

Wednesday 17th May & Thursday 18th May 2023
Cross-examination of Lucy Letby on General Topics
By Nick Johnson KC
(Transcribed from audio/hard-coded subtitles)

Q. Ms Letby, is there any reason why you cry when you talk about yourself, but you don't cry when you talk about all these dead and seriously injured children?

A. I have cried when talking about some of the babies.

Q. That's your answer?

A. Yes.

Q. You started giving evidence on 2 May. Do you remember that?

A. Yes.

Q. It's a long time ago now, 2 May. Is there anything you said back on 2 May, that now you have thought about it in the time that's passed, you'd like to change?

A. No.

Q. Anything that you said a few days later that you'd like to change?

A. Not from what I can recall now, no.

Q. And anything over the last three days that you have said you'd like to change?

A. No.

Q. So if I ask you later in this process about something, you're not going to say, "Ah yes, I made a mistake about that, I meant to correct it"?

A. I can't say that definitively without going through everything that I have said, but at the moment no.

Q. Now, some time ago, you created a document called a defence statement. Do you remember that?

A. Yes.

Q. I'd like to give you a copy of it so you can identify it. I'm not going to go through it in detail now, but as we go through the evidence we will deal with this document. Okay?

A. Yes.

Q. I'm going to give it to you in paper format, and if you haven't got a copy you're free to remove it from this room if you want to, if you want to look at it, because I'll be asking you questions about it.

A. Okay.

Q. This is quite a long document, isn't it?

A. Yes.

Q. It runs to 28 pages, is that right?

A. Yes.

Q. Can you just go to the final page, please, because I'd like to deal with what it says. It says:

"This defence statement is not signed. The defendant made additional amendments to the statement at a meeting on 11 February 2022. During this conference, however, the defendant accepted this document and the amendments as being an accurate summary of her case, and the court and the prosecution will be provided with a signed copy of this document in due course."

Is that what it says?

A. Yes.

Q. And was that true?

A. Yes.

Q. Now, by 11 February, you had had most of the prosecution statements and exhibits for about a year, hadn't you?

A. I can't recall the definitive dates of when I received everything from November 2020.

Q. Well, you were arrested in November 2020. That's right, isn't it?

A. Yes.

Q. And a lot of, or a good proportion of, the prosecution documents were served in the very early part of 2021. Do you remember that?

A. Yes.

Q. There have, of course, been various documents that have come through as the case has progressed, even during the trial to be fair, haven't there?

A. Yes.

Q. But you knew in February 2022 what the important features of the allegations against you were, didn't you?

A. Yes.

Q. And one of the other things that you knew, and that you had had quite a lot of time to ponder, were the contents of your police interviews, weren't they?

A. Yes.

Q. I'd just like to go back in the document, if you wouldn't mind, please, to page 5. It's paragraph 30 of the document. It's a single sentence. Would you just read the sentence to the jury, please?

A. "In general, I rely upon those matters I raised and explanations given in my police interviews."

Q. Yes. And that was your position, wasn't it, a year after your arrest?

A. I don't know what you mean, sorry.

Q. You were accepting, a year after your arrest, having had a year to read the police interviews, you were accepting that what you said in those interviews in effect represented your case?

A. It was accurate at that time, yes.

Q. Can you look at paragraph 203 of your defence statement, please? Page 26. This is headed "Items from the Defendant's House", in other words your house.

A. Yes.

Q. Can you read paragraphs 203 and 204, please?

A. "I have dealt with certain items that were taken from my house by the police in paragraphs above. I did not deliberately take any item from the hospital with the intention of keeping it."

Q. And 202?

A. "I did not deliberately retain a handover sheet from the morning of 25 June 2016."

Q. What did you tell the jury this morning about the handover sheet from 25 June?

A. That I needed it for the next day to complete my documentation.

Q. Yes. That you deliberately kept it.

A. I'm referring here, though, to deliberately keeping it at my home address.

Q. Read the words for the jury.

A. Which one?

Q. 202.

A. "I did not deliberately retain a handover sheet from the morning of 25 June 2016."

Q. That's not true, is it? Were you lying there, or were you lying this morning?

A. I don't think it's a lie. I think I'm referring to the handover sheet not being at my home address for a deliberate reason.

Q. It was there for a deliberate reason: it, to use your phrase, came home with you.

A. Yes.

Q. Are these active handover sheets? Do you understand what I mean? You're passive, they are active? Did they come home with you?

A. Yes, the sheets have come home with me, yes.

Q. No, you take them home, don't you?

A. Yes.

Q. Yes. They don't come home with you, you take them home.

A. No, they've come back in error, they were not intentionally taken.

Q. Well, this one was, wasn't it?

A. No. It was taken home with intent on that time, but it was not left at my home address with intent.

Q. Let's deal with your addresses. Because when we come to look at some of these handover sheets as we will, we need to understand where you were living and when you were living there. Okay?

A. Yes.

Q. That's the reason I'm asking the questions. Because what I'm going to suggest to you, so you know what the objective is, is that you move from property to property and you take these handover sheets with you each time. Okay? And so in due course, I'll suggest when you say you didn't know you had them, that's a lie. Okay?

A. Okay.

Q. So that's the purpose. So let's look at the facts. You were a student between the academic years 2008/9, 2009/10 and 2010/11. Is that fair?

A. Yes.

Q. A three-year course at Chester, and you told us back at the beginning of this month that you qualified in 2011?

A. Yes.

Q. So these are the traditional academic years, September to June, or what was the academic year on your course?

A. It's a full twelve-month course for nursing.

Q. Sure, well, a three-year course, I think you said?

A. Yes -- but -- yes.

Q. What, you study for 12 months a year, do you?

A. Yes.

Q. You're not the sort of lazy student I was, getting the summer off or anything like that?

A. No.

Q. Alright. And you, what, qualified in -- when in 2011, at the end?

A. September.

Q. September 2011, okay. For those three years, were you living in student accommodation in Chester?

A. Yes.

Q. From your student accommodation -- I'm not asking you where, but did you live in more than one place in Chester?

A. Yes.

Q. Was it university accommodation?

A. Yes.

Q. Did it change each academic year?

A. Yes.

Q. The academic year, as you've just inferred at least, is September to September?

A. Yes.

Q. Alright. So when you'd got to starting work in October 2011, where did you live?

A. At that point I wasn't employed. I began my employment in January 2012.

Q. Right. Okay. So you had 4 months or so trying to get a job?

A. Yes.

Q. And in that time were you living in Chester, or were you living back in Hereford?

A. I was at my parents' address in Hereford.

Q. Did all of your belongings follow you from Chester to Hereford?

A. Yes.

Q. So you started in January 2012. Were you living in Ash House from the beginning?

A. Yes.

Q. Did you remain in Ash House until 15 March 2014?

A. I'd have to confirm the dates, but yes.

Q. I'm going from a date in your diary that was dealt with by Mr Myers back on 2 May.

A. Okay.

Q. That's when you first moved into a flat in Chester?

A. Yes.

Q. A flat of one of your colleagues?

A. Yes.

Q. She was not living there when you were living there, is that right?

A. No.

Q. It isn't right?

A. Sorry, no, she was not living there. I lived there alone.

Q. And you remained there until 1 June 2015?

A. Yes.

Q. So if anyone's keeping a note, 15 March 2014 to 1 June 2015. On 1 June 2015, you moved back into Ash House, is that right?

A. I don't remember the dates from my head, but if that's agreed then, yes.

Q. The reference in your diary, if anybody wants to check it, is J355, and again it's a date that was dealt with in passing some time ago, but I just want to re-establish the dates.

A. Yes.

Q. On 15 March, by coincidence, in other words the same date as when you moved into your colleague's flat, this time 15 March 2016, you exchanged contracts on your property in Westbourne Road?

A. Yes.

Q. You got the keys on the 18th?

A. Yes.

Q. And on 5 April, you moved into number 41 Westbourne Road?

A. Yes.

Q. Something you described yesterday as a massive life moment?

A. Yes.

Q. I'd like to deal with your uniforms in which these handover sheets came home with you, alright? So that the jury understand what the system is, who provides the uniforms?

A. The hospital.

Q. Who launders the uniforms?

A. The staff that wear them, so myself.

Q. Yes. And how many uniforms are you provided with?

A. I can't recall specifically. Maybe three.

Q. Okay. Would you launder the uniforms every time they were used?

A. Yes.

Q. If you had three it would follow, wouldn't it, that if you were working in blocks of three days, as generally you did, not always, but generally, you'd use each uniform in succession?

A. Yes.

Q. And therefore it would follow, wouldn't it, that every day, or at least by the third day, you'd be emptying the pockets of the uniforms?

A. Yes.

Q. What did you do with the contents of the pockets?

A. They were put aside in random places in my house.

Q. Such as? The random places. Which random places?

A. I can't say. I would accumulate paper in various areas of my home, bags, anywhere.

Q. We'll come back to the handover sheets a bit later. So far as the computerised records are concerned, I want to ask you about those, okay?

A. Okay.

Q. These are the medication administration time-stamped computerised records that I'm talking about.

A. Okay.

Q. Do you understand what it is I'm talking about?

A. Yes.

Q. There are, generally speaking, two people who contribute to those documents, aren't there?

A. Yes.

Q. From a nursing point of view, the first contributor is somebody who is categorised as the "user". That's what the system calls them?

A. Yes.

Q. And the second is the "co-signer"?

A. Yes.

Q. And again, that's the term attributed to the role by the system, isn't it?

A. Yes.

Q. You have told us, and some of your colleagues have confirmed, that the relative status of "user" and "co-signer" doesn't actually inform the reader as to who it was that had administered a particular drug.

A. That's right.

Q. But it does tell us who created the original record?

A. Do you mean who prescribed the drug?

Q. No, I'll be clear: the easiest way of eliciting this may be for you to describe to us, if I or if you were the user, what would you do to create the record on the system?

A. You would have to log on to the Meditech system, which is what it's called, and enter your log-in details.

Q. Yes. The time of administration of the drug concerned, we know that the system automatically timestamps the entry, doesn't it?

A. Yes.

Q. So the system creates the time, records the time at which this is being done, is that right?

A. It records the time that you log on, it then requires two people to sign for the actual time that the medication was given.

Q. Yes. But who is it that inputs the information as to the time the medication was given?

A. Either of the nursing staff that have been giving that medication.

Q. But wouldn't the user do it, put all that information in and then the co-signer --

A. No, no, not necessarily.

Q. Well, you tell us how it works then.

A. A nurse will log on to the system, and whether it's the user or the co-signer, they would have access to that and would input the details, and then the co-signer would have to verify that information.

Q. Yes. And so from a practical point of view, doesn't that mean that the person who's shown as the user is the person initiating the process?

A. No, it could be either member of staff.

Q. Right. You can automatically put yourself into the co-signer role, can you? When you open it up you become the --

A. No, only one person can log on at a time. So the user would have it up on the screen, and then the two of you would be checking that prescription.

Q. And where does the information come from that is input to the system, so far as the time at which something was administered is concerned?

A. That's inputted by staff.

Q. Yes. But which of the two, the user --

A. It could be either.

Q. -- or the co-signer?

A. It could be either.

Q. You have told us that you were a mentor for students.

A. Yes.

Q. And what does that process involve?

A. That means that we are allocated student nurses when they come onto placements, on to the neonatal unit during their training, and you're responsible for teaching them, carrying out paperwork and competencies that they need to achieve.

Q. Yes. And so far as the paperwork is concerned, what do you tell them?

A. What -- I don't understand.

Q. What do you tell them about paperwork and their responsibilities?

A. I... I don't follow.

Q. I'll give you an example. If one of your students had a handover sheet, what would you tell him or her to do with it? What are their responsibilities about the handover sheets?

A. Students don't usually have a handover sheet. They aren't given documentation because they're students.

Q. Right. But if a student has a handover sheet, what would you expect the student to do with it?

A. Discard it in the confidential waste.

Q. Yes. Why?

A. That's normal practice.

Q. Well, it's normal for some people. Is it normal practice for you?

A. No, at times it's not, no.

Q. Well, 250 times it isn't, that we know of.

A. That's over many years though.

Q. Well, if you do 50 a year, it's still 5 years. What is your normal practice?

A. With handover sheets?

Q. Yes.

A. To dispose of them. But there are times that they have come home with me in my pocket, yes.

Q. No, there are times you have taken them home.

A. Not with intent. Not with the intent of keeping them.

Q. If you were going to see Mr Myers in his chambers in Manchester and you accidentally picked up his phone as you left his chambers, what would you do with his phone?

A. Return it. That's a hypothetical situation.

Q. It is. But you understand the point, don't you?

A. Yes.

Q. Why didn't you do that with the handover sheets?

A. It's a different context.

Q. Why?

A. Because you're referring to a phone that belongs to somebody. The handover sheets do not belong to a person.

Q. But they have a lot of information on them, don't they?

A. They do.

Q. Whose information?

A. Babies on the unit.

Q. Yes. What are your responsibilities as a medical professional for sensitive, personal data?

A. To keep it confidential.

Q. What would have happened to you in a disciplinary sense, if the hospital management knew that you had 250-odd handover sheets at home?

A. I can't answer that. I don't know what the policy would be.

Q. Are you interested in the policy?

A. I... I don't understand.

Q. Have you ever been interested in the policy on managing personal sensitive data?

A. No, I'm not aware of what the exact policy is.

Q. You're not bothered, are you?

A. I don't think it's I'm not bothered, I don't know the full details and these handover sheets were confidential. I know they're at my home address, but they were still held in confidence.

Q. Held in confidence, some in a bin bag in your garage? That's held in confidence, is it?

A. I'm the only person that lives at the property, so yes.

Q. What about the ones in the shredder box at your parents' home? Who lives there?

A. My parents, but they would not enter my room.

Q. They're not held in confidence though, are they?

A. I don't believe anybody would have looked at them, no.

Q. Do you obey the rules when it suits you?

A. No.

Q. Do you like telling other people what to do, but you don't quite live up to those standards yourself?

A. No.

(The court adjourned until 10.30 am on Thursday, 18 May 2023)

Thursday, 18 May 2023

Q. Ms Letby, yesterday you answered several questions from me on several issues. Is there anything that you said during the course of my questioning to you, that you have thought about overnight and you want to modify any of the answers that you have given?

A. No.

Q. One of the statements of fact that you made to the jury was that student nurses are not given handover sheets.

A. That's right.

Q. Was that true?

A. Yes.

Q. When you were a student nurse, were you given any handover sheets?

A. Sometimes, yes, but the neonatal unit didn't tend to give them out to students at that point.

Q. Could you just repeat that answer because I'm not quite sure I understood it.

A. What do you mean? As a student nurse yes I had handover sheets from certain areas, but routinely the Neonatal Unit at the Countess at that time, did not provide students with a handover.

Q. I just want to understand this answer: when you were a student at the Countess of Chester Hospital were you given handover sheets?

A. At some placements, yes.

Q. Some placements? Do you mean in different parts of the hospital?

A. Yes.

Q. Well, all I'm interested in is the neonatal unit, so if you would concentrate on that. Were you given handover sheets from the neonatal unit?

A. I can't recall specifically.

Q. You know where I'm going with this, don't you? Did you have any handover sheets at your house from when you were a student at the Countess of Chester Hospital?

A. I couldn't say. I've got handover sheets, I don't know where they're from.

Q. Is that true?

A. Yes.

Q. What was the first day that you worked at the Countess of Chester Hospital in the neonatal unit?

A. 2 January 2012.

Q. As a student?

A. When I was a student? I don't recall the date. It would have been between 2008 and 2011, I can't recall specifically what dates all my placements were.

Q. I'm going to suggest to you that the first day you worked on the neonatal unit as a student was 1 June 2010.

A. Okay.

Q. And the reason I'm making that suggestion to you is that there is a handover sheet in your house, or was a handover sheet in your house from that date?

A. Yes.

Q. Are you agreeing with me?

A. Yes, at the time that we're talking about, students did not have handover sheets.

Q. Why didn't you say that when I asked you the question a few minutes ago, that we did get handover sheets when I was a student, but the students no longer get handover sheets?

A. I believe I did say at the time that the practice now is they do not have a handover sheet.

Q. Are you doing your best to tell the truth, the whole truth and nothing but the truth, Lucy Letby?

A. Yes.

Q. Where was that handover sheet dated 1 June 2010?

A. I have no idea.

Q. Did you have a keepsake box with roses on it in your house at 41 Westbourne Road?

A. Yes.

Q. What was in the keepsake box?

A. I can't recall from memory.

Q. One of the things in the keepsake box was that handover sheet, wasn't it?

A. I don't know. I don't have any recollection of where the handover sheets were.

Q. I'm going to show it to you as the police recovered it, please. It's exhibit WG3. Just have a look at that, if you would. Is that from your house?

A. I can't say. I don't recall this specific individual sheet, no.

Q. Just take it in your hands. What's unusual about it? Pick it up. What's unusual about it?

A. I don't know what you mean. It's a standard handover sheet.

Q. It is. But how does it differ from all the other handover sheets that you took home?

A. It hasn't got handwriting on it?

Q. That's one difference. Another is it hasn't got any folds in it either, has it? It's in pristine condition.

A. Is this the original?

Q. It is the original. In the keepsake box in your house.

A. Okay.

Q. You knew where you were keeping these handover sheets, didn't you?

A. No. They were in several locations, I believe, throughout the property.

Q. They were. And there were 99 handover sheets from your time as a student, weren't there, in your house?

A. I can't comment on that, I don't know how many there were.

Q. Does that sound about right?

A. I wouldn't know. I don't know how many handover sheets I had in different locations, until I've been told now how many there were in total.

Q. You are not, and you have not been prepared to tell the truth about these handover sheets, have you?

A. The truth is what I've told you.

Q. I want to deal with a bit of evidence that you gave yesterday on the subject of handover sheets. If Mr Murphy would help me, please, by opening up on the screens tile 331 in the [Baby O] sequence. Do you remember giving some evidence about this?

A. Yes.

Q. And your explanation, I'm going to suggest, and I'd ask you to either agree or disagree, was that you took the handover sheet for 23 June home, and the reason that you took it home was because on the back of it you had written down some details of drugs that had been given to [Baby O], or another child that you were looking after that day. Am I right so far?

A. There was documentation on there. I'm not sure exactly what was on there, but yes, the handover sheet did have writing on it, yes.

Q. Well, I'll remind you of exactly what you said, seeing as we don't seem to be going in the same direction. You said to Mr Myers:

"It's common practice that we will utilise the handover sheets. So we would write on the back of the handover sheet, and if something significant happens we would just grab the nearest available paper or paper towel, something to write on so that we can then document retrospectively."

Then Mr Myers asked you this question:

"When, in this note [and he's referring at this point, Mr Myers, to what we can see on the screen] you finish, 'Left signing off drugs until tomorrow', can you explain to us what that refers to?"

And you said:

"So I hadn't completed all of the documentation for the medications." So "for the medications", concentrate on those words, please.

"And as I was back in work the next day, I planned to do it then."

You were then asked this question:

"What was happening with whatever notes you had, in between the end of your shift and completing writing up medications the next day?"

So do you agree with me that the essence of the questions and answers, is that this is all to do with medications?

A. Medication was included, yes. I don't know that that's medications in its entirety.

Q. And you said: "I needed it for the next day." You were then asked the question: "So where was it?" Talking about the note. And you said: "It came back."

In other words, you took it back home. That's what you meant, wasn't it?

A. I took it to bring it back into work the next day, yes.

Q. "Where was it?" said Mr Myers. And you said, "At this point in my pocket." And you confirmed that the notes were in your pocket.

Then there was a bit of confusion between the two of you, and Mr Myers said:

"Probably my fault. You've got the notes in your pocket. You've said something about, 'Left signing up drugs until tomorrow', which we can see on the screen. What's going to happen to those bits of paper?"

And you then said:

"They're going to come back to work the next day."

By that, you meant you were going to take them into work the next day, didn't you?

A. Yes.

Q. Yes. And Mr Myers said:

"23 June, you have the handover sheet, which includes on it [Baby P] and [Baby O]?"

You answered "Yes".

Then you were asked the question:
"And the various notes on the back of that?"
Your answer was: "Yes".

Then you were asked the question:
"Is that the handover sheet that you would have taken home with
you at the end of the shift, if you remember?"
You replied: "Yes".

So that's the exchange between you. There, you were saying that
you took the handover sheet home deliberately. Do you accept
that?

A. Yes.

Q. The reason for taking it home deliberately was because you
needed it for the next day?

A. Yes.

Q. And the reason you needed it for the next day was because you
hadn't completed writing up the medications, and you needed the
notes on the back of the handover sheet to remind you of what
you needed to write the next day.

Do you agree with that?

A. Or for any other documentation that still needed to be
completed.

Q. No, no. The question and the answers were very specific: it
was all to do with medications, wasn't it?

A. Well, here, yes, I'm referring to drugs, yes.

Q. Yes. And the questions & answers between you and Mr Myers
were referring to drugs, weren't they?

A. Yes. If that's what it said, yes.

Q. Right. I'm going to show you the handover sheet, the original
handover sheet. Just for the record, what I'm about to hand over
is Exhibit 15, which has already been exhibited in the trial. It
is, just in case these documents get separated, four handover
sheets that were in the Ibiza bag: 23 June, 24 June, 25th and 28
June. Would you compare, and take as much time as you like, the
original to the copy that we've just given to the jury, a
version of which you have as well? And would you confirm that it
is the same document, apart from the fact that the names of the
children other than [Baby Q], [Baby O] and [Baby P], have all
been edited out?

A. Yes.

Q. Would you now turn over the original, and compare it to the second page that I've just handed you as a copy?

A. Yes, it's the same.

Q. The same document. Right. I'm not interested in the front of this document for these purposes. I'm interested in the back and your notes. You point out to us where the notes of the medications are you have made on the back of that document.

A. There's a note about caffeine and [Baby P].

Q. Right. So this is the top left, yes?

A. Yes.

Q. "Caffeine" underlined?

A. Yes.

Q. Right. Okay. Anything else for [Baby P]?

A. No.

Q. [Baby O]?

A. No. The drugs were written on a paper towel I believe.

Q. The child whose name has been edited out, who was the third child in Nursery 2?

A. There's no medications.

Q. So your evidence to the jury yesterday, is that you took that home because it had caffeine written on it? And that you brought it in the next day to help you remember what? Caffeine? Is that the thing you're struggling --

A. I didn't say that, I didn't say that I had taken it because of caffeine.

Q. No, you said you took it for the drugs.

A. Yes, with the paper towel that was also with it.

Q. There's a paper towel with it?

A. Yes, we've seen the paper towel, haven't we?

Q. Well, there have been a couple of paper towels. I'm interested -- you were answering questions about the handover sheet. That's why I started with reminding you of what your evidence was.

Were you telling the truth to the jury yesterday?

A. Yes.

Q. The Morrisons bag. When did that bag go under your bed?

A. I can't recall a specific date when I would have put that under the bed.

Q. Well, give us a range of dates if you would, please.

A. Well, the Ibiza bag sort of replaced that bag, so it would be after -- just before that time maybe, or after.

Q. So just before -- so sometime around the 20 something of June 2016?

A. I can't be specific, but the Ibiza bag became my new work bag, yes.

Q. Right. And in the Morrisons bag there were 31 handover sheets, we've heard, haven't we?

A. Yes.

Q. And they were dated between July 2014, and then April 2015 through to June 2016, do you accept that?

A. Yes. Obviously, I can't see it now, but if it's been agreed, then yes.

Q. I can produce the sheets. Would you like to see them?

A. No, if it's been agreed.

Q. How did all those handover sheets get into that bag? They didn't get there on their own, did they?

A. No.

Q. So you tell us the process between emptying out your uniform when you're about to launder it, to those handover sheets ending up in that bag, please.

A. When I've come home from work I've taken my uniform off, the contents of the pockets have gone into the work bag.

Q. And where does the work bag then go on the next day, the next work day?

A. To work.

Q. Yes. So, what, you're ferrying handover sheets to and from the Countess of Chester, is that what you're saying?

A. I can't say definitively.

Q. Well, that must be what you're saying, mustn't it?

A. I accept that they're all in that bag, yes.

Q. Well, they're all in the bag when the police find it.

A. Right.

Q. What I'm more interested in is, first of all, why you put them into that bag at all?

A. I can't recall.

Q. Can't or won't?

A. No, I collect paper -- just gathers. They were just bits of paper to me.

Q. You're not telling the truth, are you?

A. I am.

Q. Why don't you want to tell the truth?

A. That is the truth. They have no meaning to me at all, they're just pieces of paper.

Q. If they have no meaning to you, why do you keep them?

A. Because I keep a lot of paper, I have difficulty throwing things away. I have copious amounts of paper, cards, notes throughout my whole life. These are no different: they're just pieces of paper that have been gathered, and I've never done anything with them.

Q. Well, you have: you've put them into different bags in different places.

A. Yes, a piece of paper, not because of the content. I've moved paper around my whole life.

Q. Oh yes, you have, and that's one of the reasons I asked you the questions about where you were living at various points.

A. Yes, I accept possessions come with me to multiple addresses, and that's including these handover sheets, as well as many other handwritten things, cards letters, notes. It's the paper that I accumulate, not the content.

Q. The question that the jury may be interested in is: why?

A. I have difficulty throwing things away.

Q. Is that why you bought a shredder?

A. I did have a shredder at some point, yes.

Q. Yes. That wasn't the question. The question is: is your difficulty in throwing things away the reason why you bought a shredder?

A. I bought a shredder for certain documents once I bought the house, yes.

Q. Right. Which documents were going to go in the shredder?

A. Predominantly bank statements.

Q. Why not handover sheets?

A. I didn't know I had the handover sheets, they were insignificant to me at that time.

Q. They were in your work bag which was going to and from work every day.

A. With lots of other paper as well.

Q. Where's all that other paper gone then?

A. I have various amounts of paper at home of different things -
-

Q. No, no, don't deflect the question.

A. I don't know what you mean, sorry?

Q. We're talking about the work bag. Where is all the other paper in the work bag?

A. I'm talking about there's multiple handover sheets in there.

Q. Yes. So they're going to and from work with you every day. Every day when you empty out your uniform, you add to the pile, is that right?

A. I must have done. I can't recall specifically every day what action I took.

Q. Well of course not, on an individual basis, but what were you thinking as this pile of handover sheets accumulated to almost the size of a phone book?

A. They weren't the size of a phone book in one area. I didn't recall that I had that many in different locations.

Q. Well, don't argue about whether it's a phone book or not. What were you thinking as these were accumulating, the handover sheets?

A. I wasn't thinking anything, they're just bits of paper.

Q. So put them in the shredder.

A. I didn't shred anything particularly, other than bank statements.

Q. When did you buy the shredder?

A. I can't recall an exact date that I bought a shredder.

Q. I'm not asking for the exact date. Did you have it in Ash house?

A. No.

Q. So you bought it in sometime between 5 April 2016, and the date that the police knocked on your door?

A. Yes.

Q. Why didn't you shred the handover sheets?

A. Because they're insignificant. I haven't shredded a lot of documents in my house that could have been shredded.

Q. These are very significant documents, aren't they, Lucy Letby?

A. Well, they are sitting here now. They weren't to me at that time, they're just pieces of paper.

Q. They have the names of dead children on them, don't they?

A. They have the names of a lot of children on them, yes, and they shouldn't have come home, I agree. But they were in a home with me where nobody else was, they were confidential, they were just put in amongst a lot of other notes and bits of paper, study notes that I've kept my whole life.

Q. Are you really asking the jury to accept that pieces of paper with sensitive information about dead children are insignificant?

A. Yes.

Q. I'd like to look at [Baby M]'s blood gas document, please, it's exhibits 7 and 8. These documents were found in your Morrisons bag, weren't they?

A. Yes.

Q. Are they insignificant?

A. At the time of being found, yes.

Q. So a child who brushed with death, these are his blood gas readings taken whilst he was being resuscitated, you regard those as insignificant?

A. I think the context is different. These have come home with me, with many babies. They're not just for the babies on the indictment. It's not insensitive, they've just come back as pieces of paper and have ended up being treated that way, as pieces of paper.

Q. They haven't come home with you, have they? You took them home.

A. I took them home, yes, but not with any intention.

Q. Why do you keep saying "came home with me" as if they were active, as if they were doing the action?

A. I apologise if -- that's my turn of phrase, but that's how I see it. Came, took, whichever, they've come back with me, I took them back, however you want to word it.

Q. It's you trying to separate yourself from a conscious act, isn't it?

A. No.

Q. Do you remember what you said about these documents to your counsel a couple of days ago?

A. About this specific document?

Q. Yes.

A. No, I don't recall that was presented to me during that time.

Q. You were asked about it.

A. Right.

Q. Okay, we'll deal with that first of all. Open it out to remind yourself of what it says.

You were asked the question: "Did you use the machine?"
You answered the question with a question: You replied, "At this time?"

Mr Myers followed up with: "During the course of what happened with Child M".

You replied "Yes".

Was that true?

A. Did I use the blood gas machine for [Baby M]? Is that what you're asking?

Q. That was the question he was asking you.

A. Well, I can't possibly say for definite, this is a printout, yes.

Q. "Why would you have that item at home, can you help us with that?", you were asked.

And as you do, you said: "It's come back with me from work in my uniform."

"Once you've got the printout from the machine, what would you have done with it in real time on the unit?"

You replied: "I would have put it in my pocket, and then taken it to the cot side to then write up on the charts that we've seen, the handwritten charts."

You were then asked the question: "The question that arises is why it doesn't go in the bin after that. Why doesn't it?"

You replied: "That is an error on my part."

Is that right, what I've just read out to you there?

A. Yes.

Q. Was that true?

A. Yes.

Q. Do you remember a nurse called [Nurse B]?

A. Yes.

Q. You know her very well, don't you?

A. I know her as a colleague, yes.

Q. Do you remember what [Nurse B]'s evidence was about that printout?

A. No.

Q. Really?

A. I can't recall that, no. We've heard a lot of information. I can't recall that, sorry.

Q. Well let's look at tile 171, please, Mr Murphy. What's the time on the document you've got in front of you?

A. 16:22.

Q. Do we see the results recorded on the blood gas chart?

A. Yes.

Q. Whose handwriting is that?

A. [Nurse B]'s?

Q. Do you now remember what [Nurse B] said about that blood gas reading?

A. No.

Q. She said she took it, she wrote it onto the chart. Do you remember what she said about what she habitually does with the printout?

A. No.

Q. What do you think your colleague [Nurse B] --

A. She disposed of it.

Q. Yes. Where would she dispose of it, do you think?

A. In the confidential waste bin.

Q. Yes. When did you fish it out of the confidential waste bin and take it home?

A. I've never fished anything out of the confidential waste bin.

Q. How did you get it?

A. I can't recall specifically.

Q. It was for your little collection, wasn't it, Lucy Letby?

A. No.

Q. They could have gone in the shredder, couldn't they?

A. None of the paper that I had went into the shredder.

Q. No, no, that wasn't the question: they could have gone into the shredder, couldn't they?

A. Could have, yes.

Q. How much is a shredder?

A. I -- I don't think that's fair to ask. I don't know.

Q. You bought one.

A. I can't recall a specific date and time that I went into a shop and bought a shredder, and how much that cost.

Q. Did you have money to burn?

A. What do you mean, sorry?

Q. Did you have so much money that you could just buy whatever you want whenever you want it?

A. I don't -- I don't understand what finance has...

Q. Well, the jury may be interested, and I'm certainly interested, in why you'd buy an electrical appliance that you have no real intention of ever using.

A. Well, I did use it for bank statements.

Q. Yes. Why did you lie about the shredder in interview?

A. I couldn't recall that at that time whether I did have a shredder or not. A shredder is an insignificant item to have in your home.

Q. It's like the pieces of paper?

A. Yes.

Q. It's insignificant?

A. Yes.

Q. Do you remember the explanation you gave for, what I suggest is -- well, let's go to the interview just to remind ourselves of what you actually said. It's about two-thirds of the way down the page, so I'll just show you where I'm looking, it's page OA39. Do you see, there is a time that says 00:08:41?

A. Yes.

Q. And you actually brought up the shredder, as we look at the questions and answers. So if we go up about a couple of inches from there, you're asked the question -- just above halfway down the page, they're asking about the sheets. The interviewing officer asks you:

"Do these sheets that are in your folder that you've kept at your home address, Lucy, relate to babies which you were designated nurse for?"

You replied:

"Yes, they're all babies that are on the unit at that point, whether you look after them or not, so yeah."

You were then asked the question:

"Okay. Have you previously taken any of these handover sheets home, and disposed of them?"

And what's your answer to that question?

A. I replied:

"No, I don't think so because I haven't got a shredder, and that's how I would -- that's how I would have to get rid of them"

Q. So it's not the police suggesting a shredder to you, is it?

A. They're suggesting ways in which I'd have disposed of those handover sheets at home. They've asked me, have I ever taken the handover sheets home and disposed of them.

Q. Yes. How is that a suggestion of them -- the means by which you'd get rid of them?

A. That's how I took disposal to mean, a confidential disposal.

Q. They never suggest shredder to you, do they? They don't say, "Have you got a shredder?"

A. No.

Q. To which you mistakenly answer no. They say, "Why haven't you got rid of them?", and you say, "Because I haven't got a shredder".

A. I couldn't recall at that time whether I did have a shredder or not. I had just been arrested by the police. Locating a shredder wasn't on my mind.

Q. Well, the shredder was on your mind, because you were the person that introduced it into the interview.

A. Yes, in reference to the word disposal.

Q. Are you telling the truth, the whole truth and nothing but the truth?

A. Yes, I am.

Q. Do you remember the explanation you gave to the jury on 2 May about that question and answer?

A. No, I can't recall all of the evidence that I've given.

Q. What you said then, it's page 163 of the transcript if anyone wants to check, is:

"It was an oversight. I had forgotten that I did have one. I only acquired it fairly recently."

What did you mean by that?

A. That it was an oversight for me to say that I didn't have a shredder at that time, and that I had bought one recently in relation to the date of the interview.

Q. When did you buy the shredder, now that you've been reminded of the fact that you remembered it in police interview?

A. Shortly before this interview, if I've said it was bought recently.

Q. There was a shredder box at your parents' home in Hereford, wasn't there?

A. Yes.

Q. And that was in your room, as I understand your evidence?

A. Yes.

Q. Did that box ever leave your parents' house as far as you know?

A. I can't recall specific locations of many boxes over the years, no. But it probably did move with me, yes.

Q. Moved with you? Well, this is a box for your parents' shredder as I understood your evidence. Did I understand it correctly?

A. The box in the wardrobe?

Q. Correct. Do you want me to show you a picture, just to remind you?

A. No, I'm okay. So yes, I believe that was my parents' shredder, yes.

Q. Is there some doubt in your mind?

A. I can't recall definitively all the shredders that were in the property and who they belonged to.

Q. Did the Letby family have several shredders?

A. No.

Q. "All the shredders that were in the property and who they belonged to". What did you mean by that?

A. I mean recalling exactly where a shredder is, or the box that you've kept it in or where it was bought, isn't something that would be a date ingrained on my mind. I don't know where it came from or when it moved, if it moved.

Q. Just remind us, because I may have misunderstood what you said on 2 May. But I think ultimately you settled on the fact that it was you who wrote "keep" on the box. Is that right?

A. It may well be.

Q. It may well be or it is or--

A. I can't definitively say it's my writing, but it does look like it, yes.

Q. Just remind us why you wrote "Keep" on that box?

A. To keep the box and the shredder.

Q. Well, what you said, because his Lordship actually asked you questions about this because I think we were all a little bit unclear on what you were saying on 2 May. What you said in answer to questions from his Lordship, was this was an instruction to your parents to keep the shredder. Did I misunderstand that?

A. No, so the box is labelled in relation to the shredder.

Q. But there's no shredder in the box?

A. No, but it's in the house.

Q. Why do you need to write "Keep" on something that's in your room in your parents' house?

A. I can't answer that.

Q. Do you remember an answer you gave yesterday about your parents going into your room?

A. Yes.

Q. They never go in your room. That's what you said.

A. Yes. They wouldn't go through my things, no.

Q. So the question I would like you to answer is: if that is true, why do you write "Keep" on something as an instruction to your parents, when that something is in your room that they never go into?

A. I can't answer that.

Q. Is the truth of it that you're making up bits of evidence as you're going along?

A. No.

Q. Because we know, don't we, what was in the shredder box?

A. No, I've been told, yes.

Q. Handover sheets.

A. Yes.

Q. And that's why you wrote "Keep" on the box, wasn't it?

A. No.

Q. I want to deal with the card you sent to [Baby I]'s family next. That's in the fourth sequence for [Baby I] at tile 296, please. This photograph was taken by you on the day of [Baby I]'s funeral, do you remember?

A. Yes.

Q. That was in November 2015, yes?

A. I don't recall the exact date.

Q. At that time you were living in Ash House?

A. Yes.

Q. And for those of us that don't know the layout of the Countess of Chester site, how far is Ash House from the neonatal unit?

A. Five minutes.

Q. Is it actually on the hospital estate?

A. Yes.

Q. Where did you write the card?

A. I can't recall that specifically now.

Q. Well, you obviously went to a shop, I assume, or do you keep a stock of condolence cards?

A. No, I would have had to have bought it.

Q. Right. That would have been when you weren't in work, is that right?

A. Potentially, yes.

Q. Well, can you buy them in the hospital?

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

Q. Have you ever tried?

A. No.

Q. Okay. So is the answer then: yes, I bought it when I wasn't in work?

A. Yes.

Q. Thank you. And you would have taken it back to your accommodation, to Ash House?

A. Yes.

Q. And you would have written it at your accommodation in Ash House?

A. I can't recall specifically when it was written.

Q. Well, do you write cards in work on such a sensitive issue?

A. I can't say. This card was going to work to be given to a member of staff. I don't know when I wrote the card.

Q. Have you got time to write condolence cards in your busy life as a neonatal nurse?

A. I wouldn't have written it on shift, no.

Q. No. So my question then is: why do you take a picture of it on shift, if you don't write it on shift?

A. I don't know entirely when it was written, but is this taken on shift, the photograph?

Q. Yes, 4:38am in the morning on one of your shifts.

A. Okay. So the card is written, it's come to work to be given to the staff that morning that are going to the funeral.

Q. The question that I invite you to answer is: if this is a card you've written at home, why do you take the picture at the place that [Baby I] died?

A. I take photographs of the majority of cards and letters that I send, regardless of the location.

Q. You are avoiding the question, Lucy Letby. [Baby I] died in dreadful circumstances, didn't she?

A. Yes.

Q. Why did you take a picture of the card that you wrote to her parents, at the place she died?

A. Well, I can't say definitively 100% that's where the card is written.

Q. It was, there's GPS coordinates.

A. And that can't be my home address at that time?

Q. I don't believe so. The evidence is it's the neonatal unit. So you tell us why you take a picture of a card, addressed to the parents of a child who has died in dreadful circumstances, at the place the child died.

A. The place is insignificant. I take photographs of the majority of cards that I send. This was obviously taken into work to be given to the nurses attending the funeral. I've taken a picture, put it in an envelope, sealed it, and given it to the staff.

Q. So it's another thing that's insignificant?

A. No, I think that's out of context.

Q. No, no, I'm asking about the place, why you did it there, and your answer, you correct it if you want to --

A. Wherever I take photographs is something that -- I don't think is relevant. It's the fact that my usual behaviours is that I photograph things that I send or receive.

Q. Yes, you'd photograph it when you write it.

A. I can't say that, no. I don't know that I photograph it the minute that I've written something.

Q. Did it give you a bit of a thrill, photographing it at the place that this poor unfortunate child had died?

A. Absolutely not, no.

Q. I want to clarify something with you about the nursing records. From time to time during your evidence, you have been referred to the lack of any mention of you in a specific child's paperwork. Do you recall that happening from time to time?

A. Yes.

Q. As Mr Myers asked you questions, he would refer you either to the sequence or to the neonatal review --

A. Yes.

Q. --and point out to you, I'm not suggesting he's doing anything wrong at all, to make the point that your name doesn't appear on a specific child's paperwork.

A. Yes.

Q. The point of that is that if you're not on the paperwork, you have had no contact with the child. Have I understood the point of that correctly?

A. Yes.

Q. Yes. So just so that I understand, and so it may influence the questions I ask you, are you suggesting that the absence of your name appearing on a specific child's paperwork, in effect shows that you haven't had contact with that child?

A. It shows I've had no contact in terms of documentation that's required at that time. We regularly attend to babies if they're crying, unsettled, things like that. That would not be in the paperwork.

Q. Did you ever go into the neonatal unit late at night when you weren't on shift?

A. I have been to the unit on my days off, yes.

Q. Why?

A. At times I went to see colleagues when I was on the intensive care course, or sometimes I've gone to finish documentation that hasn't been done in the day.

Q. So there are occasions, aren't there, Lucy Letby, that you were in that unit and there is no trace of you having been there?

A. There would be a trace because I'd have to swipe to enter the unit. There's no other access.

Q. Are you sure about that?

A. Yes.

Q. Well, let's look at the [Baby G]'s sequence of events, the first one, please. Tile 353:

"Just left work. Last gas 7.0. Lactate 9." That's you to [Nurse E], isn't it?

A. Yes.

Q. You were not on shift, were you, at 22:59 on Monday, September 7th 2015?

A. I can't answer that without seeing the shift pattern.

Q. Well, let's look at the shift pattern. I'm not asking Mr Murphy to put this up on the screen, because we have of course a paper copy behind divider 23 in jury Bundle 2. It's page 3. If we look in the bottom half of the page, you have the September work pattern, is that right?

A. Yes.

Q. Were you working at 22:59 on Monday September 7th?

A. No.

Q. This, of course, was the day that [Baby G] had projectile vomited out of the cot, is that right?

A. Yes.

Q. September 7th. You had finished work, officially at least, at 8:00am that morning?

A. Yes.

Q. As a matter of fact, you had been in the unit until 10 o'clock that morning, hadn't you?

A. Yes, if that's agreed, yes.

Q. Well if Mr Murphy would help me, please, by going to tile 185. That's a text you sent to your friend Jennifer Jones-Key at about 2:15pm that afternoon --

A. Yes.

Q. -- where you tell her that you didn't leave work until 10.

A. Yes.

Q. So if that's true, it suggests, doesn't it, that you were in the unit for a couple of hours after your shift had ended?

A. Yes, that's not unusual.

Q. I'm not suggesting it is. I'm just trying to get to the truth. If I suggest something's unusual, I'll tell you, okay? If we go back to tile 351, please. You'd been having a look at [Baby G], hadn't you?

A. Yes, I'd gone back into work to complete some documentation.

Q. Concentrate on the question if you don't mind: you had been having a look at [Baby G], hadn't you?

A. Yes, I have seen [Baby G], yes.

Q. If the purpose of going back in is to complete some documentation, why were you looking at this child?

A. The documentation would have been in relation to [Baby G]. She had been a sick baby. If you're in the unit I will go and check on her. I think that's not unreasonable.

Q. If we go to the next one, please. That's [Nurse E] telling you that [Baby G] was going to Arrow Park, which we heard in evidence is true.

A. Yes.

Q. The next one. That's the one I showed you a moment ago --

A. Yes.

Q. -- which broadly reflects -- it's not exactly the same, but it broadly reflects [Baby G]'s last gas before you sent that message.

A. Yes.

Q. That's what it was intended by you to do, wasn't it? So you'd been looking at her charts?

A. Yes, or I've asked the member of staff looking after her for an update.

Q. Tile 355, [Nurse E]'s response. And then on to tile 357, please. [Nurse E] saying "she had a bad feeling". Your response: "Base excess". B A S E excess. So another reference to the gas chart?

A. Yes.

Q. You then say, "...looking good". I think actually you're a couple of points out, but the gist of what you are saying is

correct. Then 364. That's [Nurse E]'s response. You next at 365: "On today of all days". Of course this was [Baby G's] 100th day of life.

A. Yes.

Q. A big day for [Baby G]?

A. Yes.

Q. 366. That's [Nurse E's] response. 367. She refers to the parents. 368. "She's declining bit by bit." That was your view, was it?

A. Yes.

Q. Tile 369. Then your response at 370. There is no record, of course, of you going into the unit on the door swipe data, is there?

A. I can't answer that. I haven't looked.

Q. Well, there isn't.

A. Okay.

Q. I'm not going to go through the whole sequence to prove the fact that something isn't in there. I'm sure I'll be corrected. It may be in that period of time where there is no door swipe data. But as a matter of fact, I'm going to suggest to you that you wouldn't need a pass to get in, would you? You wouldn't.

A. Yes -- unless another colleague opened the door for me.

Q. You could ring the buzzer and say, "I've just come to sort something out" and walk in?

A. Yes.

Q. Yes, and your presence would be accepted as a matter of course, wouldn't it?

A. If I had a legitimate reason for going, yes.

Q. People trusted you though, didn't they? Didn't your colleagues trust you?

A. Yes, but to go to the unit at night, you have a reason to go.

Q. My question, though, is why did you choose to go at night, in the middle of the night, rather than during the day?

A. Because I'd been on a night shift.

Q. Yes.

A. So I've gone in the following evening, after having been in bed, and finished some of the paperwork.

Q. You went in at 11pm. Would you usually do that?

A. If you go in at night-time -- I've, I've just gone in at that time. I don't think that's relevant. It's quieter at night. I don't know, I can't say why I've gone in at that time.

(A short break)

Q. Lucy Letby, first of all, is there anything that you said before the break we've just had that you would like to revise or amend?

A. No.

Q. I just want to check that I've understood something that we've heard a bit about from various witnesses. It relates to the issue of NGT feeds, okay?

A. Okay.

Q. Perhaps, rather than me asking you questions, can you just describe exactly how it's done?

A. How we give a tube feed?

Q. Yes.

A. We would have to get the milk out of the fridge, measure that into a separate pot to then be warmed. Once the milk is warmed it will be put into a 10ml syringe, and that 10ml syringe would be attached to the baby's NG tube. Prior to that we would have aspirated the tube to check for the pH to make sure it's in the correct place. Once we're happy the tube is right, we would then let the feed gravity-fall into the baby.

Q. Have you ever used the plunger, a syringe plunger, to speed up the flow of milk?

A. No.

Q. Is it a job for which you would need to use both hands?

A. Yes.

Q. Have you ever sent texts to your friends while you've been performing a tube feed?

A. No, absolutely not, no.

Q. Where would that fall on the scale of infractions?

A. Well, it's inappropriate, and I don't see how you could do a feed without having both your hands free with the baby.

Q. Yes. So it would follow that if we can identify occasions where you are recorded as giving feeds, but you're also sending texts to your friends, that you weren't really giving the feed?

A. No. The feed charts are all estimated times, so I don't agree with that.

Q. Oh right. Tell us about the estimates.

A. So feed charts are sort of done to the nearest quarter of an hour or half past the hour.

Q. So an extra half an hour? Earlier I think you said you went to quarters. Now you're giving yourself a bit more room.

A. I just said quarters. I said quarter past or half past the hour.

Q. What about quarter to the hour?

A. And quarter to the hour.

Q. And on the hour?

A. Yes.

Q. So quarters is the way you would do it. And is the nearest quarter the time that you get the milk out of the fridge, or is it the time you actually start the feed?

A. Usually it's the time you start the feed.

Q. Right. Have you ever used your phone in a clinical area?

A. Not in the nurseries, no.

Q. What would take priority from your point of view, texting your friends or feeding a child?

A. The baby, obviously.

Q. Have you ever texted your friends whilst a resuscitation is going on on the unit?

A. No.

Q. Are you sure about that?

A. A resuscitation that I've been involved with?

Q. Whilst a resuscitation was going on on the unit.

A. Not that I can recall, no.

Q. Giving anyone a commentary as to what's going on?

A. No.

Q. Never? It'd be wholly inappropriate, that sort of thing, would it?

A. I can't recall texting during a resuscitation, no.

Q. Can we have an answer to the question: would it be wholly inappropriate?

A. Yes, if I was at the cot side, yes.

Q. But not if you're somewhere else in the unit?

A. No, it's accepted that we use our phones in other places on the unit, yes.

Q. But that's not the question, is it? The question is: is it appropriate to be texting your friends whilst a resuscitation is going on?

A. If I'm not playing a part in that then, yes.

Q. That's fine, yes, giving a commentary to your friends?

A. Well, it's not commentary.

Q. Right. Do you know what I'm talking about?

A. No.

Q. Well, we'll come to it.

Staffing levels. You're not suggesting, are you, that the staffing levels in the unit remained the same irrespective of the number of children that were in the unit?

A. Yes, the staffing levels are set standard levels.

Q. Set standard levels, but they would vary depending on how many babies were in the unit?

A. At times, yes.

Q. And what the needs of the children were?

A. Yes.

Q. We'll deal with specifics in due course, but yesterday, for example, you were being asked about the number of children in a particular case that were in Nursery 1. And you suggested they were all intensive care babies. That's not necessarily true, is it?

A. I don't know who you're talking about.

Q. Well, we will come to specifics, but I'm asking you general questions at the moment. Don't worry, you will be able to deal with the specifics, but what I'm asking you to do is to deal with generalities first of all. Now, we heard from several witnesses during the course of the evidence that just because a baby is in nursery 1, it doesn't follow that they are an intensive care baby.

A. No, that's right.

Q. So that's correct. It also follows, doesn't it, that just because a baby is in nursery 2, they are not a high dependency baby necessarily?

A. No, that's right.

Q. So it's dangerous to look at the location of a child and conclude necessarily that their needs are at a particular level, do you agree?

A. Yes, you'd have to look at the context of the baby, yes.

Q. Exactly. Do you agree that if certain combinations of these children were attacked, then unless there was more than one person attacking them, you have to be the attacker?

A. No.

Q. You don't agree?

A. No. I've not attacked any children.

Q. I understand your case, you are saying you haven't done anything, right? But if the jury conclude that a certain combination of children were actually attacked by someone, then the shift pattern gives the answer as to who the attacker was, doesn't it?

A. No, I don't agree.

Q. You don't agree. Why don't you agree?

A. Because, just because I was on shift doesn't mean that I've done anything.

Q. No, but it would follow that if the -- let's say -- I'll use numbers, alright? I won't refer to specific cases. Let's say if baby 5, 8, 10 and 12 were all attacked, if the jury look at the medical evidence and say they were all attacked by someone, and you're the only common feature, it would have to be, wouldn't it, that you're the attacker?

A. That's for them to decide.

Q. Well of course it is, of course it is. But as a principle, do you agree with that?

A. No, I don't feel I can answer that.

Q. Okay. I'm going to ask you about some of the doctors individually, alright?

A. Yes.

Q. I'll deal with them in alphabetical order. Lucy Beebe, who was at the time a senior house officer, who reviewed [Baby I]. Did you get on well with her?

A. No, I don't recall Lucy.

Q. You just don't remember her at all?

A. I remember when she came to give evidence, I recognised her, but other than that, no.

Q. She doesn't bear you a grudge as far as you know?

A. No.

Q. You never fell out with her, as far as you remember?

A. No.

Q. Dr Gail Beech, who dealt with [Babies E & F]?

A. Yes.

Q. Do you remember her?

A. Yes.

Q. Did you ever have any problems with Doctor Beech?

A. No.

Q. So far as you know, does she bear you any ill will?

A. No.

Q. Dr Stephen Brearey, did you ever have any problems with him?

A. No.

Q. I think a while ago you said he was "one of the bastards".

A. At the time that we're talking about, when I was at work on the unit, I did not have a problem with Steve then, no. It came after.

Q. Okay. You were asked, I think, by Mr Myers why you categorised him in that way? Do you remember?

A. Yes.

Q. And you said you were putting him in the same category as Dr Ravi Jayaram, and when asked the question, you said: "Because of the things that they'd been saying about you". That was the reason you categorised them in that unflattering way.

A. Yes.

Q. What had they been saying about you?

A. They had been making comments that I was responsible for the deaths of babies.

Q. Right. Anything else?

A. Yes, they were very insistent that I be removed from the unit.

Q. So far as while you were working on the unit until you were removed from the unit at the end of June, you hadn't had a problem with him, is that fair or not? Well, let's stick with one by one: Dr Brearey?

A. We just had a normal working relationship, yes.

Q. Dr Andrew Brunton, the Scotsman who dealt with [Baby D]?

A. Yes.

Q. Any problems with him?

A. No.

Q. Dr Rachel Chang, who dealt with [Babies O & P]?

A. No, no problem.

Q. What about [Dr A]? Any problem with him?

A. No.

Q. Were you in love with him?

A. No.

Q. Did you ever write down that you were in love with him?

A. No, I loved [Dr A] as a friend, I was not in love with him.

Q. Can we look at image 10 please, I'm not going to deal with much of your writings at this stage, okay? I'll deal with them at the end. I just want to ask you about this one. This, the jury will remember, is the note addressed to the triplets, is that right?

A. It refers to the triplets, yes.

Q. Yes. Well, you took us through the note to them, and you filled in the gaps with names and other words, is that right?

A. Yes.

Q. You see on the left-hand side of the screen, there's a very heavy circle?

A. Yes.

Q. You see just above that, it says "I'm sorry"?

A. Yes.

Q. And you see just above the word "sorry" there is a word, you got that?

A. Can I move the cursor?

Q. Yes, yes please do. Please do. That word, yes. Mr Myers suggested to you that said "Timmy", do you remember?

A. Yes.

Q. And you said that was a reference to a dog you had as a child?

A. Not that I had as a child, a dog that I used to walk at that time, yes, called Tim.

Q. What it actually says is "tiny boy", doesn't it?

A. I can't confirm either way. It does look like "boy", yes.

Q. Tiny boy. Who was tiny boy?

A. My dog as a child called whiskey. We used to refer to him as tiny boy.

Q. So it doesn't say Timmy?

A. I can't say specifically. It could have been a reference to Timmy or it could be tiny boy. Either way, it's about the dog.

Q. Well, we'll remember what you've just said, and we'll come to more references in due course on other documents, we'll see. Moving on, if we can remove the image, please. Thank you.

Dr Peter Fielding, who is involved with [Baby G]. Any issues with Dr Fielding?

A. No.

Q. Dr John Gibbs. Any issues with Dr Gibbs?

A. No.

Q. Dr David Harkness. Any issues with him?

A. No.

Q. Dr B. Any issues with Dr B?

A. We didn't have the best working relationship, but we worked amicably together.

Q. Well, you didn't approve of her smoking, is that fair?

A. Yes.

Q. She probably wouldn't have approved of you taking handover sheets home if she'd known about it, would she?

A. That's something for her to answer.

Q. Dr Jayaram. Is there any additional information you want to give us about him other than what you've already told us?

A. No. At the time of these events we had a normal working relationship.

Q. You were very interested in him, weren't you, on the internet?

A. Sorry?

Q. You were very interested in him on the internet, he was one of the people you'd search for.

A. I search for a lot of people, yes.

Q. You did. Dr Rachel Lambie, who dealt with [Baby B]?

A. Yes.

Q. Any issues with her?

A. No.

Q. Dr Elizabeth Newby, one of the consultants?

A. No.

Q. No problem?

A. No.

Q. Dr Sally Ogden?

A. No.

Q. Dr Sarah Rylance? She was the lady who gave evidence from Switzerland, you may remember, in the case of [Baby D].

A. No, there's no issue.

Q. Dr Saladi?

A. No.

Q. [Dr C]?

A. No.

Q. Doctor Alison Ventress?

A. No.

Q. Finally, Dr Christopher Wood? He was the SHO who you claim to have spoken to in the case of [Baby E].

A. Yes.

Q. Any problems with him?

A. No.

Q. Are you suggesting that there is some sort of agreement between any of the medical staff who have given evidence in this case, some sort of agreement to get you?

A. In a consultant group, yes, I do believe that.

Q. Who's in the conspiracy group then?

A. Which individuals?

Q. Yes.

A. I believe Ravi Jayaram, Stephen Brearey, [Dr B] and John Gibbs.

Q. So the Gang of Four, yes?

A. Yes.

Q. I'll refer to them that way rather than repeating their names.

A. Yes.

Q. And what is the conspiracy between the Gang of Four?

A. That they have apportioned blame onto me.

Q. And the motive for apportioning blame onto you is what, please?

A. I believe to cover failings at the hospital.

Q. Right. Well, just so that you can be thinking about it, in each case I will ask you questions so that you can explain to the jury what the failings were, alright?

A. Okay.

Q. By and large you haven't been asked those questions yet, but I will ask them. I'm not going to ask you now as a general point because it's not sufficiently precise. What I will do, though, is ask you in each case what the failings are. So would you think about that so that you can answer the questions in due course?

A. Yes, I will.

Q. Thank you. Do you agree that [Baby F] was poisoned with insulin?

A. Yes, I agree that he had insulin, yes.

Q. Do you agree that somebody gave it to him unlawfully?

A. Yes.

Q. Do you agree that somebody targeted him specifically?

A. No.

Q. So you think it was a random act?

A. I don't know where insulin came from.

Q. Do you agree that [Baby L] was poisoned with insulin?

A. From the blood results, yes.

Q. Do you agree that somebody targeted him specifically?

A. No. I don't know that the intent was to cause harm. I don't know how the insulin got there or by who.

Q. What are the possibilities, realistically? Knowing what you know as a senior nurse, what are the possibilities as to how that insulin got into his dextrose? I'm talking about [Baby L] now, the bag.

A. It's happened at some point on the unit, or the bag already had the insulin in when it came up from the pharmacy.

Q. Well, we will deal specifically with the evidence relating to [Baby L], and I will invite you in due course to reconsider that answer, alright? But your answer for the time being is it was either in the bag when it came up from the pharmacy, or someone's added it on the unit?

A. You've asked me ways that it could happen, yes.

Q. I'll be a bit more specific then: knowing what you know about the insulin readings, or the blood sugar readings to be more precise, what are the realistic possibilities in [Baby L]'s case as you see it?

A. I don't believe that any member of staff on the unit would make a mistake in giving insulin.

Q. No. Mistake is not an option in this case for the insulin babies, is it?

A. No.

Q. No. That's for [Baby F] as well, you accept that?

A. Yes.

Q. So it's deliberate poisoning by someone, but not you?

A. Insulin has been added by somebody. I can't comment on how or who.

Q. Right.

A. Just that it was not me.

Q. What about when?

A. When what?

Q. Well, again, I will come back to this, alright? Let's just take [Baby L]. When was the insulin first put in [Baby L]'s dextrose bag?

A. Well, I don't know because I didn't put insulin in, so I've no idea.

Q. But what do the blood sugar results tell us as to when it was put in?

A. I can't recall now without looking at the charts.

Q. Alright, Well, I'll come back to that. Park that for now. Have you not given that any thought as to when it's happened?

A. Yes, but I haven't got the details in front of me right now.

Q. Okay. Well, I'll always give you the opportunity to look at documents, don't worry. Don't feel under any pressure from me to answer questions without looking at the documents, if you feel you need to look at them. Alright?

A. Okay.

Q. But what are the dangers of unprescribed insulin?

A. Insulin should not be given to a patient that doesn't need it.

Q. Yes, but what's likely to happen if it is given to a patient who doesn't need it?

A. It will cause them to become unwell. They'll become hypoglycaemic and with that comes a number of problems such as seizures, apnoeas, even death.

Q. I'm going to move on to your QIS training. Alright?

A. Yes.

Q. This is the last subject I'm going to deal with before I turn to [Baby A]. I will deal with the babies in the same order that Mr Myers did, to help you. So that's the menu.

You started your training towards the end of 2014, is that right?

A. I can't remember now, but if that's agreed then, yes.

Q. That's what you said on 2 May.

A. Okay.

Q. So you seemed to remember it on 2 May.

A. Okay.

Q. If anyone wants to check what you said, if they look at page 32 of that transcript they will find that that is what you said. I think you told the jury that that involved a university

module, a placement at the Women's Hospital in Liverpool, and it took about six months.

A. Yes.

Q. And that you couldn't be specific as to the date that you qualified, but as you remembered it, it was March/April of 2015, is that right?

A. Yes.

Q. When you were asked to summarise what the consequence of the qualification was, you said it meant that you were qualified to look after intensive care babies.

A. Yes.

Q. And in practical terms, so far as your day-to-day employment at Chester was concerned, did that have the effect of putting you into Nursery 1 much more often than you would have been without the qualification?

A. Yes.

Q. Subject, of course, to the point we've already made about the fact that a child in Nursery 1 isn't always intensive care.

A. No.

Q. Part of your training involved education about lines?

A. Yes.

Q. And we saw in the paperwork which was adduced right at the end of the prosecution case, one of the issues with line access is the possibility of air embolus?

A. Yes.

Q. And so at the time you dealt with [Baby A] and [Baby B] at the beginning of June 2015, how long would you been qualified to access the lines of neonates?

A. So after the ITU course you can access central lines, so prior to that it would have been peripheral lines only.

Q. You had, of course, heard of air embolus, hadn't you, when you were spoken to by the police?

A. Yes.

Q. And what did you understand from your education and wider knowledge were the dangers of injecting air into a line?

A. I think all nursing staff know that any air getting into a patient could ultimately lead to death.

Q. Yes. Even in the films, when a doctor is about to give an injection to a patient, you see them tap the syringe and squirt a bit of liquid out at the end, don't you?

A. Yes.

Q. So everybody knows the dangers of air embolus, don't they, pretty much?

A. Yes, it's part of your nurse training, yes.

Q. But even people with no medical training like me, everybody knows, don't they?

A. I can't speak for everyone.