sophie Ellis had seen 50 minutes earlier?

A. No.

Q. No. This was a danger sign, wasn't it, if it was true?

A. Yes.

Q. So what did you do about it?

A. I informed the nurse in charge and the ward round was about to begin, so we waited for the ward round.

Q. So you waited an hour and a half for a doctor to attend?

A. Yes.

Q. You are lying, aren't you?

A. No.

Q. If you go to the interview, please, so the first page of the [Baby P] Interviews. It's bundle 2. Here you were being asked questions about this, weren't you. Can you see?

A. Yes.

Q. The second question:

"Right, and what was the time between you making these observations about his full abdomen and loops and the ward round and the further observations?" You say:

"I think the abdomen being full was from when I took over care at 8 o'clock."

A. Yes.

Q. So this would have been apparent to Sophie Ellis as well, wouldn't it?

A. Yes.

Q. And yet no note made by her?

A. No.

Q. If this was true you would have escalated it urgently and immediately, wouldn't you?

A. I did, I spoke to the shift leader.

Q. Do you remember what you were telling your friend [Dr A] at this time?

A. No.

Q. Well, I will remind you. Tile 264. So this is following on from a message that Doctor A had sent you just before 8 o'clock, saying that he'd overslept. Alright?

A. Yes.

Q. Do you remember?

A. Yes.

Q. You responded:

"Eek, not like you to be late! Have you made it in? Yes, I think they know but they want to talk to [Dr B] today." That's a reference to the triplets' parents, isn't it?

A. Yes, I think so, yes.

Q. "I've got [Babies R & P]". That wasn't actually true, was it?

A. No. Well, I don't know.

Q. Well, we've just seen the population distribution, haven't we?

A. Yes.

Q. We saw that [Baby R] was being looked after by Christopher Booth --

A. Yes.

Q. -- the shift leader. Why were you telling that falsehood to your friend [Dr A]?

A. I can't answer that. I'd have to see if perhaps I was doing anything with [Baby R] in the charts at that time. I don't know.

Q. "[Baby P] has stopped feeding as large asps."

A. Yes.

Q. "I've got my student again, but might see if she can work with someone else as I don't feel I'm in the frame of mind to support her properly, and got loads of paperwork to finish off."

Then this at 266, please.

"Not far away. Should be in just before the handover. Large asps? I wonder if they've all been exposed to a bug that benzylpenicillin and gentamicin didn't account for? Are you okay? See you later."

Then you, so this is now 8.19, tile 267, 20 minutes after you have spotted these loopy bowels in a child whose brother had died the previous day.

A. Yes.

Q. What do you say?

A. "Hmm maybe. I'll be watching them both like a hawk. I'm okay, just don't want to be here really. Hoping I may get the new admissions. Guess what? Wanted me to go to MRI as Mary looking after baby but has metal so can't go. I've escaped though, phew."

Q. Did your hawk eye miss the loopy bowels?

A. No.

Q. Why didn't you tell [Dr A] who was about to arrive?

A. No, [Dr A] was not present on the unit on this day.

Q. Well, he was on his way into the hospital, wasn't he?

A. Yes, the children's ward, yes.

Q. "What should I do [Dr A]? I've got a child here who's exhibiting exactly the same symptoms as his brother did yesterday"?

A. No, I disagree. I raised it with the shift leader and Dr Ukoh was about to start the ward round at that time.

Q. The reason you didn't raise it is because your note is a fabrication, isn't it?

A. No, Dr Ukoh saw loops as well.

Q. 267 we've just looked at. Do you remember telling him that you wanted the new admissions?

A. Hoping, yes.

Q. Yes. 267:

"Don't want to be here really. Hoping I may get the new admissions." What does that mean?

A. I didn't really want to be in work on that day after what happened with [Baby O], and I was hoping that maybe I'll go into a different nursery where I wasn't with the triplets.

Q. You say Dr Ukoh saw a loopy bowel, yes?

A. I think -- well, I can't recall his exact note.

Q. I just said to you:

"The reason you didn't raise it is because your note is a fabrication." You replied:

"No, Dr Ukoh saw loops as well."

A. That's my belief, yes.

Q. Well, let's see what the evidence is. Tile 289, please. "On examination: mildly pale, no recession, heart sounds normal plus very soft systolic. Abdomen moderately distended/bloated, soft." No mention of loopy bowel there, is there?

A. No.

Q. If we scroll down to remind ourselves, please, further down. Why didn't you tell him about the loopy bowel?

A. It's something that -- it would have been visible at that time.

Q. Well, it wasn't, was it, because he didn't see it?

A. Or he's just not recorded it.

Q. Or you have misrecorded it.

A. No.

Q. No real issue there, is there, in his medical note?

A. He's slightly mottled, he's got a slightly distended abdomen, he's having some bradys and desats.

Q. Do you remember that as soon as he moved on to a different child, Dr Ukoh said that [Baby P] collapsed?

A. Yes.

Q. So not only has the night nurse resolved the problem, which emerges as soon as you take over, but the doctor who examined the child doesn't see what you say you saw, doesn't identify a significant problem, and yet within 5 minutes the child has collapsed?

A. Yes.

Q. And that has to be your doing, doesn't it?

A. No.

Q. Do you remember Rebecca Morgan suggesting that you had left the room at this point?

A. Yes.

Q. Was that true?

A. I can't comment on Rebecca's statement. From my memory, I was in the room. That's all I can comment on.

Q. Were you trying to get out of the way so you weren't immediately associated with yet another collapse on your watch?

A. No, I think I've always been quite clear that I thought I was in the nursery at the time.

Q. Why would you have left the nursery?

A. There could be many reasons why I would have left the nursery.

Q. Well, there could be potentially, but you didn't have any other children to look after, did you?

A. No.

Q. Were you worried that [Baby P] was high risk?

A. When I took him over for the care that day?

Q. Yes.

A. Yes.

Q. But you left him?

A. No, I don't agree. I've not said that I've left him.

Q. If we look at your nursing note at tile 286, please. What you record there is what happened from 8:00am. He was in an incubator, nil by mouth. You speak of the fluids, the IV fluids that were running at a certain rate. The line was occluding. The NG tube was on free drainage:

"Trace amount in the tube. Abdomen full, loops visible." Which we've already dealt with. Then this:

"Registrar Ukoh arrived to carry out ward round. [Baby P] had an apnoea/brady/desat with mottled appearance requiring facial oxygen and Neopuff for approximately 1 minute."

That's a rather different picture to what's recorded in Dr Ukoh's note, isn't it?

A. I'm not sure without looking at his note.

Q. Okay, well, we'll go to it please, it's tile 289. He starts with the background, is that right?

A. Yes, this is the note that he's made on the ward round. The apnoea happened afterwards.

Q. I know, that's exactly my point. The impression you are creating in the nursing note is it's as Dr Ukoh arrives that all these events happened.

A. Yes, he was in the room at the time, yes.

Q. No, no, but you have missed out in your narrative the fact that there was a perfectly normal ward round and it was only after the doctor had moved on that the child collapsed.

A. I don't see what the difference is. He was in the room.

Q. Very well. Just going back to your note, please, that gives the impression doesn't it, that it was the Neopuffing that caused the abdomen to become distended?

A. That it was becoming increasingly distended, yes.

Q. Yes. But it's deliberately written, I am suggesting, to create the impression that the distension is the result of the Neopuffing.

A. Okay.

Q. Do you agree?

A. Yes, it's becoming more distended, yes.

Q. There was no mention of Neopuffing to Dr Ukoh when he arrived, was there?

A. Dr Ukoh was present.

Q. Do you remember Dr Ukoh saying that in the 5 minutes between the ward round examination and the collapse, [Baby P] was in a very different condition?

A. No. Different? No, I don't understand.

Q. Yes, the baby he saw at 9.35 was in a very different condition to the baby he saw at 9:40.

A. Yes.

Q. And the only conceivable reason for that, I'm suggesting, is because you sabotaged him.

A. No.

Q. He also said that you were very keen for [Dr A] to be called.

A. Yes, in his opinion, yes.

Q. Yes. And you've just told us that [Dr A] wasn't even due to be on the neonatal unit.

A. No, he wasn't.

Q. No.

A. [Dr B] requested for me to call him.

Q. Oh, it was [Dr B] who wanted [Dr A], was it?

A. Yes, it was discussed that he had been present with [Baby O] the day before and that [Dr A]'s expertise was needed.

Q. That wasn't quite the way Dr Ukoh put it, was it?

A. No. That's Dr Ukoh's opinion.

Q. Yes. Well, he was there, of course, wasn't he?

A. Yes.

Q. Were you trying to attract [Dr A]'s attention?

A. No.

Q. So it was [Dr B], let me get this right, who discussed with who about getting [Dr A]?

A. I believe it was myself and Chris and Dr Ukoh, and she raised that [Dr A] had been present the day before with [Baby O], so it might be worthwhile that he came as a senior registrar to assist.

Q. Oh right. The defence statement at paragraph 182 says this: "A little after 9:35, I was talking with Rebecca Morgan when [Baby P] stopped breathing. Dr Ukoh was in nursery 2 already because he was writing up his notes. The monitor sounded and I shouted for [Dr B] because she was already on the unit. I also called [Dr A] to assist."

A. Yes.

Q. No mention there of getting [Dr A] being the idea of [Dr B].

A. No.

Q. Why not?

A. This statement doesn't cover every single point that I make.

Q. No. Did you enjoy being in these crisis situations with Doctor A?

A. No.

Q. Did it give you something to talk to him about and message him about?

A. No. [Dr A] and I were friends.

Q. Something in common that you could share?

A. No.

Q. [Baby P] underwent full CPR with 4 doses of adrenaline.

A. Yes.

Q. But he was brought back, wasn't he?

A. Yes.

Q. And the reason he crashed was because you had injected air down the nasogastric tube.

A. No.

Q. Do you agree with [Dr B] that this cannot have been an infection because [Baby P] recovered so quickly?

A. Yes, if that's her medical opinion, yes.

Q. Let's move on to the second episode, please, which happened at 11:30 that morning. This was an occasion when [Baby P] had further CPR. He was put on to a ventilator but he, within a short period of time, was fighting the ventilator. Do you remember [Dr B] saying he was very vigorous and breathing against the ventilator?

A. Yes.

Q. Is that an accurate summary of what happened?

A. I recall that he needed pancuronium to settle him, yes.

Q. Yes. And the pancuronium is at tiles 391 and 392, if we can go to that please. Recognise the writing?

A. Yes.

Q. Whose is it?

A. It's mine.

Q. And where was this found?

A. In my house.

Q. Whereabouts in your house?

A. Was it in the bag? I don't know.

Q. How did it get there?

A. I put it there.

Q. Why did you put it there?

A. I collect paper and that's where it's ended up. I put it there.

Q. Why do you collect paper?

A. I have difficulty with throwing anything away, particularly paper.

Q. Is there something comforting about paper?

A. No, I keep -- well, I keep paper, yes, from a variety of different sources, yes.

Q. But not bank statements?

A. No.

Q. 11.32, pancuronium. How quickly does pancuronium take effect?

A. Um... I'm not sure entirely. That's something I have not used very often, so I'd have to ask a medical opinion for that.

Q. It's very quick, isn't it, a minute or two?

A. I can't say that. I don't know.

Q. The purpose of it is to, in effect, paralyse the patient, isn't it?

A. Yes.

Q. It enables the machine to take over the breathing function?

A. Yes.

Q. And it prevents the patient expending wasted energy by fighting the ventilator?

A. That's right.

Q. Shortly afterwards, at about noon, you were with [Dr B] and [Baby P]. And [Dr B] told you that the transport team was on the way.

A. Yes.

Q. Do you remember what you said?

A. I know what she says that I said. I don't recall saying that.

Q. "He's not leaving here alive, is he?" That, as a matter of fact, was an accurate prediction, wasn't it?

A. I don't recall saying that statement at that time.

Q. What did you say?

A. I don't recall the conversation.

Q. Do you remember [Dr B] told the jury that [Baby P] had just had a good blood gas?

A. Yes.

Q. Was [Dr B] correct when she said that people in the medical world just don't say things like, "He's not leaving here alive, is he"?

A. Yes.

Q. It's just not the done thing?

A. No.

Q. Do you remember that there was a further desaturation at 12:28?

A. Yes.

Q. The third and what I called the tea room desaturation. Do you remember that?

A. Yes.

Q. This is when [Dr B] and, I think it was, was it [Dr A] had gone to the tea room --

A. Yes.

Q. -- for a quick break? It was at 12:28 and you were still looking after [Baby P]?

A. Yes, I was [Baby P]'s nurse throughout the day, yes.

Q. Yes. [Baby P] had been given pancuronium an hour earlier - --

A. Yes.

Q. -- hadn't he? So he was fully immobilised?

A. Yes.

Q. And the next thing the doctors [Dr A] and [Dr B] heard was you shouting for help?

A. Yes

Q. You, when they went into the nursery, were standing over [Baby P] weren't you?

A. I can't recall that now, but that's what they say.

Q. And there was a problem with his breathing tube, do you remember that?

A. I don't remember it from my memory now, no.

Q. This was a child that could not move, so he could not have dislodged his own tube, could he?

A. No.

Q. This was a tube that had gone in at 9.50?

A. Yes.

Q. So about 2.5 hrs earlier?

A. Yes.

Q. The problem, in inverted commas, with the tube happened just after the doctors had left the room, didn't it?

A. Yes.

Q. Just after you had said, "He's not getting out of here alive"?

A. I don't agree that I said that.

Q. Whether or not you said that, is this yet another bit of bad luck that it happened just after everybody else left?

A. Yes.

Q. And from this moment on, events have demonstrated that [Baby P] was in a terminal decline, would you agree?

A. Yes.

Q. The damage had been done, whatever it was. Do you accept Dr Brearey eliminated a heart issue?

A. Yes.

Q. You will remember, I'm sure, the final terminal collapse of [Baby P] at 15:14?

A. Yes.

Q. And you will remember, I'm sure, that his father, [Father of Babies O, P & R] said that the circumstances of [Baby P]'s death were very similar to [Baby O]'s

A. Yes.

Q. Just as I am suggesting you had predicted, both in your text on the way home after [Baby O]'s death and in your remark to [Dr B].

A. No, that's not what happened.

Q. Well, certainly it's what was in the text, isn't it?

A. Yes.

Q. That was a portent of doom, wasn't it?

A. No, I disagree.

Q. You disagree. Did you enjoy making predictions when you knew what was going to happen?

A. No.

Q. And you got very excited in the aftermath of [Baby P]'s death, didn't you?

A. No, I did not.

Q. Two babies killed within about 24 hours of each other.

A. No.

Q. And you were acting, according to [Dr B], in a totally inappropriate way in that room?

A. According to [Dr B], yes.

Q. Just as you had acted in an inappropriate way with [Mother of Baby I] and with [Mother of Baby C] do you agree?

A. No, I don't.

Q. And you were falling over yourself to tell Sophie Ellis about it, weren't you?

A. No, I told Sophie as respect (sic) for her coming in on that shift.

Q. Out of respect?

A. It's common practice that we would let staff know so they don't walk in and just find something out or potentially bump into a parent and say something. Usually, we would tell a member of staff.

Q. Oh, right. So she was about to come into work, was she?

A. I can't remember if she was coming into work or she was off, I can't remember.

Q. I think you remember exactly where she was, don't you?

A. No.

Q. Well, let's remind you. Tile 628.

A. Yes, so I was giving her an update in reference to what she's asked me.

Q. And she was at the races.

A. Yes.

Q. Why didn't you just leave her alone?

A. She's asking me.

Q. Oh yes. Did you enjoy the drama?

A. No.

Q. Tile 654, please. This is to Sophie Ellis later on.

A. Yes.

Q. "Just blew tummy up." Where have we heard that before?

A. With other babies.

Q. Yes, but which one in particular?

A. [Baby O].

Q. Yes. In his sequence at tile 334, virtually the same message.

A. Yes.

Q. You'd killed them both, hadn't you?

A. No.

Q. Your portent of doom had fulfilled itself, hadn't it?

A. No.

Q. At your hand?

A. No.

Q. Do you remember that [Baby P] also had a liver injury, albeit it wasn't as bad as [Baby O]'s?

A. Yes.

Q. You caused that, didn't you?

A. No.

Q. And you injected him with air down the NGT?

A. No, I didn't.