

24 June 2024

Lucy Letby Examination-in-chief & Cross-Examination
Discussion concerning cross-examination on a non-indictment
baby's self-extubation

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Monday, 24 June 2024

(10.30 am)

(Proceedings delayed)

(10.40 am)

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: Thank you. Mr Myers, I'm sorry I'm late.

MR MYERS: Not at all.

MR JUSTICE GOSS: I left an hour earlier, but the transport
system being what it is ...

MR MYERS: Yes, we understand.

My Lord, just to say that Ms Clancy contacted Mr O'Leary on
Friday --

MR JUSTICE GOSS: I've seen the email.

MR MYERS: -- today.

We're grateful for the court's assistance. In fact, the
movements in and out of court is closely regulated in any event.
The fidget toy referred to is with Ms Letby, and that was
beforehand. The only matter is just to confirm this: that at
breaks, where possible, the relevant court liaison officer can
still see Ms Letby. We don't, of course. And of course the
evidence is not discussed at the times that she does see her,
it's for other purposes.

MR JUSTICE GOSS: Exactly. She understands that.

MR MYERS: She does understand that. That's what I wished to check, my Lord, thank you.

MR JUSTICE GOSS: That's certainly acceptable.

MR MYERS: Thank you.

MR JUSTICE GOSS: All right, thank you.

MR JOHNSON: My Lord, there's just a couple of bits of housekeeping we need to do before we start with the jury. We've got a schedule to put into the neonatal review, which is an aide memoire of the changes that's been typed. We also have paginated versions of the interviews. Unfortunately, the copies that were handed out on Friday hadn't been paginated, so foreseeing that that may cause a problem today. We will ask the jury to put them in alongside what they have, because we notice that many of them were making notes on what they had.

So it's not entirely perfect, but it's the most efficient solution, I think, to the problem.

MR JUSTICE GOSS: The alternative would be to invite them to paginate for themselves.

MR JOHNSON: It would, and some of them can do that, but I just ...

MR JUSTICE GOSS: All right. Well, so be it, Mr Johnson.

One other thing that occurred to me would be quite helpful is that in the white jury bundle we have the index at the front.

MR JOHNSON: Yes.

MR JUSTICE GOSS: And we have the sections, but I think it would be helpful for, when we get to the final stages, for a fuller index to be prepared to identify which documents are in those various sections, in section 6.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Because some are, some aren't, and ...

MR JOHNSON: Yes, we'll have the J numbers as well. We have already done part of that anyway.

MR JUSTICE GOSS: That's for the future.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Thank you very much.

MR MYERS: To that end, it might assist also to have a short schedule of the videos or the additional items that have been on display as well, so the jury know they have that, they're on the iPads.

MR JUSTICE GOSS: Certainly, yes. That will be helpful.

Thank you.

(In the presence of the jury)

MR JUSTICE GOSS: My apologies for the late start this morning. We are now in a position to start. Before we proceed with any evidence, Mr Johnson is just going to deal with some matters. Yes.

MR JOHNSON: Just to reinforce the changes that were made to the neonatal review, so the document in the black files.

We've got a typewritten printed schedule that will go in in landscape at the front. So if I can hand those out first, please.

(Handed)

You'll recall these were all gone through, and I think most of you -- I couldn't watch all of you all of the time -- most of you were striking through the ones that shouldn't have been there, just in case you have an argument about which ones should be struck through.

Next, due to an oversight, the versions of the interview transcripts that you got were not paginated.

And so we've noticed that many of you were writing on the interview transcripts as the videos were played, and so we're not going to take the versions you've already written on away from you, obviously, but we will give you further copies.

So if we can start with, behind divider 7, please, if you slot these in behind what you've already got behind divider 7. You'll understand that when questions are asked about an interview, it's helpful for everybody to be literally on the same page, so that's why we're doing this.

MR JUSTICE GOSS: The alternative is to insert in pen on your original ones, numbers 1 to 6, which I'm doing, because I think

it's easier than just having two copies of the same interview. As long as you get 1, 2, 3, 4, 5, 6 down, then job done in relation to that.

MR JOHNSON: We'll do the same exercise with the second interview, which runs from page 1 to 8.

(Handed)

Yes, sorry, that is divider 8, of course.

(Pause)

MR JUSTICE GOSS: If like me you've got nine sheets of paper in the original form, the last one is blank. Yes.

(Pause)

MR JOHNSON: Then finally behind divider 9, please, we have pages 1 to 5 paginated.

(Handed)

The file in the witness box has been updated.

MR JUSTICE GOSS: Thank you.

(Pause)

Yes, Mr Myers.

MR MYERS: May it please you, my Lord, we call Ms Letby to give evidence.

MR JUSTICE GOSS: Yes, thank you.

MS LUCY LETBY (sworn)

Examination-in-chief by MR MYERS

MR JUSTICE GOSS: Please sit down.

THE WITNESS: Thank you.

MR MYERS: Ms Letby, would you give the court your full name, please.

LETBY: Yes, Lucy Letby.

MYERS: What's your date of birth?

LETBY: It's 4 January 1990.

MYERS: How old are you now?

LETBY: 34.

MYERS: How old were you in February 2016, which is the period that we're looking at in this trial?

LETBY: I was 26.

MYERS: I'll start, Ms Letby, by asking you this: did you attempt to kill [Baby K]?

LETBY: No.

MYERS: Did you intend to do her any harm at all?

LETBY: No.

MYERS: Now, the jury have in the agreed facts the list of the convictions from previous proceedings. Can I just ask you this: do you accept that you've ever intended to hurt any baby in your care?

LETBY: No, I don't.

MYERS: Do you accept that you've ever tried to harm any baby who's been in your care?

LETBY: No.

MYERS: I'm going to turn to the events of 17 February. Just focusing, first of all, at events around 3.45 or 3.50 am in the morning. Do you recall the particular events that took place in nursery 1, round about those times, on 17 February 2016?

LETBY: No, I don't.

MYERS: Do you remember seeing [Baby K] in nursery 1 at any point?

LETBY: Yes.

MYERS: Do you remember exactly when that was?

LETBY: No, I can't be specific with timings, no.

MYERS: We know that the allegation, based on the evidence of Dr Jayaram, and I summarise, but it's that you -- what he says is that he came in and [Baby K] was desaturating to the low 80s,

and you were standing there doing nothing and no alarm was sounding. You understand that's the account that he gives?

LETBY: Yes.

MYERS: Do you recall any incident involving Dr Jayaram coming in when something like that was happening?

LETBY: No.

MYERS: Do you have any recollection of Dr Jayaram coming into the nursery, nursery 1, when you were there by yourself?

LETBY: No, I don't, no.

MYERS: Do you recall saying that [Baby K] had just started to desaturate?

LETBY: No.

MYERS: Do you remember being there at all, at that time, in those circumstances?

LETBY: No.

MYERS: Was there any incident that morning where you were trying to hurt [Baby K]?

LETBY: No.

MYERS: Or where you were not giving her help that she needed?

LETBY: No.

MYERS: When you say you don't recall an incident like the one Dr Jayaram describes, by doing that, are you accepting that it happened?

LETBY: No.

MYERS: Just jumping ahead in time by quite some distance, we've seen that there is a Facebook search on 20 April 2018 for the name [Surname of Baby K]?

LETBY: Yes.

MYERS: You're aware of that, aren't you?

LETBY: Yes.

MYERS: I'm not going to, ladies and gentlemen, (inaudible) tile 302, it's the last item in the sequence of events.

Why were you searching for [Surname of Baby K] on your Facebook account a little over two years after these events took place?

LETBY: I'm not sure, I don't have any recollection of doing it at the time or now why I did it.

MYERS: Is it linked in any way with any attempt to do her harm?

LETBY: No.

MYERS: What I'm going to do next is just look at some of what's said in your police interview, Ms Letby, and go through that, not every entry, but we're going to look at some of what's said there. So I'm going to ask you if you would turn to the white file, and ladies and gentlemen, could I ask you to do the same. And if we start at divider 7, which is the first of the interviews.

I'm just following through the version that I had, but I've written the page numbers in. Ladies and gentlemen, maybe you could use the one you already had, if you've marked it, just write them in as you go along, as I've done, or you can use the fresh ones.

So the first one, making sure we've all got the right transcript, it runs to six pages. Can I check, is that what you're looking at, Ms Letby?

LETBY: Yes.

MYERS: All right, thank you. Now, we're not looking at every entry, just some of the points to deal with things I'd like to deal with, but they're here for anyone else to ask you questions about.

The first interview, let's look at page 1, the date of that interview is 5 July 2018. Yes?

LETBY: Yes.

MYERS: That's when we're talking about. Remembering the allegation is dated a little over two years earlier, February 2016.

Now, can we go to page 2, over the page, and I'm going to read you a passage, then I'm going to ask you a question. So I'd like you, Ms Letby, just to look down at that first large paragraph

of text. Can you see where it says at the top "3201" and then a large paragraph of text?

LETBY: Yes.

MYERS: The last few lines of that paragraph say this:

"Okay, so that first event at 0350, a consultant saw you in the nursery along with [Baby K]."

MR JUSTICE GOSS: Alone.

MR MYERS: Sorry, "alone with [Baby K]", thank you, my Lord:

"He observed [Baby K]'s monitor showing a drop in saturation levels. What we'd like you to do specifically with regards to that event at 0350 is tell us about what contact you had with [Baby K] and what the care you were giving her was."

And you say:

"Okay, so I don't recall why I was in the nursery with [Baby K]. I would have to look back to see if I had other babies that I was caring for in the room and that's why I was there."

Yes?

LETBY: Yes.

MYERS: Now, when you say, "I don't recall why I was in the nursery", is that your state of mind with regard to remembering the events or otherwise?

LETBY: Yes.

MYERS: Did you say at other intervals throughout the interviews that you did not recall things you were being asked about?

LETBY: Yes.

MYERS: I'm not going to go to each of those, but if we just go down the page, a little bit below where the timer says 0255, and you're asked something about morphine. Can you just see --

LETBY: Yes.

MYERS: -- where we're at? Just across from the second holepunch, and you were asked:

"Okay, if we just ask you to have a look at a couple of pages, page 9 and 10 specifically for this time for this event."

And you say:

"Yes, this is for morphine and I've co-signed it on 17 February 2016 at 0350."

You were asked:

"Okay, does that help you with remembering this event?"

And you say:

"Not really, no."

Do you see that?

LETBY: Yes.

MYERS: What did you have at the interview that was designed to assist you with recalling what took place? What had you been provided with, Ms Letby?

LETBY: I had a selection of charts and medical and nursing notes.

MYERS: Where you say:

"Yes, this is for morphine, I've co-signed it on 17 February 2016 at 0350."

Could you remember a detail like that independently of any paperwork that was handed to you?

LETBY: No.

MYERS: Where, for instance, would you have got the timing 0350.50 from when you said that?

LETBY: From the prescription charts that were provided.

MYERS: Provided at the interview?

LETBY: Yes.

MYERS: Right. Could you remember a detail like that yourself without the notes?

LETBY: No.

MYERS: I would like to move next to page 4, please, ladies and gentlemen, so go past page 3 to page 4. I'm going right to the

centre of the page, I'm going to read out a passage and then ask you some questions. The passage is just below the timer where it says 0636 and it starts, "Okay, all right, so are you aware?" Can you see that?

LETBY: Yes.

MYERS: The officer says:

"Okay, all right, so are you aware of any -- what caused concern for [Baby K]?"

Your response:

"Well, at what point?

"Question: At the 0350, at the event."

Your response:

"I believe her ET tube had slipped."

"Question: Okay, how do you know that?"

Response:

"From reading the notes.

"Question: Okay, and who made the notes?

"Answer: Pardon?

"Question: Who made the notes?"

You say:

"Melanie Taylor."

The officer says:

"Okay, are they within there?"

You say:

"Yes."

And then the officer says:

"They're just not co-signed by you?"

I'm going to ask you about that now. Just to be clear, where you talk about what had happened when it says the 0350 event, be clear, what are you relying upon for what you then say?

LETBY: I was relying on the documentation that I had in front of me which was written by Melanie Taylor.

MYERS: Right. Was Melanie Taylor on at the same time as you?

LETBY: No.

MYERS: Was that your shift?

LETBY: No.

MYERS: I'm going to ask Mr O'Donnell -- who's here for Mr Murphy -- in fact, not one of the ones you were given originally, but can you put up tile 176, please. These are the notes, tile 176.

If we just go into the tile, the actual notes themselves. Can we just go down to the paperwork, and into that. Thank you.

(Pause)

Could you go down to the lower right-hand corner, please, Mr O'Donnell, for where the notes are. This is the first page of the notes. If you look here, these are notes, can you see, 27 February 2016, starting at 1606 and ending at 1639 with the initials "MT"?

LETBY: Yes.

MYERS: Who is "MT", if that isn't obvious?

LETBY: Melanie Taylor.

MYERS: Melanie Taylor. So she is writing them later on in the day shift on 17 February, yes?

LETBY: That's right, yes.

MYERS: I'm not going to read all of it, but it begins:

"Written for care handed over from 0730."

Pausing there, is 0730 the end of the shift that you were on?

LETBY: Yes.

MYERS: The night shift?

LETBY: Yes.

MYERS: "Written for care handed over from 0730. Emergency equipment and fluid requirements checked at start of shift. As commencing shift, ETT (?) slipped, loss of colour, HR and saturation has dropped. Dr Jayaram re-secured ETT 6 centimetre at lips. ETT [it should say] clamped and secured, HR and saturations returned, repeat x-ray taken and position RV by Dr Jayaram and satisfactory."

It goes on and continues.

Pausing there, when you were talking about Melanie Taylor's notes, is that what you were talking about?

LETBY: Yes, it was this note here, yes.

MYERS: Right. Now, in the interview, we've still got it open, you were asked a question about what caused concern for [Baby K]. You said:

"Well, at what point?"

The officer said:

"At the 0350, at the event."

And you said:

"I believe her ET had slipped."

LETBY: Yes.

MYERS: Can you explain what you were referring to when you said that?

LETBY: This line that was written in Melanie's notes here that previously the ETT had slipped.

MYERS: Is that why you go on to refer to Melanie Taylor's notes later in that section?

LETBY: It is, yes.

MYERS: Were you referring to actually any incident that you were involved with at or around 3.45 or 3.50?

LETBY: No, I was just reliant on these notes.

MYERS: I'm just going to go to the end of this interview, page 6, please, ladies and gentlemen. Could you turn to page 6, Ms Letby. You can take the time to go through.

Thank you. Keep the screens clear, thank you.

At the end of the interview, you were asked:

"Is there anything else that you want to say about [Baby K]?"

And you say:

"No, as I say, I have very little memory. It's just that I remember her for being a 25-week baby, we don't usually see on the unit, so I remember her in that aspect."

The officer says:

"Okay, okay."

Can you explain to the members of the jury, therefore, why it was that you have any recollection of [Baby K], given what you say in your interview?

LETBY: I recall [Baby K] because she was a 25-week gestation baby, which was unusual for us to have on the unit. So I do remember her being on the unit at some point, yeah.

MYERS: But any recollection of any particular event with her on the unit --

LETBY: No.

MYERS: -- involving you?

LETBY: No.

MYERS: Let's move forwards about a year to 12 June 2019, which is interview number 2, behind divider 8. I'm going to go to the second page of that interview, if you turn there, please, ladies and gentlemen. The officer has introduced the statement from Nurse Williams, but I'm moving on from that to where Dr Jayaram is referred to. The tape counter on the left-hand side of the page says 1344. Can you see that?

LETBY: Yes.

MYERS: So we're all there, so page 2 of the second interview behind divider 8. The question is this:

"So, as I say, [Baby K]'s been stable and Joanne Williams has left to go and update her parents. We've got a statement from Dr Jayaram, he's provided evidence, Lucy, where he states that whilst he was sat at the nurses' station, he began to feel uncomfortable with the fact that you were in nursery 1 with [Baby K] and he knew that no other members of staff were there. Do you recall that, Lucy?"

Do you see that?

LETBY: Yes.

MYERS: You say:

"No, he didn't raise any concern with me."

It's being put to you that that is what he says in his statement. Yes?

LETBY: Yes.

MYERS: Do you even agree that anything like that happened?

LETBY: No.

MYERS: Let's go over the page, then, please, moving forwards.

The officer is putting details from Dr Jayaram's statement, I'm moving down to the foot of page 3, ladies and gentlemen, and you're asked questions about sedation, just about five lines up. The officer says:

"He [Dr Jayaram], Lucy, he says that [Baby K] was a baby who was on sedation and was not moving around. Do you agree with that?"

And what do you say?

LETBY: Yes.

MYERS: Now, when you said, "Yes" to that, what were you relying upon?

LETBY: The document -- the documentation I had in front of me, which was Melanie Taylor's notes.

MYERS: Why are you agreeing when you say, "Yes"? Just to remind us all, so far as the infusion is concerned, we've looked at, we may look again at the prescription from Dr Jayaram that says 0350.

LETBY: Yes.

MYERS: So why are you agreeing that [Baby K] was on sedation and not moving around at the time of the event?

LETBY: Because I was reliant on what I had in front of me and I believed that she was sedated at that time.

MYERS: Had you been shown any documentation relating to medication that showed [Baby K] had been sedated at the time of the events?

LETBY: Not for the time of the event, no.

MYERS: That's followed with this question:

"Explain to me what you were doing, Lucy, when Dr Jayaram walked into the nursery at this point."

Over the page, we can see you saying:

"I don't recall."

Now, I'm not going to go through every time this happens, but the question is put to you, like a fact, really:

"Explain to me what you were doing, Lucy, when Dr Jayaram walked into the nursery ..."

Had you actually agreed you were there in the first place?

LETBY: No.

MYERS: Over to page 4, going down to the bottom again, dealing still with Dr Jayaram's account. About six, seven lines up, the officer asks this: However, again, he confirms that [Baby K] was not active and had been fine earlier on, but then suffered an event while you were the only one in the room.

Explain that to me, Lucy."

You say:

"I didn't dislodge her tube."

Now, you don't say there, "I don't remember", do you?

LETBY: No.

MYERS: So why did you say, "I didn't dislodge her tube"?

LETBY: Because I know I did not dislodge her tube and I felt that was what was being asked of me at that time.

MYERS: Would you know if you deliberately dislodged her tube?

LETBY: Yes.

MYERS: Whatever you do or don't remember?

LETBY: Yes.

MYERS: Can I go over the page, please, to the top of page 5.

In fact, I can read from the bottom of page 4 to the top of page 5:

"He estimates that the tube became dislodged for 30 to 60 seconds before he entered the room as [Baby K]'s heart rate had not dropped significantly. He explains that if it had become less than 30 seconds, he would have expected the reading to still be in the 90s. From Dr Jayaram's evidence there, Lucy, he states that [Baby K] was paralysed at the time and wouldn't have been -- would have been unable to dislodge the tube herself."

Do you agree with that and what do you say?

LETBY: Yes.

MYERS: Let's just pause here. Do you agree that [Baby K] was paralysed at the time of that first event?

LETBY: No.

MYERS: Is there any evidence in this case that even suggests she was paralysed at the time of that first event?

LETBY: Not paralysed, no.

MYERS: So why do you agree when it's said that Dr Jayaram states she was paralysed?

LETBY: I took Dr Jayaram's word to be the truth.

MYERS: It follows on:

"Explain to me then [asks the officer] how this could have happened."

You say:

"I believe earlier in the shift her tube had slipped and she's already had her tube replaced earlier in the shift. Tubes can slip if they're not secured properly initially, if there's any tension on the tubing on the ventilator."

Now, the officer has been asking you about the first event, round about 3.45, 3.50 --

LETBY: Yes.

MYERS: -- hasn't she? So what are you talking about when you say, "I believe earlier in the shift her tube had slipped", what are you thinking you're talking about?

LETBY: To a time that was different to the 0350 event.

MYERS: Was there any incident before the 0350 event?

LETBY: No.

MYERS: No. So what are you talking about when you're saying, in reference to [Baby K] being paralysed, that you believe earlier in the shift the tube had slipped?

LETBY: That was what was said in Melanie Taylor's notes, that the tube had slipped previously at the start of the shift.

MYERS: Just to be quite clear, was [Baby K] paralysed at 3.45 or 3.50?

LETBY: No.

MYERS: And how do you know that?

LETBY: I've not seen any prescription charts that show that she was on any paralytic agent at that point.

MYERS: Right.

Just pausing there, just as a general matter, just pausing there, is there a difference between paralysis and sedation?

LETBY: Yes.

MYERS: Can you explain what that is, so we can be clear what you say?

LETBY: Sedation is something like the use of morphine that would help to make a baby more settled, more calm, and act as a pain relief, whereas a paralytic agent will actually physically

paralyse the baby, so that baby cannot move at all. And that's something like pancuronium.

MYERS: All right.

Over to page 6, please, just to fill in, the officer has talked about Nurse Williams leaving to speak to the parents, and you're asked this:

"Tell me what would have happened to [Baby K], Lucy, if Dr Jayaram hadn't have walked in at this time that you were stood by the incubator."

Can you see that?

LETBY: Yes.

MYERS: Now, that question is put to you in effect as a fact.

LETBY: Yes.

MYERS: "Tell me what would have happened if he hadn't walked in." Have you ever agreed that there was a time when he walked in to find you standing by the incubator?

LETBY: No.

MYERS: And do you remember anything like that happening?

LETBY: No, I don't, no.

MYERS: Similarly, if we just read down a couple of lines, you said:

"I would have summoned help."

"Why?" says the officer.

You say:

"Well, if I notice her observations are declining or if I've seen that the tube had slipped."

The officer says:

"He estimates the tube became dislodged 30 to 60 seconds before he entered the room. Why did you not call for help the moment it had become dislodged, Lucy?"

You say:

"I don't recall seeing that it was dislodged."

Yes?

LETBY: Yeah.

MYERS: As to that question:

"Why did you not call for help the moment it had become dislodged ...?"

Were you ever agreeing that you were there in the first place to call for help?

LETBY: No.

MYERS: I'm going to move on to page 7, please. There's more questions about whether you dislodged [Baby K]'s tube, you deny that. More questions based on what Dr Jayaram says. And we're going to the foot of page 7 next, please. It's a question that starts at the bottom of page 7 and goes over the page. The officer asks this:

"Lucy, do you agree ..."

Can I just check, are you at that point?

LETBY: Yes.

MYERS: Are we all there:

"Lucy, do you agree, though, that when he walked in, the oxygen levels were dropping and you were stood there, the alarm wasn't sounding, you weren't doing anything to help? Do you agree that it looks suspicious?"

And over the page, what do you say?

LETBY: Well, I don't recall that.

MYERS: Then this:

"If it is the case, if it's accurate to what Dr Jayaram is saying, would you agree that that is a -- it looks suspicious?"

And you say:

"Well, I don't know why the monitor would be silent."

And this is what I'm coming to, the question is:

"Do you remember why you wouldn't be reacting to the drop in oxygen levels?"

You say:

"Possibly waiting to see if she self-corrected. We don't normally intervene straightaway if they weren't dangerously low."

Do you see those lines?

LETBY: Yes.

MYERS: So the question:

"Do you remember why you wouldn't be reacting to the drop in oxygen levels?"

Have you ever agreed that you were standing there not reacting to a drop in oxygen levels?

LETBY: No.

MYERS: Were you saying that you were standing there not reacting to a drop in oxygen levels?

LETBY: No.

MYERS: Where you say:

"Possibly waiting to see if she self-corrected. We don't normally intervene [and so on] ..."

Why did you say that if this is something that you don't agree happened, and you've said you don't remember?

LETBY: I was trying to be helpful at the time. They were asking me questions that I believed to be factually correct, and if that was the case, I was trying to think of reasons why I would be in the nursery.

MYERS: So were you saying that you were waiting to see if she self-corrected?

LETBY: No.

MYERS: You say you were trying to think of reasons as to why that -- why you would be in the nursery?

LETBY: Yes.

MYERS: But, in fact, do you accept you were in the nursery?

LETBY: No.

MYERS: Not helping [Baby K]?

LETBY: No, I don't.

MYERS: I'm going to go to the third and final interview, so behind divider 9.

There's just one matter I want to go to arising from this interview and it's actually at the end. So we go to page 5, ladies and gentlemen. The interviewing police officer has at this point of the interview been asking you about messaging, telephone messaging, with regard to [Baby K].

LETBY: Yes.

MYERS: That's what's taken place. Then, at the conclusion, the officer says:

"So why are you messaging a colleague about this issue?"

You say:

"I don't know, it's just sometimes you would message if you weren't on a shift with another colleague."

And the officer says, "Okay".

Yes?

LETBY: Yes.

MYERS: Now, pausing there, is there anything unusual about members of nursing staff messaging colleagues about what had happened at work?

LETBY: No, that happens frequently.

MYERS: I'm going to ask Mr O'Donnell if he could put up tile 16, please, Mr O'Donnell. Ladies and gentlemen, you might find it helpful just to follow this as well in the sequence of events if you've got it to hand.

I've finished with the interviews, so for the time being feel free to close that file. I'm getting out my sequence of events.

Ms Letby, if you just close that file and look for the sequence of events. We've got it on the screen, but we'll follow it as

well in hard copy, if you like. It's tile 16 at page 7. Just to look at the messaging that we do have.

I'm going to ask if we can go into the tiles as we look at them, Mr O'Donnell, so we've got them on the screen if anyone isn't following it on paper.

We have messaging here. Now, this is the morning before the day or the early morning of the events we're dealing with. It's 2 minutes past 9. Who's messaging who on 16 February, can you tell us?

LETBY: So on this message here --

MYERS: Yes?

LETBY: - [Nurse E] is messaging myself.

MYERS: [Nurse E], is she another nurse who worked on the unit?

LETBY: Yes.

MR JUSTICE GOSS: It might be helpful to just go back a tile to get the context of this response.

MR MYERS: Yes, by all means, yes.

If we go back to tile 15, please. Yes, of course, my Lord, sorry. So that's you messaging [Nurse E] about 45 minutes before the message we've just looked at, isn't it?

LETBY: Yes.

MYERS: And you say:

"Unit is a hive of activity in preparation for the big bods. LOL."

Okay?

LETBY: Yes.

MYERS: Then tile 16, response from [Nurse E], who is a nurse on the unit as well, isn't she?

LETBY: Yes.

MYERS: "God, is it? Is Eriain being a nightmare? LOL. Would be so funny if they bypassed it."

Just pausing there, who was Eriain? We don't need to go into all the detail, but just to help the jury, who was Erin?

LETBY: The neonatal unit manager.

MYERS: Right. So that's talking about that?

LETBY: Yes.

MYERS: Then:

"Did the 24-weeker come?"

Yes?

LETBY: Yes.

MYERS: So far as you can help us, who is that a reference to?

LETBY: To [Baby K].

MYERS: So as we go through this, as it happens, who is the first person to bring up the situation with [Baby K]?

LETBY: [Nurse E].

MYERS: Yes. Is there anything unusual in one of your colleagues messaging you about a baby on the unit?

LETBY: No, and particularly a baby that was different to what we would commonly see as well.

MYERS: All right, thank you. I don't need to go to all of the tiles, but if we move down, if we've got the sequence of events, ladies and gentlemen. And, Mr O'Donnell, please do follow on the screen. Tile 18, this is later that afternoon, this is 1726, and it's from you to [Nurse E]. Yes?

LETBY: Yes.

MYERS: Could you just read it for us, please?

LETBY: "Eriain was running around locking all the cupboards, putting bags away, tidying services, etc. LOL. No, it didn't come, but 6 centimetres, so wouldn't transfer out. Imagine it will have delivered today."

MYERS: So when you say, "No, it didn't come, but 6 centimetres", who is that referring to?

LETBY: I'm referring to [Baby K].

MYERS: And why were you volunteering that information in that message?

LETBY: In response to the question that [Nurse E] had asked me in the message before, "Did the 24-weeker come?"

MYERS: We can see it says in italics at the end of that tile, "Rest of the message of a social nature", and then the tile that follows, tile 19, also says, "Messages of a social nature"?

LETBY: Yes.

MYERS: Again, is that anything unusual to be raising social issues in the messages that you're sending?

LETBY: No.

MYERS: We can see on tile 19 as it appears on the sequence of events, there's three names there: Lucy Letby, [Nurse E] and also Jennifer Jones-Key?

LETBY: Yes.

MYERS: Who is Jennifer Jones-Key?

LETBY: She is a nursery nurse on the unit.

MYERS: Is that the three of you messaging each other?

LETBY: Yes.

MYERS: Move forwards a little, I'm not going to repeat all the tiles we've already looked at, but if we go to tile 28, please. In fact, sorry, Mr O'Donnell, ladies and gentlemen, to make it easier to follow, could we go to tile 24, please. Thank you.

Now, it's 1750, so ten to 6 in the evening, and it's you sending, who are you sending the message to?

LETBY: I'm sending it to Ailsa Simpson, who is another nurse in the unit.

MYERS: What do you say to her?

LETBY: "Hey, hope you've had a day in bed and are feeling brighter."

MYERS: We can see her response to you over the page in the sequence, tile 28. So she responds at 1819, what does she say, Ms Letby?

LETBY: "Aww, bless you for thinking of me, thank you. I'm feeling a bit brighter, thank you. A day in bed is just what I needed. Eye still sore, but the saline and eyedrops have def helped. Hope I didn't forget to hand anything over to you last night, and hope last night went okay, and 24-weeker didn't keep you all too busy. Hope you slept well today."

MYERS: Now, again, that's quite apparent, but I'll ask you, the 24-weeker that Ailsa is talking about there is who?

LETBY: [Baby K].

MYERS: And that's her raising that with you?

LETBY: Yes.

MYERS: I'm going to move to a different document, if I could.

Ladies and gentlemen, I'm going to go to the neonatal review. And again, it's probably easier to follow this in hard copy, if you can, so put the sequence of events to one side. You too, please, Ms Letby. We're going to open up the neonatal review. Take your time.

(Pause)

Just look at page 2 very briefly, so we can remind ourselves who is where. Make sure we're all there.

(Pause)

All right, thank you. At the start of the shift that we're going to turn to, which nursery were you in, Ms Letby?

LETBY: Nursery 2.

MYERS: Any other nursery at that point?

LETBY: No.

MYERS: But the fact you're allocated to nursery 2, does that in any way mean you have to stay in nursery 2?

LETBY: No, we frequently would have to go to different nurseries routinely as part of our role.

MYERS: Why might that be?

LETBY: To assist other nurses with anything they might be doing with another baby or, for example, to collect medications, collect equipment from a different nursery.

MYERS: In that regard, in terms of collecting items, is nursery 1 of any particular significance?

LETBY: Yes, nursery 1 is where most of the equipment and medications are kept.

MYERS: For use just in nursery 1 or for use in the unit generally?

LETBY: No, it's stored there for the whole unit.

MYERS: Right. So we look at nursery 1 at the top layout, it's got Caroline Oakley with two babies in nursery 1?

LETBY: Yes.

MYERS: Would it be expected that she would be the only person really being in nursery 1 that evening?

LETBY: No, nursery 1 is a busy nursery, people would be in and out throughout the shift.

MYERS: Please turn over to page 3. Again, just taking examples of things, but the material is here for anyone to go to who wishes to. At times, ladies and gentlemen, it certainly helps me to flick back to that scheme to remind myself of who was where. So apologies if you find you need to, but it does help.

If you just look at the first half of that page, really, lines 2 through to 22, just have a look at that, please, briefly. We know that the chart focuses on your activities at this period, that's been explained to us by the prosecution, and we're using the initials of course. Which babies are you dealing with over this period?

LETBY: AR and GT.

MYERS: And were they your designated babies?

LETBY: Yes.

MYERS: If we look at lines 2 through to 12, that's just you dealing with those tasks, isn't it?

LETBY: Yes.

MYERS: When we get down to lines 14 to 19, is anyone assisting you in what you're dealing with?

LETBY: Yes. So, at this time, I'm providing medication and that's with another nurse, Sophie Ellis.

MYERS: The medication is between, we can see the timings here, 11 minutes past 10 in the evening and about 19 minutes past 10?

LETBY: Yes.

MYERS: Now, we know, looking at the chart, that Sophie Ellis has had babies in nursery 4 and nursery 3?

LETBY: Yes.

MYERS: Are you able to help us with why it is Sophie Ellis who comes to assist you with this?

LETBY: All medications have to be checked by two nurses, so I would need somebody to check my medication and it would be whoever was free at that point in time to come and assist me. So it could be any nurse on the unit.

MYERS: Is it a problem that she's come, having been in two other nurseries, she's come to your nursery to help?

LETBY: No, she'd have to, that's inevitable, she would have to come. Somebody would have to come.

MYERS: What would the situation be with the babies that she has left in nurseries 4 and 3? In general, I'm not asking about that night in particular, but what happens?

LETBY: In general, we would ask somebody else to listen out for those children whilst she was out of the room.

MYERS: Do you have any specific recollection of Sophie Ellis helping you between 11 minutes past 10 and 19 minutes past 10 --

LETBY: No, I don't.

MYERS: -- on this evening?

LETBY: No.

MYERS: Now, if we just go down, next, please, to line 23, you can see at 28 minutes past 11 in the evening, there's a record for you dealing with blood gases for baby KC.

LETBY: Yes.

MYERS: Which nursery is KC in?

LETBY: Nursery 1.

MYERS: And who was KC designated to, using the material we've got here?

LETBY: Caroline Oakley.

MYERS: Again, is there anything odd or strange in you going in to assist with that?

LETBY: No, it's common practice, we would frequently help each other out as and when needed.

MYERS: But would you have any particular recollection of that taking place when you cast your mind back to it now?

LETBY: No.

MYERS: Without the notes, would you know what was going on with all of these --

LETBY: No, I wouldn't, no.

MYERS: If we go down to line 31 next, please, we have Caroline Oakley co-signing with medication for GT at 6 minutes past midnight.

LETBY: Yes.

MYERS: And who is GT allocated to?

LETBY: Myself.

MYERS: Where's Caroline Oakley come from?

LETBY: Nursery 1.

MYERS: It's a little different. Can we go down to line 40, please, same page. At half past midnight, we can see "feed given to GT" and that's by you?

LETBY: Yes.

MYERS: GT is one of your babies?

LETBY: Yes.

MYERS: Yes. What does a feed involve?

LETBY: So, it would depend on each baby, but it would either be offering a bottle feed or it would be administering the feed down a nasogastric tube.

MYERS: Right. We're going to see in a little bit it is actually via the nasogastric tube. So we can perhaps imagine what the bottle feed is like. Can you help us, if it's via the nasogastric tube -- first of all, what is a nasogastric tube?

LETBY: So nasogastric tube is a thin tube that goes into the nostril and down into the baby's stomach, where we then pour the milk into if they're not able to feed orally.

MYERS: Right. So this is for a baby that can't take the feed via his or her mouth?

LETBY: Yes, or can't take the full volume of milk.

MYERS: Or the full volume?

LETBY: Yeah.

MYERS: And when it goes in through the nose, how does it get in through the NGT?

LETBY: So we attach a syringe to the end of it and we then pour the milk into that syringe and it gravity feeds into the baby.

MYERS: Right. Now, we've got a time here, 0030, for that.

Yes?

LETBY: Yes.

MYERS: Does that mean it's exactly 0030 that this feed starts?

LETBY: No, that's an approximation, it would have been around that time.

MYERS: For that matter, does it help us if when the feed has finished?

LETBY: No.

MYERS: Can you help us with any idea of how long it takes to give a feed by the NGT?

LETBY: Again, it would vary baby to baby, depending on what volume of milk they were having, but roughly sort of 15, 20 minutes.

MYERS: I'll come back to that in a little bit, but that's what you describe at 0030?

LETBY: Yes.

MYERS: When you say "15 to 20 minutes", are you saying for sure that's how long it took with GT on this occasion?

LETBY: No, that's an approximation.

MYERS: We see at line 43, 21 minutes later, nursing note, an entry regarding "cares attended to by SN Letby for KC"; can you see that?

LETBY: Yes.

MYERS: And that's Caroline Oakley and Lucy Letby?

LETBY: Yes.

MYERS: It might indicate that Caroline Oakley did the note and that you did the care?

LETBY: Yes.

MYERS: How will you have come to be doing the cares for baby KC in a different nursery from the one that you were in?

LETBY: I can only assume that Caroline Oakley asked for some assistance and I was free at the time to help her.

MYERS: Just go over the page, please, to page 4. I'm looking at the lines towards the top, 46, 47 and 48. Have you got those, Ms Letby?

LETBY: Yes.

MYERS: Those lines all relate to baby KR, one of yours back in nursery 2, and referred to the intensive care chart and records made on that. Do you see that?

LETBY: Yes.

MYERS: We're used to seeing an intensive care chart now. One side of it deals with, for instance, fluids, and the other side deals with equipment?

LETBY: Yes.

MYERS: It says 0100 for these. The same question: does that mean that it's 0100 exactly when you start?

LETBY: No.

MYERS: Or when you finish?

LETBY: No, it's an approximation that these things would have been done around 0100 hours.

MYERS: How long does it take to take the readings and fill in what's on that chart in general?

LETBY: Again, I can't say specifically, because it would vary from child to child, but 5, 10 minutes maybe.

MYERS: Might it be quicker than that sometimes?

LETBY: It could be, yes.

MYERS: Sometimes five or ten minutes?

LETBY: Yes, but that is an approximation, it would vary from child to child.

MYERS: I'm going to move forward, please, closer to the times that we're focusing on. So obviously, I'm not going through all of these, but page 5 of 10 next, please.

We're looking at events round about 3.30, and I'm going to go to lines 120 and 121.

So, as recorded on the paperwork at 3.30, first of all, on 120 and 121, at or about that time, what are you involved with?

LETBY: Completing observations and a feed for GT.

MYERS: Now, before you look at that, we can also see at line 122, we've got [Baby K], record made in controlled drugs book. Do you see that?

LETBY: Yes.

MYERS: Maybe if we just put up tile 84 so we can remind ourselves exactly what we're dealing with, please. And we go into that. Thanks, Mr O'Donnell. Could you just go to the paperwork behind it. We're enlarging the entry which is not redacted in the lower half of the page. Thank you.

Pausing there, "0330, FI [Surname of Baby K]", do you actually recall this entry being made in this book?

LETBY: No.

MYERS: To the best of your understanding, what's that entry at 0330 referring to?

LETBY: That's referring to the removal of a 50-mil syringe of morphine from the refrigerator.

MYERS: Does it indicate the time at which morphine was given to [Baby K]?

LETBY: No, this is the time that it was withdrawn from the stock.

MYERS: Would it be normal to take morphine out of the fridge and give it to the baby straightaway?

LETBY: No, general practice is we would leave it to warm up a little bit, because it's a cold solution.

MYERS: We've looked, we've mentioned some of the formal charts, like the intensive care chart or things like that, and you've said about timing being approximate?

LETBY: Yes.

MYERS: When it comes to the morphine being signed out in a stock book, and we can see the sort of times there, is that timing approximate or is it precise or what is it?

LETBY: No, that would be as precise as we could be.

MYERS: Right. So actually, keeping that in mind and looking at the neonatal review that we've got, you can see the order in which lines 120, 121 and 122 have been put in that chart. Do you see that?

LETBY: Yes.

MYERS: Does that actually mean that they were in that order or may the order have been different?

LETBY: The order may have been different.

MYERS: In other words, does it follow that 122 actually came after 120 and 121, or could it have come beforehand?

LETBY: No, it could have come beforehand.

MYERS: We can take down that particular slide, please, Mr O'Donnell. But I would like to put up a slide named D3, which comes from GT's notes, which lie behind the entry on this chart, and we're looking at line 120 when we turn to this to start with. Can you just reduce it a little bit and we'll just get our eye in on what this is.

We have heard, in fact, with Mrs Tyndall, we have been through the fact that there are bundles of documents behind the neonatal review which it is based upon.

LETBY: Yes.

MYERS: We've seen where there are entries for baby GT, who you were designated for, where there has been reference to the intensive care observation chart.

LETBY: Yes.

MYERS: That's what we have on the screen now. Yes?

LETBY: Yes.

MYERS: And this is for baby GT?

LETBY: Yes.

MYERS: The page for reference for those keeping track is page 30494, J30494.

Now, it might help if we look at the bottom, first of all, to see if and where your initials appear. Can you help us? Just scroll down to the bottom, please, Mr O'Donnell.

LETBY: Yes, my initials are towards the centre of the page.

MYERS: All right. Well, perhaps there's no controversy in this, is it the one that looks like LL?

LETBY: Yes.

MYERS: I'm going to scroll up so we can see what timings they're for. Is it possible to highlight those columns, Mr O'Donnell, and then we can follow it? So it's the ones with "LL". It suggests it starts at 2130, if that helps, on 17 February. So go right of there. Right again. That's where they start. That's the four columns.

(Pause)

Let me perhaps move on, whilst we have a look at this.

This chart has observations for baby GT, we've seen your initials, the times are 2130.

LETBY: Yeah, that's my handwriting.

MYERS: Right.

LETBY: Yeah.

MYERS: 2430, which is half past midnight, isn't it?

LETBY: Yes.

MYERS: 0330.

LETBY: Yes.

MYERS: And 0360? Sorry, 0630?

LETBY: Yes.

MYERS: 0630?

LETBY: Yep.

MYERS: Now, as it happens, we've got that on the screen.

Ladies and gentlemen, we can see these in the neonatal review. If we look at line 8 on the neonatal review, so we'll leave on the screen what we have on the screen, but let's open the page on the neonatal review and look at line 8 on page 3.

Can you see that Ms Letby?

LETBY: Yes.

MYERS: Line 8, we've got 2130 for GT, intensive care observation chart, observations taken, is that what we have on here at 2130?

LETBY: Yes.

MYERS: Again, is that precisely 2130 when that will have happened?

LETBY: No, it's not, that's an approximation.

MYERS: The next one we see on the observation chart at 2430?

LETBY: Yes.

MYERS: I'm going to ask if we could go to look at line 39, so in the same page in the NNU review, ladies and gentlemen, line 39. Is that the observations that we see on the screen?

LETBY: Yes.

MYERS: Now, that follows, is that three hours after the first set of observations?

LETBY: Yes.

MYERS: Is that something standard?

LETBY: Yes, so each baby would have their own individualised frequency of observation, so this baby is having them every three hours.

MYERS: So we would expect the next one to be at 0330?

LETBY: Yes.

MYERS: And is that what we see?

LETBY: Yes.

MYERS: Ladies and gentlemen, that's where we've got to, we can remind ourselves, on page 5 at line 120. Can you check that, please, Ms Letby?

LETBY: Yes, 3.30.

MYERS: Similarly, where we see "0630" on the observation chart, what are you doing then?

LETBY: Recording observations.

MYERS: For baby GT?

LETBY: Yes.

MYERS: Ladies and gentlemen, if we go to page 8 of 10 in the neonatal review, line 234, is that the observations we're talking about?

LETBY: Yes.

MYERS: Let's turn back, please, to page 5, which is where we'd got to, and we were looking at lines 120, 121 and 122.

We've looked at the IC chart and the entries for that on the document they've come from. What's happening as recorded on the NNU review at line 121, please, Ms Letby?

LETBY: This baby's having a feed.

MYERS: I'm going to ask if you could put up D4, which is the document this comes from, please, Mr O'Donnell. D4. So on the screen, the document, and in front of us, the NNU review. Thank you. It's easier to see all of this in one go. It's also tile 159, I'm told, but we have it on the screen now, but you can make a note, tile 159, for anyone who's making a note, ladies and gentlemen.

I wonder, Mr O'Donnell, if you could just enlarge it, so we're looking at the top half of the chart, because that will assist us, thank you.

So this is the chart for baby GT, isn't it?

LETBY: Yes.

MYERS: Can you see your initials or your signature anywhere on that chart?

LETBY: Yes, it's 0030 and the next two columns after that.

MYERS: Right. So let's just look then. Let's take the first column. 0030, "EBM", that might be apparent, but what's being fed?

LETBY: Expressed breast milk.

MYERS: "Amount", what does that mean?

LETBY: So that's the volume in millilitres that's being given to the baby.

MYERS: And what does "route" mean?

LETBY: So that's how the milk is going to the baby, so this is via a nasogastric tube.

MYERS: Is that what you were describing to us earlier about the use of the syringe?

LETBY: Yes.

MYERS: Again, I apologise, I'm not trying to try people's patience, but 0030, is that precise?

LETBY: No.

MYERS: Is it even something which is done literally in one minute, what we're talking about here?

LETBY: No, so this would take a period of time.

MYERS: So to get -- to give 55 millilitres of milk to a baby via the NGT would take how long, if it's possible to have an average time?

LETBY: Again, it depends, but 10, 15 minutes. And then, obviously, if the baby's having a nappy change or anything, that would extend that time.

MYERS: That happens at 0030 and for those of you, members of the jury, who are keeping track of this on the neonatal review, I'm going to ask you to confirm that's at line 40, please. So what we have on the chart there, if you look at page 3 of the neonatal review, perhaps if you could just go there, ladies and gentlemen, page 3.

Line 40, is that what we have on the top line on this feeding chart?

LETBY: Yes.

MYERS: So we can see also that that's just below the observation chart that we'd just been looking at?

LETBY: Yes.

MYERS: So these things happening together in the nursery with that baby?

LETBY: Yes.

MYERS: The next line down, what time is it in the next line down on the feeding chart on the screens, Ms Letby?

LETBY: 0330.

MYERS: All right. Let's have that open at page 5 of 10 in the NNU review, ladies and gentlemen, and look at line 121.

Is what we have on the feeding chart on the screen, so far as you can tell, what we have in the entry at line 121?

LETBY: Yes.

MYERS: Can you help us, it says, "EBM" and there's something written above that on the screen, what does that say?

LETBY: That says, "Bottle offered".

MYERS: Again, do you have a particular recollection of these events taking place?

LETBY: No, I don't, no.

MYERS: But when you see that, "Bottle offered" and then "55 NG", first of all, with that, can you help us what that is referring to, what that is recording?

LETBY: So this is saying that the baby must have been awake, because I've offered them a bottle, so I've tried to give the baby some milk through the bottle and then the remainder has gone down the NG tube.

MYERS: Right. Again, I've asked you about the timing that might take via the NG tube. And up to what, do you say, in terms of timing?

LETBY: For just a tube feed?

MYERS: Yes.

LETBY: Perhaps 10, 15 minutes.

MYERS: Right. Is there anything on that line which assists us with whether there is, apart from the bottle, just a tube feed taking place or were there other things to deal with on this occasion?

LETBY: So, on this occasion, I can see that I've also changed this baby's nappy.

MYERS: Not everyone here will understand that, how do we know that?

LETBY: So in the columns PU and BO, that stands for passed urine and bowels opened.

MYERS: Right.

LETBY: So yes, I've changed this baby's nappy at this stage as well.

MYERS: Right. Then when do you next have a feed with baby GT?

LETBY: At 0630.

MYERS: If we look at line 233 next, ladies and gentlemen, please. So page 8 of 10. Page 8 of 10, line 233, can you see there, Ms Letby, it says:

"0630, GT feeding charts ..."

LETBY: Yes.

MYERS: "... feed given"?

LETBY: Yes.

MYERS: As far as we can tell, is that what we have on the feeding chart open on the screen?

LETBY: Yes.

MYERS: Would that have happened alongside the observations that we have seen were happening around that time?

LETBY: Yes, it would, yeah.

MYERS: Again, where we have 0630, is that a precise time?

LETBY: No, it's not, no.

MYERS: All right. Well, thank you, Mr O'Donnell, for assisting us with that.

I'm going to move back to page 5, then, and carry on with events as we have them in the neonatal review, ladies and gentlemen. Page 5.

Now, the event that we're concerned with principally is at line 132 and it's been given the time 0350, but we know that's not a precise time. So far as that event is concerned, I know you've said this already, but let's deal with it here, do you have any recollection of that taking place?

LETBY: No, I don't, no.

MYERS: The first desaturation?

LETBY: No.

MYERS: Did you do anything to cause that to happen?

LETBY: No.

MYERS: Do you recall whether you were asked to look after [Baby K] over this period by Nurse Joanne Williams?

LETBY: No, I've no recollection of that, no.

MYERS: I'm going to move next to tile 134, please. Sorry, line 134 and I'll ask Mr O'Donnell to put up tile 102, and go into that, please. We can just have the paperwork.

We have seen this before, members of the jury, you're familiar with this, it's also in the bundles, but we have it on the screen here. This is the record of the prescription given for morphine. Do you recognise that, Ms Letby?

LETBY: Yes.

MYERS: Just scroll down the screen, please, Mr O'Donnell, just keep going down, that's it, to where it says, "Administration history detail". Whatever time the entry was made, this says, "Administered 0350", 69 micrograms user is Nurse Williams, co-signer is Nurse Letby. Do you see that?

LETBY: Yes.

MYERS: Do you remember the circumstances in which you came to be involved in giving this medication?

LETBY: Not from memory, no.

MYERS: Could we just look at tile 86, please, and go into that.

This is a page behind divider 6E in the bundles, ladies and gentlemen. You might be able to follow it adequately on the screen. Can we open up the tile, please. Thank you.

First of all, on the right-hand side, look at what's the fluid requirement side, at the entry that says "0330" on the right, and we're familiar with these, Ms Letby, we've been to them a number of times in the trial already.

0330, if we just look up to what's above that, we can see the "Morphine" column, can you see that?

LETBY: Yes.

MYERS: It says, "Morphine commenced" there?

LETBY: Yes.

MYERS: Does that mean morphine did commence at 0330 exactly?

LETBY: Not exactly, no, that would have been an approximation.

MYERS: Just look to the left-hand side of the chart now, which is the equipment side, and there's notes written in, but if you scroll down to the bottom of the page, please, Mr O'Donnell, and the first of those entries written perpendicular. Can we rotate the page 90 degrees, so we can read the entries? Just scroll down, that's it, that's it. Sorry, keep going up, keep going up as it is on this page, there we go.

We've got an entry there, it says, the top one as we look at it here, "JW", and then what follows from that?

LETBY: That's my writing and I've written at 0350, 100 microgram per kilogram of morphine was given.

MYERS: Do you recall, first of all, writing that note?

LETBY: No.

MYERS: Do you recall giving the morphine at 0350?

LETBY: No.

MYERS: Is there anything odd or unusual about you writing that note in a chart like this for a baby that Nurse Williams had been designated for?

LETBY: No.

MYERS: I wonder if we could look at tile 104, please, Mr O'Donnell. Go into that. And likewise into the paperwork. Thank you. Again, a document we've seen beforehand. Can you help us, what do you say this document is for?

LETBY: This document is for the prescription of morphine in a syringe.

MYERS: And what's the -- by who? Who's prescribed it?

LETBY: Who has prescribed it is Dr Jayaram --

MYERS: How do we know that?

LETBY: I recognise his signature in the doctor's signature.

MYERS: So under "Administration" on the left side beneath "Morphine Sulphate", as we look down, there is a number of headings, one says, "Doctor's Signature".

LETBY: Yes.

MYERS: That is Dr Jayaram, is it?

LETBY: And also in the top part of the chart as well is another box that says, "Doctor's Signature", and that looks like Jayaram.

MYERS: Yes, reading across from "Morphine Sulphate", thank you.

LETBY: Yes.

MYERS: Three in from the right. Who's given the medication?

LETBY: Myself and Joanne Williams.

MYERS: And what time would that have started?

LETBY: 0350.

MYERS: Is that your writing for 0350?

LETBY: No, it's not, no.

MYERS: We may have had this. Is that Dr Jayaram's?

LETBY: Yes, I believe so. The doctor would prescribe what time they wanted it started and at what rate.

MYERS: Would you give it before that time if the doctor had said that's the time?

LETBY: No, we wouldn't be able to give it until the prescription had been written.

MYERS: Thank you. We can take that down, please, Mr O'Donnell, thank you.

I'm just going to move on, to take us to the other events. If we go over the page to page 6 of the neonatal review, lines 155 to 158.

Now, we're looking at what's happening between 4.34 and 4.38. We've got the plan to help us, so baby [redacted], do you recall, or use the plan to help, who is looking after baby [redacted], Ms Letby?

LETBY: So that's Caroline Oakley in nursery 1.

MYERS: Right. So what have you done when we look at 1.55 to 1.58, where it's got your name as user together with -- sorry,

your name as co-signer with Caroline Oakley as user for medication and baby [redacted], what's happening?

LETBY: So medication is being given to that baby, and myself and Caroline Oakley are doing that together.

MYERS: So you'll have left the nursery you were designated to, is that right?

LETBY: Yes, to give medication, I would be at the cot side of this baby [redacted].

MYERS: If we look at lines, the lines that follow, 159, 160 and 161, there is medication being given to another baby in nursery 1, who is that?

LETBY: Sorry, what line was that?

MYERS: 159, 160 and 161.

LETBY: Oh, [Baby K].

MYERS: Yes, and who is giving her the medication?

LETBY: Myself and Caroline Oakley.

MYERS: Were either of you designated nurses for [Baby K]?

LETBY: No.

MYERS: Can you help us now with how it comes about therefore that you're giving the medication?

LETBY: It would be whoever was free to do that at that time.

MYERS: Do you have any particular recollection of these specific events?

LETBY: No, I don't, no.

MYERS: Go forward to page 7 of 10, please. There's a different type of event taking place here, as we've seen, I'm looking at line 219, and this is the time of the notes and we've had evidence about x-rays being taken at or about this time, maybe shortly afterwards. Dealing with where you appear on the chart here, can you see, Ms Letby, at 219, 6.04, it's got "Update made on computer for [Baby K]"?

LETBY: Yes.

MYERS: Then line 221, at 6.10, "Update made on computer, finish time"?

LETBY: Yes.

MYERS: Do you agree that is you who is -- so far as we can see, you who is putting those admission details on [Baby K]'s records?

LETBY: Yes.

MYERS: Are those exact times?

LETBY: These are exact times, yes. It is computer generated, yes.

MYERS: That's right. So this doesn't rely on someone just remembering putting it in, they're on the computer?

LETBY: That's right, yep.

MYERS: Do you actually recall doing that?

LETBY: No, I don't, no.

MYERS: The allegation is that some time after that, [Baby K] has a desaturation which you've caused by interfering with the tube.

LETBY: Yes.

MYERS: Did you do that?

LETBY: No, I did not, no.

MYERS: Again, just to keep it clear in everyone's minds on the chart, ladies and gentlemen, at line 222, it says 6.15.

You know we've had evidence there which means that, given Ms Kendrick(?) comes on to the unit at about 9 minutes past 6 and the x-rays take ten to 15 minutes, it must have happened later than that. That's just to keep our eye in.

If we look at line 226 next, please. At 6.25, there's an infusion has started for [Baby K], do you see that?

LETBY: Yes.

MYERS: To the best of your knowledge, will that be a precise time if it's an infusion that's started?

LETBY: Yes. I'm not -- I'd have to check if that's a paper chart or an electronic prescription.

MYERS: Let me just help. If you just put up, please, tile 157.

Thanks, Mr O'Donnell. We just go into that, and we can see the format of this. Go into that, please. There we are. So this is an infusion for saline?

LETBY: Yes.

MYERS: 0625, do you see that?

LETBY: Yes, so that would be the time that it was given.

MYERS: In fact, let me help everyone with this, we may not have been to this before or it may not be in everyone's minds. What is this note for?

LETBY: This is a prescription chart for saline.

MYERS: Right, and who will have prescribed saline?

LETBY: So it would have been a doctor and looking at the writing and the signature it looks like Dr Jayaram.

MYERS: And we've heard, haven't we, how [Baby K]'s blood pressure dropped --

LETBY: Yes.

MYERS: -- and one of the things that was done, because of that, was to prescribe a saline infusion?

LETBY: Yes.

MYERS: Is that what this is?

LETBY: Yes. So this is a bolus, not an infusion.

MYERS: A bolus, sorry, a bolus. So that's one shot, so to speak, is that correct?

LETBY: Yes.

MYERS: What's the route, if there's any doubt about it?

LETBY: So it says IV, so it would have been through one of [Baby K]'s lines.

MYERS: And prescribed by?

LETBY: Dr Jayaram.

MYERS: And who has given that?

LETBY: Myself and Caroline Oakley.

MYERS: Where it says "0625", next to that, time, date started, can you see that?

LETBY: Yes.

MYERS: How accurate is that as far as you can assist us?

LETBY: That would be as exact as we could be, yes.

MYERS: Thank you.

Then could we go over the page, please, page 8 of 10, line 253. It's the third of the desaturations that's recorded and we're looking at. Can you see that, Ms Letby?

LETBY: Yes.

MYERS: That's timed at or about 7.25 and we had evidence from [Nurse B] at the end of last week about that. Do you have any recollection about that?

LETBY: No.

MYERS: The last entry we have for any involvement with you and [Baby K], if we look on this same page, is line 259, an infusion at 0730. Do you see that?

LETBY: Yes.

MYERS: Do you have any recollection of that?

LETBY: No.

MYERS: No. In fact, beyond that, what time would your shift have finished?

LETBY: 8 o'clock.

MYERS: And at the end or at the conclusion of your shift, did you have any involvement with [Baby K] after that?

LETBY: No.

MYERS: Just to summarise that, Ms Letby, do you recall any specific particulars of the time that we do see you assisting with [Baby K] on the neonatal review?

LETBY: No.

MYERS: Did you at any point try to hurt [Baby K] that night?

LETBY: No.

MYERS: Did you try to interfere with her to make it look as if she was unwell and desaturating for natural reasons?

LETBY: No, absolutely not, no.

MYERS: Were you trying to cover your tracks as you went along?

LETBY: No. No.

MYERS: At any point did you intend any harm to [Baby K]?

LETBY: No.

MR MYERS: Well, those are the questions I wanted to ask you, Ms Letby. Thank you for answering them. If you wait there, at some point, there will be some further questions for you.

MR JUSTICE GOSS: Yes. We could have a break now.

MR JOHNSON: I'm in your Lordship's hands, we've been going for a while.

MR JUSTICE GOSS: Would you like a break now?

THE WITNESS: If I could, please.

MR JUSTICE GOSS: Yes, certainly. We'll have a break.

I think we'll take about 20 minutes. So it will be about 20 minutes and then we'll do a stint to around lunchtime, maybe a little bit after 1, and then we'll have about an hour's break and then we'll continue after that. All right? So if you would like to leave court now for about 20 minutes, please.

(In the absence of the jury)

MR JUSTICE GOSS: Yes. Could the members of the public leave the court, please.

(Discussion off the record)

(12.10 pm)

(A short break)

(12.30 pm)

(In the presence of the jury)

MR JUSTICE GOSS: Are you missing something?

(Pause)

It's all right. Yes, Mr Johnson.

Cross-examination by MR JOHNSON

MR JOHNSON: Having a 25-week old neonate in the unit at Chester was unusual, do you agree?

LETBY: Yes. Yes.

JOHNSON: Very unusual?

LETBY: Yes.

JOHNSON: How many had you seen before you saw [Baby K]?

LETBY: I hadn't seen many in Chester, I'd seen quite a few previously at Liverpool Women's, but not many in Chester.

JOHNSON: And therefore memorable?

LETBY: Yes.

JOHNSON: And you remembered [Baby K], didn't you?

LETBY: Yes, I remember seeing [Baby K], yes.

JOHNSON: But when you went to see the police, or when they came to see you, in 2018, you remembered [Baby K], didn't you?

LETBY: I can't recall my interview right now.

JOHNSON: That was July 2018, do you remember?

LETBY: Yes.

JOHNSON: What were you doing on Facebook on 20 April 2018?

LETBY: From -- from my notes, I face -- I looked up [Surname of Baby K] on Facebook.

JOHNSON: Yes. So ten weeks, maybe 11, before being interviewed by the police for the first time, you were searching for [Surname of Baby K]?

LETBY: Yes.

JOHNSON: When [Baby K] left Chester, she didn't have a first name, did she?

LETBY: I think she had been named when she left, but ...

JOHNSON: That is why you were searching for [Surname of Baby K], wasn't it?

LETBY: I don't recall why I was searching for [Surname of Baby K].

JOHNSON: Like you don't recall whether you were in the nursery, nursery 1, at about a quarter to 4?

LETBY: No, I don't recall.

JOHNSON: No. If a nurse deliberately displaced the ET tube on a child of [Baby K]'s gestation, what would likely happen?

LETBY: That's a hypothetical question.

JOHNSON: All right. Well, why wouldn't you do it? That's a real question.

LETBY: You would have no need to, that tube is there for that baby to breathe.

JOHNSON: Yes. So why wouldn't you displace it?

LETBY: Because it would cause harm to the baby.

JOHNSON: Yes, what sort of harm to a child of that age?

LETBY: They can't breathe without that tube.

JOHNSON: Yes. So would you agree you're likely to kill the baby if you do that deliberately?

LETBY: Yes.

JOHNSON: Would you agree that the baby is more likely to die if you don't do something about it quickly?

LETBY: Yes.

JOHNSON: And that something, doing something like that for a child of [Baby K]'s age is likely to kill them, or at least severely compromise their prospects of survival?

LETBY: Yes, it would for any baby, yes.

JOHNSON: Yes. But particularly a child of [Baby K]'s age?

LETBY: Yes.

JOHNSON: Yes. And that's what you did, isn't it?

LETBY: No.

JOHNSON: You actually did it three times, didn't you?

LETBY: No, I didn't, no.

JOHNSON: Well, let's just understand what it is you say happened on the first occasion, or didn't happen on the first occasion. So, as Mr Myers said to you earlier, although the time of the first incident is in the charts at 3.50, it's very likely it was a bit before that, isn't it? Do you agree?

LETBY: I'm -- I'm not sure about that, no.

JOHNSON: Well, it had happened by the time Joanne Williams came back into the unit, hadn't it?

LETBY: Yes.

JOHNSON: She came back in at 3.47.

LETBY: Yes.

JOHNSON: So whatever had happened had happened before 3.47?

LETBY: I see. Yes. Yeah.

JOHNSON: All right. You can't remember anything about it, you have told the jury.

LETBY: That's right.

JOHNSON: But does it come to this: because you are saying you are not the sort of person that kills babies, you wouldn't have done that sort of thing?

LETBY: I know my actions and I know that I did not displace that tube.

JOHNSON: Yes, but would you answer the question, please: because you are not the sort of person that kills babies, you would not do that sort of thing?

LETBY: No, I wouldn't, no.

JOHNSON: No. And, therefore, what Dr Jayaram says cannot be right. Is that your case? Is that right?

LETBY: Yes, I did not dislodge any tube.

JOHNSON: Are you suggesting he's not telling the truth?

LETBY: I don't think I can comment on whether he's telling the truth, I just know that that did not happen.

JOHNSON: Well, he has given us a very graphic account, hasn't he, of --

LETBY: Yes.

JOHNSON: -- being worried that you were in there, and going in and seeing you standing there doing nothing?

LETBY: Yes.

JOHNSON: With [Baby K]'s sats in the low 80s descending at a rapid rate. Do you agree? That's his account?

LETBY: Yes.

JOHNSON: But you are saying that cannot be true, aren't you?

LETBY: Yes.

JOHNSON: The second incident, which happened just after an x-ray, didn't it?

LETBY: Yes.

JOHNSON: Just after the x-ray, when the tube was in the correct place --

LETBY: Yes.

JOHNSON: -- in the x-ray, you can't remember anything about that either?

LETBY: No.

JOHNSON: The third incident that happened just after [Nurse B] had come in for the day shift; you can't remember anything about that either?

LETBY: No.

JOHNSON: Do you accept that what [Nurse B] told the jury was true?

LETBY: Again, I can't comment on whether that's true or not.

I have no recollection of that happening.

JOHNSON: No, but you see, we have two incidents where there are witnesses, don't we? Desaturation 1 and desaturation 3.

Yes?

LETBY: Yes.

JOHNSON: I think we've reached the position where, so far as desaturation 1 is concerned, you are saying that what Dr Jayaram is saying cannot be true?

LETBY: Yeah, I don't believe I stood there whilst the tube was dislodged, no.

JOHNSON: Are you saying the same, that it cannot be true, so far as [Nurse B] is concerned?

LETBY: No, because the actions that she was saying that I was doing, I would say would be normal practice.

JOHNSON: Right. So because [Nurse B] told the jury you were Neopuffing [Baby K], she may well be right about that?

LETBY: Yes.

JOHNSON: Yes. The difference, as far as you were concerned, is that in what you were or were not doing according to the witness?

LETBY: Yes.

JOHNSON: Yes. And therefore the difference, I would suggest, is because you are saying you are not the sort of person that would kill babies?

LETBY: No.

JOHNSON: But you are just that sort of person, aren't you?

LETBY: No.

JOHNSON: You have killed seven babies in that unit, haven't you?

LETBY: No, I haven't, no.

JOHNSON: And you have tried to kill six others, one on two separate occasions?

LETBY: No.

JOHNSON: I'd like to look at your defence statement, please.

I have a copy here for your Lordship as well.

MR JUSTICE GOSS: Thank you.

MR JOHNSON: Just so that the jury understands, on 11 February 2022, you served what's called a defence statement. Do you remember that?

LETBY: Yes, I don't recall the exact date, yes.

JOHNSON: All right. It's a matter of record and if there's a problem then, between me and Mr Myers, we can iron it out. We don't need to worry too much about the precise date.

The defence statement sets out the general facts of your defence, doesn't it?

LETBY: Yes.

JOHNSON: That's the point of it. So it's a document that the court requires from you as a defendant in criminal proceedings; you understand?

LETBY: Yes.

JOHNSON: And so far as your defence statement was concerned, it was a very long document, wasn't it?

LETBY: Yes.

JOHNSON: Because it dealt with all the cases?

LETBY: Yes.

JOHNSON: The way the document was set out was at the beginning you raised a number of general issues; do you remember?

LETTY: Yes.

JOHNSON: And then you dealt with the allegations being made by the prosecution on a case by case or a baby by baby basis?

LETTY: Yes.

JOHNSON: You remember that? What I've just handed to you is the beginning of the document, which runs from paragraph 1 to paragraph 30, and the specific part of the document that dealt with the case of [Baby K], which runs from paragraph 131 to 135. That's on the back page, if you have a look.

LETTY: Okay.

JOHNSON: Have you got that?

LETTY: Yes.

JOHNSON: Okay. Just on the back page, you will see there's a bit that's blanked out and the bit that's blanked out at the top, so that you know, is the bit that relates to the child that was before [Baby K] on the indictment.

Okay?

LETTY: Okay.

JOHNSON: And the bit that's blanked out at the bottom of that page, which you can see is page 17 of the larger document, is the bit that relates to the two twins that were the twins after [Baby K] on the indictment.

LETTY: Okay.

JOHNSON: Okay? So that there's no mystery. But if, at any stage, you want to see more of the document, please say so, but we believe that these are the material parts, so far as [Baby K] is concerned.

LETTY: Okay.

JOHNSON: All right?

Now, when you signed this document, insofar as you could, were you -- did you ensure that what this document said was true?

LETTY: Yes.

JOHNSON: And did it set out the essence -- I'm not suggesting it did or indeed should have set out the full details of everything, but did it set out the essence of your defence?

LETBY: Yes.

JOHNSON: Yes, all right. Well, I just want to clarify, I've given you the full preamble so that you've got the context. All right? I want to clarify two paragraphs with you, which are at page 4. It's paragraphs 19 and 20. Okay?

LETBY: Yes.

JOHNSON: The jury have heard a bit about that, a bit about this from Dr Jayaram. So 19, I'll read it to you:

"Once allegations began to be raised against me, I participated in a grievance procedure with the support of the Royal College of Nursing. There was a full investigation into this."

Was that true?

LETBY: Yes.

JOHNSON: 20:

"I do not accept the good faith of Ravi Jayaram or Stephen Brearey ..."

Dr Brearey was mentioned by Dr Jayaram, wasn't he, in his evidence?

LETBY: Yes.

JOHNSON: "... during this process ..."

Is that the grievance process?

LETBY: Yes.

JOHNSON: Then the words "... or generally".

So, "I don't accept their good faith ... generally".

What did you mean by that?

LETBY: That I didn't accept any of the things that they had been saying at that point.

JOHNSON: At what point?

LETBY: The point where's -- I was raising the grievance.

JOHNSON: So does it come to this, then: that having been removed from the unit in July 2016, you started a grievance?

LETBY: It was some time after that, yes.

JOHNSON: Yes. In the months after 2016; yes?

LETBY: Yes.

JOHNSON: And you did not accept the good faith of Dr Jayaram during the course of that grievance?

LETBY: No.

JOHNSON: Why didn't you accept the good faith of Dr Jayaram during the course of the grievance?

LETBY: Because of the comments that he was making and things that came to light through the grievance.

JOHNSON: So without descending into the detail, because he was making allegations against you; is that what it comes to?

LETBY: Yes, in part, and the way he was conducting himself with those allegations, yes.

JOHNSON: Yes. Now, the grievance procedure had come to an end by the time the police came knocking on your door in July 2018, hadn't it?

LETBY: Yes.

JOHNSON: And so does it follow that, by the beginning of July 2018, you had a very, what you would regard as justifiably cynical view of Dr Jayaram?

LETBY: Yes.

JOHNSON: Yes. Let's carry on with the rest of paragraph 20, just while we're there. You say:

"The grievance was determined in my favour, but it's apparent that they ..."

Is that a reference to Dr Jayaram and Dr Brearey?

LETBY: Yes.

JOHNSON: "... have been set against me for some time."

What time were you referring to there?

LETBY: The time up until the grievance.

JOHNSON: Yes.

LETBY: The outcome of the grievance.

JOHNSON: Starting when?

LETBY: Sorry?

JOHNSON: Starting when? So that's the end date, the outcome of the grievance. When's the start date for this period that they were set against you?

LETBY: Once they'd started making allegations.

JOHNSON: And you say:

"That is obvious from their witness statements as well as some aspects of their conduct towards me over the period 2015 to 2016 and after."

Is that what it says?

LETBY: Yes.

JOHNSON: Was that true?

LETBY: Yes.

JOHNSON: And so here are you saying to the court that Dr Jayaram's conduct towards you over the period 2015 to 2016 gave you a justifiable cynicism as to his good faith?

LETBY: Yes, when I found out his actions, yes.

JOHNSON: Yes. The grievance had been determined in your favour?

LETBY: Yes.

JOHNSON: And so, as far as you were concerned, your cynicism had been vindicated, hadn't it? You were right, Dr Jayaram was wrong?

LETBY: Yes.

JOHNSON: Do you remember this morning when you were being asked about your interview by your counsel?

LETBY: Sorry?

JOHNSON: Do you remember this morning you were being asked --

LETBY: Yes.

JOHNSON: -- about your interview by your counsel?

LETBY: Yes.

JOHNSON: You told the jury that the reason you said many of the things you said was because you were working on the basis that what Dr Jayaram was saying was true.

LETBY: Yes.

JOHNSON: Well, please explain that. If you were cynical in relation to the truthfulness of Dr Jayaram, you had been vindicated in your grievance, why on earth in a police interview were you proceeding on the basis that Dr Jayaram was telling the truth?

LETBY: Because I assumed that the police had found that to be factually correct. I assumed that any information they gave me was going to be factually right.

JOHNSON: And where would they have got the facts from, please?

LETBY: I don't know, that's for the police to --

JOHNSON: Well, no, you're making assumptions, aren't you, so where did you assume they had got the facts from?

LETBY: That other people may have said the same thing as Dr Jayaram.

JOHNSON: Did the police ever suggest that anyone else saw you in that nursery at about a quarter to 4 on 17 February?

LETBY: No.

JOHNSON: No. You knew, didn't you, in all your interviews, that so far as this incident was concerned, it depended on the word of Dr Jayaram?

LETBY: Yes.

JOHNSON: You have told the jury that he was acting in bad faith, but you've also told the jury that you assumed that what he was saying was true. Can you explain that, please?

LETBY: Again, in the position that I was in, being interviewed by the police, I assumed that at that point that could be factually backed up.

JOHNSON: How did you think it could be factually backed up?

LETBY: Well, I'm not sure at that time, I was sat with the police, you think that police -- whatever the police are telling you is the truth.

JOHNSON: Well, we're going to come to this after the adjournment, all right, and I'm going to go through what you told the police. But I just want you to think about this over lunchtime, please. In the first interview, did you agree -- it appears that you're accepting what Dr Jayaram said. Well, that's one spin that could be put on it?

LETBY: I think I'm looking at ways that if that had happened, yes.

JOHNSON: Then a year elapsed and you came back for a second set of interviews, didn't you?

LETBY: Yes.

JOHNSON: And you're still accepting, apparently, what Dr Jayaram said. Do you accept that is a spin that could reasonably be put on what you said in the interview?

LETBY: No, I don't think I've ever accepted what he said.

JOHNSON: You've accepted that he found you in the nursery, in the second interview, haven't you?

LETBY: No, the police put that to me and I looked for ways as to why I might have been in that nursery or what I was doing.

JOHNSON: You weren't saying, "I wasn't there, I wouldn't do that"?

LETBY: No, I was saying I can't remember.

JOHNSON: Oh yes, like you're saying you can't remember now, but the critical difference is, as we've established, you are saying that because you wouldn't have done what is being alleged, what Dr Jayaram is saying cannot be true; yes?

LETBY: Yes.

JOHNSON: You weren't saying that in interview, were you?

LETBY: I think it's difficult to look at the context of the interview.

JOHNSON: Can I deal with one more -- well, how is it difficult to look at the context of the interview? What do you mean by that?

LETBY: Because I think at that time, I had a lot of different notes that I was working with, and a lot of different scenarios being put to me, but I don't think I ever accepted that those events had happened.

JOHNSON: Well, there was no shift across the two years of the interviews about [Baby K], was there, in the position that the police were putting to you, no significant shift?

LETBY: No.

JOHNSON: No. And there weren't many notes to look at either, were there?

LETBY: No.

JOHNSON: And you were given as much time as you wanted to look at the notes before the interview, weren't you?

LETBY: I was given time, yes, collect -- with the collective amount of notes, yeah.

JOHNSON: Yes.

LETBY: It wasn't just with [Baby K]'s notes at that time, but yes.

JOHNSON: Did you ever say to the police, "I need a bit more time with my solicitor to assimilate the information you've given to me"?

LETBY: No.

JOHNSON: We never see you saying anything like that in the recorded interviews that the jury have seen either, do we?

LETBY: No.

JOHNSON: And you never said it in any of the interviews, did you?

LETBY: No.

JOHNSON: No. One of the reasons for that, I'm going to suggest to you, is because you remembered [Baby K]?

LETBY: No.

JOHNSON: Finally, so far as the general part of this document is concerned, can you look at paragraph 30, please:

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

LETBY: Yes.

JOHNSON: Yes? So this was 11 February 2022.

LETBY: Yes.

JOHNSON: I think you have accepted that one spin that could be put on your interview is that you were accepting you were in the room on 17 February 2016; is that right?

LETBY: I was looking for explanations as to how I might have been in the room, yes.

JOHNSON: Yes. And here you were saying in the defence statement that you relied on what you said in the interview.

That's what you're saying, isn't it?

LETBY: In general, yes.

JOHNSON: Yes.

LETBY: Across all of the counts, yes.

JOHNSON: Yes. You don't say, "In general, I rely on those matters I raised and explanations given in my interviews, apart from in the case of [Baby K], because I know I wouldn't have been in the room doing nothing if her tube had displaced and her sats were falling."

LETBY: No, but I made it clear at police interview that I have not dislodged her tube.

JOHNSON: Well, we'll come to the interviews, don't worry.

Just before we finish, my Lord, can I finish this document?

MR JUSTICE GOSS: Yes, certainly.

MR JOHNSON: Thank you.

If you go over to the final page, please, at paragraph 131:

"I did nothing to hurt [Baby K]."

132:

"I question the extent to which [Baby K] was properly intubated at the Countess of Chester Hospital neonatal unit. I do not accept that this was properly done."

Is that still your case?

LETBY: Yes.

JOHNSON: And how was it not properly done?

LETBY: There were issues throughout [Baby K]'s time on the unit with the size tube that she was needing, the securement of that tube, and how that was managed.

JOHNSON: Yes, or somebody was deliberately moving the tube?

LETBY: No.

JOHNSON: Well, it's a possibility, isn't it? Maybe it's somebody else, not you?

LETBY: Well, it wasn't by me.

JOHNSON: So that's a possibility, do you agree?

LETBY: Yes.

JOHNSON: "Nor do I accept that the post delivery care of [Baby K] was to the optimal or appropriate standard."

What of that made the tube move, please, so that we can understand your case?

LETBY: I'm not talking about that affecting the tube position.

JOHNSON: Right. 133:

"I do not recall the events of 17 February 2016. I have no recollection of Ravi Jayaram coming into the nursery, into nursery 1, when I was there by myself. I do not recall saying that [Baby K] had just started to desaturate."

Yes?

LETBY: Yes.

JOHNSON: 134:

"I believe that [Baby K] was capable of moving and dislodging the tube, however it had been fitted."

Yes?

LETBY: Yes.

JOHNSON: "Furthermore, I question whether the tube might have been blocked."

Yes?

LETBY: Yes.

JOHNSON: Is that still your case?

LETBY: Yes.

JOHNSON: "I had done nothing to interfere with it, nor did I interfere with the alarm."

That is still your case, isn't it?

LETBY: Yes.

JOHNSON: 135:

"I do not believe that anyone on the unit had sufficient experience to look after a 25-week gestational baby, certainly none of the nursing staff did."

LETBY: Yes.

JOHNSON: Is that your case?

LETBY: Yes.

JOHNSON: "I do not believe that the care [Baby K] received at the hospital was appropriate or optimal."

Still your case?

LETBY: Yes.

JOHNSON: "This is only one example of how the unit was taking babies it should not have been taking, given the limit on the

level of care it was capable of delivering and the staff levels at the material times."

Yes?

LETBY: Yes.

JOHNSON: Where in your defence statement, do you say, "Ravi Jayaram cannot be right in what he says because I would not do that sort of thing"?

LETBY: It doesn't, but I have made it quite clear that I did nothing to hurt [Baby K].

JOHNSON: Yes, but you don't give the explanation you've now given, do you?

LETBY: This is a generic document, I think I've made it clear I did not hurt [Baby K].

JOHNSON: Right.

My Lord, that may be a good point.

MR JUSTICE GOSS: Yes, certainly.

We're going to break off now, members of the jury.

Could you be ready, please, to come back into court at 2.15. I'm going to discuss with counsel about the timetable for this afternoon, as to what we're going to do, whether we'll do one slightly shorter than normal session or whether we have a relatively normal session with a break in, because breaks have to be 20 minutes.

So I'm just going to try and work out what's the best use of time and also take into consideration the witness who will have been giving evidence for some time by then. All right? Because, as you know, as far as you are concerned, we're not going to go beyond the evidence in this case tomorrow.

Thank you very much. So please remember your responsibilities as jurors: no research about anyone or anything to do with this case, and no communication by any means with anyone about anyone or anything to do with this case.

Thank you very much, 2.15.

(In the absence of the jury)

MR JUSTICE GOSS: Thank you, all right. Could the members of the public -- that's everyone in the public area -- please leave court now.

(Pause)

Thank you, you may go.

(In the absence of the witness)

MR JUSTICE GOSS: Thank you very much.

Mr Johnson, there's a matter about which the clerk of the court wishes to speak to you, but I'm not going to ventilate in public. But I was, as I prefaced to the jury, about this afternoon.

MR JOHNSON: Yes.

MR JUSTICE GOSS: I'm conscious of the fact of the defendant's position and I think rather than having a session interrupted and then another session by which time it will have been a long time during the day --

MR JOHNSON: Yes.

MR JUSTICE GOSS: -- it's better just to have one truncated session from 2.15.

MR JOHNSON: Yes.

MR MYERS: Well, yes.

MR JUSTICE GOSS: Unless you get any additional information from the lady who's seeing her at breaks, because that person will see her.

MR MYERS: May I confirm, that if Mr Johnson would take longer, then that would finish tomorrow morning.

MR JUSTICE GOSS: Yes.

MR MYERS: And likewise, if there's anything to deal with, if there is anything to deal with in re-examination, we can deal with that in the morning rather than try to cram it in today.

MR JUSTICE GOSS: Certainly. Yes, I don't want to cram things in today when we're not under pressure of time in that respect.

MR JOHNSON: Today could be a slack day. I don't see myself finishing within an hour. I will play parts of the interview --

MR JUSTICE GOSS: Exactly. I think that's just in fairness to the defendant and to the jury as well, who are concentrating.

MR JOHNSON: Yes.

MR JUSTICE GOSS: But that's a better way of doing it.

MR JOHNSON: A rough estimate of how long it will be acceptable for me to occupy this afternoon?

MR JUSTICE GOSS: Well, if you -- I'm not sure whether we're going to start with the jury back at 2.15 or not, depending on the outcome of the discussion that's going to be had, but I would have said certainly no pressure to go much beyond 3.15. Certainly not beyond 3.30.

MR JOHNSON: Very good.

MR MYERS: I would be grateful, my Lord, because even if we have to cut it short and try to fit --

MR JUSTICE GOSS: No, no.

(Discussion off the record)

(1.10 pm)

(The short adjournment)

(2.14 pm)

(In the presence of the witness)

MR JUSTICE GOSS: Yes.

(In the presence of the jury)

MR JUSTICE GOSS: Mr Johnson.

MR JOHNSON: My Lord.

Do you remember that one of the first pieces of evidence that we heard was the agreed witness statement of [Mother of Baby K]?

LETBY: Yes.

JOHNSON: Do you remember that [Mother of Baby K], through her statement, told the jury that a photograph was taken of [Baby K] in nursery 1?

LETBY: Yes.

JOHNSON: Do you remember that that photograph was taken at 0431 on the morning of 17 February?

LETBY: Yes.

JOHNSON: You saw the [Parents of Baby K] with their newborn daughter, didn't you?

LETBY: No, I can't recall that.

JOHNSON: Well, just go to the neonatal review, please, to lines 155 to 158. This morning you were asked about those entries by your counsel.

LETBY: Yes.

JOHNSON: And you said to your counsel that you were involved in giving the medication to [Baby K], and that you would have been -- sorry, to [redacted], and you would have been at the cot side of [redacted].

LETBY: Yes.

JOHNSON: Where was [redacted]?

LETBY: In nursery 1.

JOHNSON: Yes, and what's the time of the first bit of medication that was given to [redacted]?

LETBY: 4.34.

JOHNSON: Yes. Where did the medication come from?

LETBY: Nursery 1.

JOHNSON: Yes. So you saw the [Parents of Baby K] with their daughter, didn't you?

LETBY: I -- I can't say that from memory, no. I would have been focusing on the medication for this baby.

JOHNSON: How did you remember their surname?

LETBY: I don't -- I don't know.

JOHNSON: Let's go to the white file, please, behind divider 3, page 13, agreed fact 40.

On 13 June, in other words, a few days ago, the police checked all the physical and digital exhibits seized from your home address, your parents' home address and your workplace for any material which contained the written words "[Baby K]", "[Mother of Baby K]", "[Father of Baby K]" or "[Surname of Baby K]", and there was nothing, was there?

LETBY: No.

JOHNSON: So let's go to tile 302 in the sequence of events, please. Friday, 20 April 2018, so 26 months and three days after [Baby K] had left the NNU at Chester, at almost midnight, you were searching for "[Surname of Baby K]" on Facebook.

LETBY: Yes.

JOHNSON: Why?

LETBY: Erm, I can't answer that, I don't know why.

JOHNSON: Of course you weren't to be arrested for another couple of months, were you, 3 July?

LETBY: That's right.

JOHNSON: But you knew on 20 April 2018 that the police were asking questions about you and your dealings with the babies at the Countess of Chester, didn't you?

LETBY: I thought the police were involved from May, but I could be wrong.

JOHNSON: Do you remember Joanne Williams, who gave evidence last week?

LETBY: Yes.

JOHNSON: Was she a friend of yours?

LETBY: No.

JOHNSON: She was interviewed on 27 March 2018. That was something she told the jury.

LETBY: Okay.

JOHNSON: She made a witness statement on 10 April 2018. That was something that she told the jury.

LETBY: Okay.

JOHNSON: This had filtered back to you, hadn't it?

LETBY: No. I wasn't aware of what the police were doing or with who, no.

JOHNSON: Really?

LETBY: Yes, I had no communication with anybody at that time about the police or their interviews, no.

JOHNSON: So it's just a coincidence that a couple of weeks after Joanne Williams had spoken to the police about [Baby K], you were searching for "[Surname of Baby K]"?

LETBY: Yes, I had no contact with Joanne at this point to know that she had been interviewed by the police.

JOHNSON: But you cannot now remember why?

LETBY: No.

JOHNSON: You are not telling the truth, are you?

LETBY: I am.

JOHNSON: The truth, of course, is that you habitually searched for the parents of children that you have been convicted of murdering and attempting to murder, didn't you?

LETBY: I looked up many parents on Facebook, yes.

JOHNSON: Well, try the question, please: you habitually searched for the parents of children that you have been convicted of murdering and attempting to murder?

LETBY: Yes.

JOHNSON: Go to tile 1, please. [Baby A], [Mother of Babies A & B].

After [Baby C] death, his parents, the same day, [Father of Baby C] and [Mother of Baby C]. Again, [Mother of Babies A & B]. Then [Father of Baby D] and [Mother of Baby D], the parents of [Baby D]. And all of whom those children you have been convicted either of murdering or attempting to murder.

LETBY: Yes.

JOHNSON: That's just an innocent coincidence, is it?

LETBY: Yes. Well, I'm not guilty of what I've been found guilty of.

JOHNSON: Tile 2, please. [Baby E], murdered. [Baby F], injected by somebody, you, with insulin. You have been convicted, haven't you?

LETBY: Yes.

JOHNSON: And there you are searching for [Mother of Babies E & F].

LETBY: Yes.

JOHNSON: Just an innocent coincidence?

LETBY: Yes.

JOHNSON: Tile 3, please. Still searching for [Mother of Babies A & B] on 2 September and two events in respect of which you have been convicted of attempting to murder [Baby G]; yes?

LETBY: Yes.

JOHNSON: And still searching for [Mother of Babies E & F] and then for [Mother of Baby G]?

LETBY: Yes.

JOHNSON: Why were you searching for those ladies?

LETBY: I searched for a lot of parents and a lot of people frequently on Facebook.

JOHNSON: Scroll up -- sorry, Mr Murphy. You see, rather like the [Family of Baby K], if you look at Monday, 14 September, late in the evening, 2330; on 21 September, 2233; Monday, 5 October, 1 o'clock in the morning, searching for [Mother of Baby I], the mother of [Baby I], in respect of whom you were also convicted of murder.

LETBY: Yes.

JOHNSON: Do you have trouble sleeping?

LETBY: I was on my phone at various points in the night.

I don't know whether I was at work, I can't answer that.

I went on my phone throughout day and night.

JOHNSON: If we continue down the page, please, Mr Murphy. Again, [Mother of Babies E & F], [Mother of Baby G], [Mother of Baby I], all late at night, or most of them late at night.

LETBY: Yes. I also searched for many other parents as well.

JOHNSON: Agreed fact -- sorry, tile 4, please. More searches late at night. [Mother of Babies E & F] and [Mother of Baby G]. This was your habit, wasn't it?

LETBY: I frequently looked at people on Facebook, yes.

JOHNSON: Yes, but these weren't just anybody, were they, these people?

LETBY: I looked at many parents, not just the babies here.

JOHNSON: These were people whose, even assuming -- let's assume for a second that you were entirely innocent, these were parents of children who had died or who had been seriously injured, weren't they?

LETBY: Yes.

JOHNSON: What was your fascination with the parents of children who had died or were seriously injured?

LETBY: It wasn't a fascination, I regularly looked at a number of parents.

JOHNSON: Facebook doesn't have a memory for the names you're searching, does it?

LETBY: I don't know what you mean, sorry.

JOHNSON: You have to type in the name each time?

LETBY: I believe so, yes.

JOHNSON: Yes, you don't go into your search history and say, "What was the name of that child who died on the unit"?

LETBY: No.

JOHNSON: "Or their mum"?

LETBY: No.

JOHNSON: No. These were things, what, you carried them round in your head?

LETBY: Yes, I carry a lot of babies around in my head.

JOHNSON: But not so much the detail of [Baby K], you say?

LETBY: No.

JOHNSON: Is that convenient so that you don't have to answer questions about why you were at a certain place at a certain time?

LETBY: No, [Baby K] was on the unit very briefly.

JOHNSON: Have you decided to claim that you cannot remember so that you can avoid answering questions about the detail of what happened?

LETBY: No.

JOHNSON: For example, why it was you -- we will come to this in due course, but why it was you who "discovered"

[Baby K] in her desaturated state at the shift handover?

LETBY: Sorry, what was the question?

JOHNSON: The question is: is that to avoid answering questions about how it was you that found her, is that why you are claiming you cannot remember --

LETBY: No.

JOHNSON: -- anything about [Baby K]?

LETBY: And if I remembered, I would say.

JOHNSON: I'm sorry, you talked over --

LETBY: If I remembered any details, I would say. I cannot remember.

JOHNSON: Because you're not the sort of person that does this sort of thing?

LETBY: No.

JOHNSON: No. Were you looking for grief?

LETBY: Pardon?

JOHNSON: Were you looking for grief?

LETBY: I don't understand the question.

JOHNSON: Parents on their Facebook sites, were you hoping to see evidence of grief?

LETBY: No.

JOHNSON: Now, I want to deal with things chronologically, if I can, please. So, with Mr Murphy's help, can we start at tile 15 of the sequence. I think you dealt with this, this morning, with your counsel. Is that right?

LETBY: Yes.

JOHNSON: And you had done the night shift the previous night, hadn't you? The 15th into the 16th.

LETBY: I'm not sure from memory.

JOHNSON: "Unit is a hive of activity in preparation for the big bods ..."

So you don't think that you were on duty that night shift?

LETBY: No, reading from that, it looks like I was on the shift before, yes.

JOHNSON: Yes, so you were on the night shift, and we will see why in a minute from another text, but you did the previous night shift, didn't you?

LETBY: Yes.

JOHNSON: The 15th into the 16th?

LETBY: Yes.

JOHNSON: We know that because, if we look at tile 18, which again is a tile or a text message that you dealt with, with your counsel this morning, when you explained that Eriain was a ward manager:

"No, it didn't come ..."

This is a reference to [Nurse E]'s enquiry about the 24-weeker, as she described [Baby K].

LETBY: Yes.

JOHNSON: "It didn't come, but 6 centimetres", now that's a reference to the dilation of [Mother of Baby K], isn't it?

LETBY: Yes.

JOHNSON: We know that, because the previous tile, tile 17, which has a medical record written up by Dr Brigham, shows, if you look, "Last night, 6 centimetres, bulging membrane"?

LETBY: Yes.

JOHNSON: So it must follow, mustn't it, that you were on duty that night shift, the night before the one we are primarily interested in, in this case?

LETBY: Yes.

JOHNSON: And it was on that night shift, the previous night shift, that KC, the other child in nursery 1 on the 16th into the 17th, KC extubated. That's right, isn't it?

LETBY: I remember we went over this, yes, with the -- on the SOE, yes.

JOHNSON: Yes. There is a mistake, isn't there, in the sequence of events where that entry has been put in erroneously, by mistake?

LETBY: Yes.

JOHNSON: It's line 112 in the neonatal review. It's one of the mistakes that we dealt with on Friday with Mrs Tyndall, and it should be in 24 hours earlier?

LETBY: Yes.

JOHNSON: Yes. Was it you that discovered KC?

LETBY: I don't have a recollection of that event either.

JOHNSON: Do you remember KC?

LETBY: Yes.

JOHNSON: I'd like to go to the nursing note that was produced, I think, as D1 in the cross-examination of Nurse Caroline Oakley, please, Mr Murphy.

So there is a nursing note. Thank you.

(Pause)

We know Caroline Oakley was the designated nurse; is that right?

LETBY: Yes.

JOHNSON: Can you see there, just where the cursor is now, there is a nursing note made between 0051 and 0107 by Caroline Oakley?

LETBY: Yes.

JOHNSON: If we just scroll down, please, I'm going to summarise this, but if you want any or all of it reading out, you say so. Just where the cursor is now, it says:

"Longline pressures increasing."

Then "occluding", that means blocking, doesn't it?

LETBY: Yes, not running, yes.

JOHNSON: Occluding:

"Query positional, site appears satisfactory."

Then there is:

"Cares attended to by SN Letby."

That's you, isn't it?

LETBY: Yes.

JOHNSON: "Minimal clear NG aspirates, abdomen soft, not distended."

Which is good, a good sign, isn't it?

LETBY: Yes.

JOHNSON: "Passed urine, bowels not opened"; is that right?

LETBY: Yes.

JOHNSON: Then the name of the child, "Off NCPAP during cares", so that's while you were doing the cares?

LETBY: Yes.

JOHNSON: "For pressure relief, CBG, capillary blood gas taken and good."

LETBY: Yes.

JOHNSON: "Remains self-ventilating at time of report."

Then down again, please, to 0015:

"Longline pressures observed to have dropped to 30s. On examination, bedding observed to be damp. Velcro dressing had lifted and longline snapped from cannula hub. Query cause."

Does that sort of thing happen very often?

LETBY: Not often, but it has happened, yes.

JOHNSON: Well, we can see it's happened there, hasn't it?

LETBY: Yes.

JOHNSON: Was it done by you?

LETBY: No.

JOHNSON: You were the last person to have contact with KC before that was found, weren't you?

LETBY: I'm not sure, I haven't looked at KC's notes in detail.

JOHNSON: Well, let's look at the neonatal review. If we leave that on the screen, please, Mr Murphy --

MR MYERS: My Lord, sorry to interrupt, there's something I would like to raise at this stage. I apologise for the interruption of the flow of the evidence. There's something I'd like to confirm with your Lordship before we continue.

MR JUSTICE GOSS: All right. Question of law, members of the jury. If you leave us just for a short time.

(In the absence of the jury)

Discussion re point of law

MR MYERS: If your Lordship would give me one moment, please.

MR JUSTICE GOSS: Yes, certainly.

(Pause)

MR MYERS: Your Lordship will know that in the neonatal review, as we first received it, and there was an entry for extubation, self-extubation of KC on 17 November.

MR JUSTICE GOSS: Yes.

MR MYERS: I can take your Lordship to that.

MR JUSTICE GOSS: Yes.

MR MYERS: This is the original line 112 on page 5 of 10.

That being there from before the start of this trial, we went to that and asked questions about it and what lay behind that. The suggestion has just been put to the defendant in cross-examination that, in effect, for something involving [redacted], that isn't in fact the main point that we dealt with, the suggestion has been made to the defendant she's responsible for that.

We object to that, first of all, because there is no basis for that, but also and more pertinently because that's deeply unfair in the context of what's taking place right now. To go to another child, whose notes in fact had featured in this, and in the course of evidence to suggest the defendant, she's guilty of yet another offence in the context of this case is deeply unfair.

That shouldn't have happened. We object to that. That questioning should cease, we respectfully observe, and the jury should in due course be warned to disregard that.

If there was anything to that, there's been years to deal with that. To bounce it out now like that is quite wrong, we respectfully submit.

(Pause)

MR JUSTICE GOSS: Yes.

MR JOHNSON: My Lord, on 17 June, in the LiveNote transcript at page 106, my learned friend introduced this document to the jury. We wouldn't have referred to it, but my learned friend introduced it. The following exchange took place at 106, and this was cross-examination of Yvonne Griffiths, I think I said "Caroline Oakley" by mistake earlier:

"If you want to see where Caroline Oakley has come from, just look at the back of the page before, Mrs Griffiths. She was allocated to babies in nursery 1, wasn't she?"

"Correct" was the response:

"Question: So we assume that the babies at the time she left them were stable?

"Answer: Yes.

"Question: And/or another nurse is looking after them while she is away?

"Answer: Yes. Often medication is drawn up in the intensive care room and then the medication trolley taken to nursery 2.

"Question: Right, but the picture of one nurse helping another with a task like this isn't unusual, is it?

"Answer: No."

Then your Lordship intervened and said:

"Does there have to be a co-signer?

"Answer: There does."

Your Lordship asked:

"There has to be two?"

And the witness replied:

"Has to be, yes."

Then Mr Myers:

"Can we go to entry 43, the same page, a little lower down, please. If we look there, we can see at about 0050 in the morning, at 0051, for baby KC, there's a nursing note and it refers to cares attended to by SN Letby."

Then my learned friend produced a nursing note.

I'm just trying to find the nursing note ...

(Pause)

My learned friend put this up on screen, because -- I can't find it immediately -- I remember being quite shocked because of this very point, that my learned friend was displaying this information.

MR JUSTICE GOSS: This very nursing note?

MR JOHNSON: Yes, this very nursing note, yes absolutely.

So it's in evidence.

MR JUSTICE GOSS: The nursing note is in evidence?

MR JOHNSON: Yes. So I'm entitled to ask the question about it.

MR MYERS: It's rather beyond just asking a question.

MR JUSTICE GOSS: I think there is a difference between asking a question -- I think I can resolve this, I hope satisfactorily, so far as everyone is concerned. This is a note that you introduced, right -- just let me finish, Mr Myers.

MR MYERS: Yes, my Lord.

MR JUSTICE GOSS: A note that you introduced. What you are objecting to is the assertion that there we have a note made that "a Velcro dressing had lifted, a longline snap from a cannula hub ?? Cause." And the suggestion that that is as a result of an act from this defendant.

MR MYERS: Well, yes. I should add, of course, the only reason that we have gone to this is because in the first instance this was put in in error in the wrong place of a neonatal review. But, my Lord, none of that justifies a suggestion made to the defendant which is particularly prejudicial in the context of this case: that, just because we see that there, she has done something to interfere with that baby.

MR JUSTICE GOSS: Well, Mr Johnson, I don't know how far -- how much further you're going to take this, if at all.

MR JOHNSON: Well, it was a question, I don't think I put to -- I'm trying to get the LiveNote going and I'm afraid --

MR JUSTICE GOSS: I haven't got LiveNote up at the moment.

MR JOHNSON: I think I phrased it -- I don't think I put it as a "You did this".

MR JUSTICE GOSS: No, no, it wasn't, because I would have made a note of that.

MR JOHNSON: Yes.

MR JUSTICE GOSS: You didn't, it was a suggestion.

MR JOHNSON: Yes.

MR JUSTICE GOSS: A suggestion is a suggestion, and I'll deal with it now.

I want to continue with the evidence at this stage --

MR JOHNSON: Yes, absolutely.

MR JUSTICE GOSS: -- and I'll deal with how I shall deal with it in due course, Mr Myers, but you will have the opportunity of re-examination to revisit if you want, but I'm not going to be suggesting this is in any sense material upon which they can rely in relation to their determination of this count.

MR MYERS: I'm grateful for that.

My Lord, may I just say this about it -- entirely a matter for your Lordship -- the question is, "Was it done by you?", which is fairly uncompromising in the context of this case.

Of course now, moving forward, the jury having been taken to this -- and this wasn't the part that we were dealing with, whatever notes were put there -- the idea now in their mind is that on the night before, [redacted], who's down as self -- KC, I apologise, who is down as self-extubated, and the suggestion's made by the prosecution that this defendant has something to do with that.

I don't know, none of us do, what the members of the jury will make of that or whether, going forwards now, the picture that's created is there's any number of goings-on with other babies who haven't been identified or named that this defendant's responsible for.

We do, I respectfully submit, require the jury to be told in some format to disregard that, because it isn't right, there is no basis for that, and we respectfully observe it shouldn't have been asked, but the consequences for Ms Letby of that being asked there are potentially significant.

MR JUSTICE GOSS: Well, it depends upon what direction the jury receive in relation to that. Attention has been drawn to it because it's a document that is in evidence, and it is part of the background to the events that occurred the following night. But it -- I take your point. I don't want to spend time now on it, Mr Myers.

MR MYERS: Very well, my Lord.

MR JUSTICE GOSS: It will be addressed in due course when we come on to directions.

MR MYERS: Very well.

MR JUSTICE GOSS: All right? Thank you.

Yes, jury back in.

(In the presence of the jury)

Cross-examination by MR JOHNSON (continued)

MR JUSTICE GOSS: Mr Johnson.

MR JOHNSON: Let's move on to the birth of [Baby K], please.

If we go to tile 48, please, Mr Murphy. There we can see, can't we, that [Baby K] was born at 12 minutes past 2?

LETBY: Yes.

JOHNSON: Did you want to be the one who had [Baby K]?

LETBY: No, and I would not have been allocated [Baby K].

JOHNSON: Well, why is that?

LETBY: A baby of that gestation would require the most senior members of staff, and I was not a senior member of staff at that point.

JOHNSON: Can we go to tile 58, please. Can we go to the original, thank you. Can we scroll down, please.

Now, it may help, because of the limitations of the video display, for the jury just to look at the hard copy, my Lord, which is 6D in the white file.

I wonder whether you would look at 6D as well, please. Now, we heard from Joanne Williams that the column 0245 was not her writing.

LETBY: Yes.

JOHNSON: And the writing in the left-hand column below the third chart also was not her writing.

LETBY: Yes.

JOHNSON: That's because it's your writing, isn't it?

LETBY: It is, yeah.

JOHNSON: Yes. Why didn't you sign it?

LETBY: That's an oversight on my part.

JOHNSON: So here we have, don't we, you being closely involved with [Baby K] at the moment she came into the neonatal unit?

LETBY: Yes, and that would be standard.

JOHNSON: That would be standard, would it?

LETBY: It would be a team approach to a baby coming through to a unit, there's a lot going on at that point in time, so yes.

JOHNSON: Absolutely. So why didn't you sign it?

LETBY: Sometimes things do get missed and don't get signed.

There's nothing malicious in that, it's an oversight.

JOHNSON: All right. Well, I'm going to suggest to you there was something very malicious in it, okay, and the malice was that you intended to do harm to [Baby K], but you didn't want that bit of paperwork to connect you to her?

LETBY: No.

JOHNSON: Can you remember what else you were doing at -- well, let's deal with the time first of all. So if the jury keep the hard copy document open, please, and Mr Murphy, can I invite you to go to tile 56, please.

So this is swipe data of the SHO or GP trainee, Dr Laura Lo, coming into the labour ward. And Dr Lo had been present at the birth, hadn't she? Do you remember that evidence?

LETBY: Is this her coming to the neonatal unit?

JOHNSON: It is her, with [Baby K], I will suggest, coming into the neonatal unit.

LETBY: Okay.

JOHNSON: Because the only swipe entry from the labour ward into the neonatal ward at about this time is Dr Lo, and she was present, she came through with the Resuscitaire and Dr Jayaram and Nurse Joanne Williams.

LETBY: Yes.

JOHNSON: Do you remember that evidence?

LETBY: Yes.

JOHNSON: So we have a precise time here for [Baby K] coming into the unit, don't we?

LETBY: Yes.

JOHNSON: Just going back to the document behind 6D, J17087, we have you filling in the times in the chart.

LETBY: Yes.

JOHNSON: Sorry, the data in the chart.

LETBY: Yes.

JOHNSON: Do you remember what else you were doing at about this time?

LETBY: No.

JOHNSON: Let's have a look. Can we go to the neonatal review, please. It's the nursing note for AR, please, Mr Murphy, which has been previously produced on various occasions.

(Pause)

Actually it's tile 71, I think. Sorry, I missed my note. If we go to tile 71, it's probably that. That's it.

If we zoom in, thank you, and look at the left-hand column, please. Now, here we've got your nursing note for AR, haven't we?

LETBY: Yes.

JOHNSON: What time did you open the note?

LETBY: 0236.

JOHNSON: And what time did you close the note?

LETBY: 0250.

JOHNSON: Why did you have that nursing note open while you were filling in data in [Baby K]'s chart?

LETBY: It's usual that when a baby's admitted to the unit that everybody would come and pull together and help with that admission, so I may well have left the computer briefly to go and assist Joanne.

JOHNSON: It just happens to have been you, doesn't it?

LETBY: Yes.

JOHNSON: Yes. Was it to give the impression that you were otherwise engaged when [Baby K] arrived on the unit?

LETBY: No, because being there when [Baby K] arrived is not unusual. Other members of staff would be there and helping out, that's not unusual.

JOHNSON: Right.

Well, let's go to tile 82, please. Now, I want to understand what it is you are saying about feeding the child GT. Okay?

LETBY: Okay.

JOHNSON: So I think -- sorry, I think I may have given you the wrong number there, Mr Murphy. It may be tile 83, sorry. That's it, thank you.

So this is the child GT. Do you see?

LETBY: Yes.

JOHNSON: EBM is expressed breast milk, as I think you told us this morning.

LETBY: Yes.

JOHNSON: How long are you saying it would take to give 55 mls of breast milk to a child via the NGT?

LETBY: Again I think it would vary on baby to baby, I can't be specific, but around 10 to 15 minutes, maybe more. It's an estimation, every baby is different.

JOHNSON: Now, at 3.30, if we just keep that up on the screen for a second, we can see that what you have recorded there for GT, who we know is in nursery 2, is:

"Bottle offered, EBM 55 NG [and then] passed urine, bowels opened", and then your signature.

LETBY: Yes.

JOHNSON: When did you actually do that?

LETBY: There is no way of being specific at this time as to when that happened. These times are all approximations.

JOHNSON: Do you remember earlier today you were being asked by your counsel about lots of other -- or some other -- entries at 3.30?

LETBY: Yes.

JOHNSON: It's the observations for GT, which is the previous tile, isn't it?

LETBY: Yes.

JOHNSON: And then we have the signing for the morphine at tile 84. Just click on that, please, Mr Murphy.

(Pause)

So again, is this an approximation or is it --

LETBY: No, this would be accurate because it's related to a medication.

JOHNSON: Yes. So not only is it a medication, but it's a class A controlled drug as well, isn't it?

LETBY: That's right, yes.

JOHNSON: So precision is important?

LETBY: Yes.

JOHNSON: You wouldn't have got involved in that if you were feeding GT at the same time, would you?

LETBY: Yes, this would be something that would take seconds to do. Jo could have brought the syringes to me at the cot side, or I could have quickly popped into the refrigerator room and checked it there. It takes seconds to do this process.

JOHNSON: So are you suggesting that's what happened?

LETBY: I've got no way of knowing at this moment in time what happened in what order.

JOHNSON: Do you remember saying this morning that you didn't remember this?

LETBY: No, I don't remember doing this, no.

JOHNSON: Tile 86, please. You see where it says at 3.30 "Commenced"?

LETBY: Yes.

JOHNSON: This is a class A drug, it's a medication, as you've told us?

LETBY: Yes.

JOHNSON: Precision is important, would you agree?

LETBY: Yes.

JOHNSON: Does it not mean what it says?

LETBY: No, I would go by the prescription chart.

JOHNSON: Why?

LETBY: Because that's the most accurate time.

JOHNSON: Well, that's the time the prescription is written, isn't it?

LETBY: Yes, and we can't give anything until the prescription has been written.

JOHNSON: You can have retrospective prescriptions, can't you?

LETBY: You could, but that's not ideal.

JOHNSON: I'm sorry, well, which is it, we can't until the prescription is written, or it could be written retrospectively?

LETBY: Common practice is that you would not give anything until it has been prescribed.

JOHNSON: Well, it says "Commenced", doesn't it? Can you see?

LETBY: Yes, that's for Joanne's comment on, that's her writing and her documentation.

JOHNSON: Oh, it is, but you're involved, aren't you, because you sign for the morphine?

LETBY: Yes, at 0350.

JOHNSON: No, you sign for the morphine at 0330.

LETBY: For taking it out of the fridge, yes.

JOHNSON: And that's when it says it's commenced, isn't it?

LETBY: That's how it reads on there, yes.

JOHNSON: Yes.

Keep that on the screen, please, Mr Murphy. We can go, please, behind divider 6C, to page J17074. 17074, 6C. We can see that the rate that was being administered was 0.34 mls per hour; is that right?

LETBY: Yes.

JOHNSON: We can see that at 4.30, 0.35 of a mil had been administered.

LETBY: Yes.

JOHNSON: Was that morphine administered at 3.30?

LETBY: From the charts that I see here, no.

JOHNSON: Why not, from the chart you see there?

LETBY: Because it's been prescribed at 0350.

JOHNSON: Even though it can be retrospectively prescribed?

LETBY: It could be, but that's not common practice, and we were both doing other things at 3.30, and we wouldn't routinely put morphine up that had just come out of the fridge.

JOHNSON: Of course this is relevant, isn't it, because of something you said in interview; do you remember?

LETBY: No.

JOHNSON: Well, first of all, did you have these charts when you were being interviewed, can you remember?

LETBY: I had some charts. I don't know which ones specifically, no.

JOHNSON: Do you remember agreeing that [Baby K] had been sedated when the event happened at 3.40?

LETBY: Yes.

JOHNSON: Is that why you agreed that she was sedated, because you remembered with that chart that she had been given morphine prior to "extubating"?

LETBY: No.

JOHNSON: Because you do remember these events, don't you?

LETBY: No.

JOHNSON: Did you wait for Joanne Williams to leave the unit?

LETBY: Can you rephrase that?

JOHNSON: Yes. Did you wait for Joanne Williams to leave the unit before you decided to go into nursery 1?

LETBY: No, I don't know that I did go into nursery 1.

JOHNSON: Let's look at the evidence. Tile 95, please. Can you see at 0341, just by the E of "transfer", that somebody else has made a record, timed at 3.41, saying that they spoke to Dr Jayaram with the plan that had been devised by somebody at Arrowe Park?

LETBY: Yes.

JOHNSON: Do you accept that the telephone is at the nurses' station?

LETBY: There are telephones at the nurses' station, yes.

JOHNSON: Are there any other telephones which would ring through to the ward?

LETBY: Yes, there's also a telephone in nursery 1.

JOHNSON: Right.

Tile 98, please. Jo Williams coming back at 3.47.

LETBY: Yes.

JOHNSON: Do you accept that piece of evidence?

LETBY: Erm, I'm reliant on the way that that's been worded and corrected, but yes.

JOHNSON: Yes. Well, okay, let's not worry about the wording and the correction. What is your recollection of the arrangement on the door that leads between the neonatal unit and the delivery suite? Which way did you have to swipe to move?

LETBY: You had to swipe to come into the unit from the labour suite.

JOHNSON: Right, and you've always known that, haven't you?

LETBY: Yes.

JOHNSON: Yes. So you were never misled by the mislabelling on this door, were you?

LETBY: I think that was the same for all witnesses, though. We all knew but we assumed that the data on here was right, if it's been presented in a trial.

JOHNSON: I see. Do you accept, given that time on that piece of data, that the incident that involved Dr Jayaram having to resuscitate [Baby K] must have happened before 3.47?

LETBY: Yes, according to Jo's statement, yes.

JOHNSON: Yes. So do you accept that Dr Jayaram was sitting at the nurses' station on the phone very shortly before this incident happened?

LETBY: I agree he was on the telephone. I will never be able to be certain which phone that was -- was on.

JOHNSON: When Dr Jayaram walked into nursery 1, he saw you there, didn't he?

LETBY: That's what he says, yes.

JOHNSON: Yes. And he was telling the truth about that, wasn't he?

LETBY: I don't have any recollection of that, no.

JOHNSON: [Baby K] was desaturating rapidly, wasn't she?

LETBY: According to Dr Jayaram, yes.

JOHNSON: Yes. And you were doing nothing, were you?

LETBY: In his statement, yes, that's what I was doing.

JOHNSON: Do you remember Dr Gibbs saying it would be very simple just to turn the oxygen up on the wall as a first line of treatment?

LETBY: Yes.

JOHNSON: You could have done that, couldn't you?

LETBY: I don't recall the situation, so I can't say what I did or didn't do, or would or wouldn't have done.

JOHNSON: No alarm was sounding when Dr Jayaram walked in, was it?

LETBY: That's what he says.

JOHNSON: By the time Joanne Williams came back, the alarm was sounding, wasn't it?

LETBY: From what she says, yes.

JOHNSON: Do you agree with the evidence that, if that is right, it would mean that someone had silenced the alarm for a minute?

LETBY: Yes.

JOHNSON: Now, do you remember being asked about all this -- well, we know you remember because you were answering questions about it this morning -- in interview?

LETBY: Yes.

MR JOHNSON: Yes.

Now I'd like to go to the interviews, please, my Lord. We can do that now or ... I'm in your Lordship's hands.

MR JUSTICE GOSS: How long, because presumably --

MR JOHNSON: They're not long excerpts, three minutes or so each. Thank you.

Mr Murphy, if you, ladies and gentlemen, would turn to divider 7, please, and I'd like to go to the part, Mr Murphy, that's where the caution is administered at page 2, at the top of page 2.

While Mr Murphy's doing that, if you would look, please, to that very long statement by the officer which includes the caution at the top of the page, and here we have the officer saying to you:

"Okay, so that first event at 3.50, a consultant saw you in the nursery alone with [Baby K], he observed [Baby K]'s monitor showing a drop in saturation levels. What we'd like you to do specifically with regards to that event at 0350 is tell us what -- tell us about what contacts you had with [Baby K]."

All right?

LETBY: Yes.

JOHNSON: So if we could just play that part, please, Mr Murphy, to remind us of how you replied and your demeanour at the time.

(Video played)

Now, you don't say, do you, "I do not recall being in the nursery"?

LETBY: Not in that exact phrase, no.

JOHNSON: What you say is, "I don't recall why I was in the nursery".

So just rewinding to the questions I was asking you right at the beginning before lunch, if what you say in your defence statement is true and if what you have repeated in evidence is true, putting it bluntly, you thought Dr Jayaram was out to get you?

LETBY: Yes.

JOHNSON: Yes. Why did you go along with the suggestion, which was deeply incriminating, if you thought the person making the suggestion was out to get you?

LETBY: I don't think I went along with it. I have said that I don't know what I was doing with [Baby K], if anything, and obviously this is a high -- highly stressful situation, I was being interviewed about multiple babies over multiple days.

JOHNSON: Well, I'm not going to labour the point, because the jury can watch this again, it's an exhibit. But you were accepting there, weren't you, that you were in the room?

LETBY: No, I wasn't accepting it, no.

JOHNSON: And I'm going to suggest the reason you were accepting it is because you remember these events very well?

LETBY: No.

JOHNSON: And the reason you're pretending now not to remember is so that you don't have to answer the difficult questions?

LETBY: No.

JOHNSON: Can we go to interview 2, please. This is behind divider 8, pages 5 to 6. Actually, if we just look at page 3,

first of all, and pick up a point I made with you a moment ago, as we're going to this interview.

So the bottom of page 3, again talking about Dr Jayaram:

"He says, Lucy, that [Baby K] was a baby who was on sedation and was not moving around. Do you agree with that?"

You said "Yes".

LETBY: Yes.

JOHNSON: But if I understood you correctly this morning, your explanation for that is you thought this is a reference to the third desaturation at 7.30. Did I understand you correctly?

LETBY: No, I thought it was referring to the notes from Melanie Taylor later in the shift where she was paralysed and sedated.

JOHNSON: Oh, I see. Even though you knew that what the police were interested in was the collapse at 0350, as they were putting it to you?

LETBY: Yes, but they'd provided me with notes from the day shift.

JOHNSON: You're not telling the truth -- you're telling the truth about being given the notes, but you're not telling the truth about what you understood, are you?

LETBY: I am.

JOHNSON: Let's go to where I was originally aiming for.

MR JUSTICE GOSS: Well, sorry, could I just ask: in the questions leading up to that one that begins "He says, Lucy, that [Baby K] was a baby who was on sedation and was not moving around. Do you agree with that?" The lead-up is all about the incident when he walks into the room and you're by the monitor; and are you saying that you were then relying on the note that Melanie Taylor made at the start of the day shift, about an event that took place at about 7.25/7.30?

LETBY: Yes, I wasn't clear at that point what had happened at what time.

MR JOHNSON: Let's just go back to the previous page, then, page 2. At the bottom of the page, the last five lines:

"Do you agree with the fact that you were in nursery 1 when Joanne Williams had left to update [Baby K]'s parents?"

That wasn't on the day shift, was it?

LETBY: No.

JOHNSON: "I can't recall.

"What explanation have you got as to why Dr Jayaram would have felt uncomfortable knowing that you were on your own with [Baby K]?"

You knew that's a reference to what was going on at quarter to 4 in the morning, didn't you?

LETBY: Yes.

JOHNSON: Yes. You say:

"I'm not sure, he never raised any concerns with me."

Then he goes on to say you "weren't doing anything other than possibly looking at a pump or other equipment ... didn't have her hands in the incubator at the time and she wasn't doing anything physically with the baby."

So talking about falling saturation levels, the alarm, and then you're saying your answer to the next question is based on the notes made on the day shift; is that --

LETBY: In part, yes.

JOHNSON: Right.

You're not telling the truth about this, are you?

LETBY: I am telling the truth.

JOHNSON: Okay. Pages 5 to 6, please.

I'll finish with this, if I may, my Lord.

If we can start, please, with the part that says "Do you recall her tube slipping?", which is midway down the page.

(Video played)

Bottom of page 5 we're at. That's perfect, Mr ...

(Video played)

I think the same question must have been asked twice, because I've heard what I was looking at at the bottom of page 5. What I'm looking for, Mr Murphy, if you can help me, is midway down page 5:

"Do you recall her tube slipping?"

(Video played)

You're not saying there, are you, "I wasn't there"

or "I don't remember"?

LETBY: No, not at that point, no.

JOHNSON: Why not?

LETBY: Because I think I'm trying to be helpful and trying to think of ways that, if that was true, why I was in the nursery. I've said multiple times that I don't have any memory, but the police kept asking me, and I've tried to fill in the gaps.

JOHNSON: Well, you were hedging your bets, weren't you?

LETBY: No.

JOHNSON: You didn't know how things would work out in due course in terms of who had seen you doing what; is that right?

LETBY: I don't know what you mean, sorry.

JOHNSON: Well, you were trying to cover for all sorts of unforeseeable eventualities at that point?

LETBY: No, I was telling the truth.

JOHNSON: And so, in order to be helpful -- have I understood it -- to be helpful you were prepared to go along with the account of a doctor who you say had it in for you?

LETBY: No, I don't think I've ever accepted his account.

JOHNSON: How were you being helpful, then, if you're not accepting the account?

LETBY: Because the police kept asking me and asking me and asking me, so I tried to give them an answer.

JOHNSON: Who are you helping?

LETBY: Well, in that situation it's very intimidating when you're in a police interview. I can't -- that's what I did, and that's it.

JOHNSON: Who are you helping?

LETBY: Well, I don't know. Not me.

JOHNSON: So you were, what, prepared to sacrifice yourself to help somebody who you're not sure who you were helping?

LETBY: No, I think it's taken out of context. I think I was just being -- trying to be compliant with the police, in a very stressful and intimidating situation.

MR JOHNSON: My Lord, that may be a ... you indicated earlier that you would like to stop at about this time.

MR JUSTICE GOSS: Yes. Certainly, yes. I'm just getting ... thank you.

Right, well, members of the jury, we would now normally have a 20-minute break or so, but I've made the decision that we'll break off today, Mr Johnson will complete his cross-examination tomorrow -- I anticipate tomorrow morning?

MR JOHNSON: My Lord, yes.

MR JUSTICE GOSS: -- and Mr Myers will then ask any questions in re-examination tomorrow morning.

All right? So just leave everything here as usual.

Remember your responsibilities: no communication by any means with anyone or anything to do with this case, and no research either in relation to anything to do with the case. Thank you very much.

I don't need to, but I will remind you that tomorrow is the last day that you'll be working on this case this week, and we'll break off till Monday. So it's going to be a natural breaking point tomorrow.

All right, thank you very much. 10.30 tomorrow.

(In the absence of the jury)

MR JUSTICE GOSS: Right. Could those in the public area please leave the courtroom.

(Pause)

All right, usher. Secure? Thank you.

(Discussion off the record)

(3.30 pm)

(The court adjourned until 10.30 am on Tuesday, 25 June 2024)