16 May 2023 (Day 114)
Lucy Letby - Examination-in-chief day 4: Babies I, J, K, L, M & N

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MS LUCY LETBY (continued)
Examination-in-chief by MR MYERS (continued)

Tuesday, 16 May 2023
(10.30 am)

(In the presence of the jury)

MS LUCY LETBY (continued)

Examination-in-chief by MR MYERS (continued)

MR MYERS: Good morning, Ms Letby. I'm going to ask if you could make sure you keep your voice up as loudly as you can when you give evidence today. I'll remind you from time to time. It's just important that the people taking a note on the other end of the microphones can hear what you say clearly. So just remember to keep your voice up, as if you're addressing the back row of the jury. No one will complain if your voice is loud.

Yesterday when we concluded we had been dealing with the final event involving [Baby I], count 12 on our indictment. That's the event on the night of the 22nd to 23 October. We'd looked at how that was in two parts: what happened a couple of minutes to midnight on the 22nd when she was with Ashleigh Hudson and then what happened at about 01.06 in the morning. And I had been asking you about your involvement at that point.

So with apologies for going back perhaps a couple of sentences, could I ask you, were you involved in the measures that were given to support [Baby I] after the second part of that collapse, after 01.06?

LETBY: Yes.

MYERS: And do you recall, as you sit there now, when it was that you had first been in the nursery dealing with her, whether it's from earlier in the event or later on? I'm not prejudging it, but can you help us with when it was?

LETBY: I couldn't say.

MYERS: Do you recall whether you were already in the nursery when she deteriorated that second time or if you came to the nursery after she had deteriorated? Do you recall that now?

LETBY: No.

MYERS: But you do recall being there at some point?

LETBY: I recall going to her at some point and she was crying and I helped Ashleigh settle her, but I can't remember on which occasion that was.

MYERS: Right. And did you take a part in what happened afterwards with the attempts to support [Baby I] and help her?

LETBY: Yes.

MYERS: Were you there when, sadly, [Baby I] died?

LETBY: Yes.

MYERS: Were the parents there?

LETBY: Yes.

MYERS: Were you involved in helping the bereaved family after [Baby I] had died?

LETBY: Yes, it was Ashleigh's first experience of a death, so I assisted her with the bereavement paperwork and process.

MYERS: Right. Did she play a part in it as well or was that handed across to you?

LETBY: No, Ashleigh remained the designated nurse for [Baby I], but I just supported her with the things that needed to be done.

MYERS: If she had been more experienced in a situation like this, would there have been the same need for you to give support in the way that you did?

LETBY: No, I gave her more support because it was her first time.

MYERS: Can we put up tile 297 from the fourth [Baby I] sequence, please?

[Baby I]'s funeral was on 10 November 2015, 12 o'clock. Were you aware as to whether or not members of staff went to that funeral?

LETBY: Yes, members of staff did go.

MYERS: Do you know how many did go?

LETBY: Um... I know it was more than two, I couldn't say for definite, but a few nurses went.

MYERS: Was it a common event for nurses to attend a funeral if a baby had died?

LETBY: No. Usually it's if the parents request somebody to be there, then the unit would represent them.

MYERS: Were you able to go to the funeral?

LETBY: No, I was working.

MYERS: Could we put up the shift pattern, please, at page 33225? Thank you.

If we just enlarge the dates for November, the lower part of this. The funeral was on the 10th, as we've seen. Had you been working the night before the funeral?

LETBY: That's right, yes.

MYERS: So you'd have finished at some time on that morning?

LETBY: Yes, and I was due in again that night as well.

MYERS: All right. So you weren't able to go?

LETBY: No.

MYERS: Did you convey your sympathies to the family in any other way since you couldn't go to the funeral?

LETBY: Yes. I was advised by other staff that I could send a card to the family via the people that were going to the funeral and that's what I did.

MYERS: Could we put up the images that we've got of a card at exhibit 13163, please, Mr Murphy. 13163 and 13164.

That's 13163. Then could we look at 13164? We have seen these before.

First of all, Ms Letby, what is the item that we're looking at on those pictures?

LETBY: This is the sympathy card that I wrote for [Baby I]'s family.

MYERS: And did you send it to them?

LETBY: I gave it to one of the nurses that was attending the funeral for them to pass on.

MYERS: We know, again, from our agreed facts, it's agreed facts 41 and 42, that images of that card were recovered from the handset of your phone and they show that the images were taken at 7.34, so a little after 4.30 (sic) in the morning, of 10 November 2015. And again, as with the other images we've looked at, the coordinates there were of a location in the south-west corner of the Women's and Children's building at the hospital?

LETBY: Yes.

MYERS: So, first of all, about 7.30 on 10 November, where would you have been?

LETBY: At work.

MYERS: Is that where you took the photograph?

LETBY: Yes.

MYERS: And then you handed it to a member of staff to take to the funeral?

LETBY: Yes. I'm not sure who I handed it to, but yes, it was given to one of the staff members going.

MYERS: Was it unusual for you to take a photograph of a card?

LETBY: No. I photograph the majority of cards that I send or letters. That's just normal behaviour for me.

MYERS: Could we have a look, please, Mr Murphy, at an item you have designated D29. It's from the exhibits in this case, pages 33733, 33734 and 33735. We're going to go through these images and ask you about them, Ms Letby. This is from the exhibits we've been served. Page J33732. Just look at the pages. Could we look at the next page, please?

That's actually the end of the exhibit we just looked at in fact for the [Family of Babies E & F]. This is the page I wanted to go to. This is page 1. Is it possible to rotate that? We can see names there and we have to have them so we know who this is related to. That's the first page of this. Who is this card from?

LETBY: It's me writing the card to somebody.

MYERS: All right then. What's the card for?

LETBY: It's congratulating my close friend on the birth of her daughter.

MYERS: Is this to do with work or to do with friends?

LETBY: No, this is a friend. Nothing to do with work.

MYERS: Could we look at the next page, please. Just enlarge that, please, Mr Murphy.

Is that another picture of the card?

LETBY: Yes.

MYERS: The same?

LETBY: Yes.

MYERS: Can we look at the next page, please, Mr Murphy? Page 33735 from the exhibits. If it's not there, don't worry. We see in fact that image follows on in the exhibits from the image of the card to the [Family of Babies E & F]; is that correct?

LETBY: Yes.

MYERS: Sorry, the [Family of Baby I], I apologise.

This is the same card on the two photographs that we're looking at?

LETBY: Yes.

MYERS: Is it unusual for you to take a picture of a card that you are sending?

LETBY: No, that's regularly what I do.

MYERS: And when you say regularly, is that something to do with work or for other reasons?

LETBY: No, for anything that I'm sending or receiving, I usually take a copy of that, and that's something I've done for many years.

MR JUSTICE GOSS: Sorry, can I just be clear? The two images we have seen are both of the same card but they were two images that were taken? And there is a third one that we haven't seen?

MR MYERS: Yes, I'll check that, my Lord. It's how it comes from the exhibit so it's included in this way. We've got page 33 and

then 34. They appear to be in fact the same image, whether it's the same photograph or a --

LETBY: I think there's only one. I think this is the photograph and the other one is zoomed in.

MR JUSTICE GOSS: So it's just one photograph?

MR MYERS: It's one photograph but zoomed in.

MR JUSTICE GOSS: That's what I just wanted to clarify because it wasn't clear, if we can. All right. Anyway, it's the same card, whatever it is. Whether it's one or two images, it's the same card and it's to a family friend congratulating them on the birth of their child.

MR MYERS: Yes, thank you. And you say that's something you do, cards that are sent or cards that are received?

LETBY: Yes.

MYERS: One of those things you do, Ms Letby?

LETBY: Yes.

MYERS: All right. I'm going to move from the case relating to [Baby I] and we'll turn to count 13 on this indictment, which is the case relating to [Baby J]. So we can put aside anything we have for [Baby I].

First of all, as we've been doing, we'll just remind ourselves of the basic facts relating to this particular count, count 13. I'm going to ask Mr Murphy if we could start by going to tile 1 on the [Baby J] sequence and just go into that, please.

We can see, Ms Letby, the details of birth, [Baby J] was born on 31 October 2015 at 15.00 hours, a gestation of 32 weeks and 2 days, weight, 1.709 kilograms, born by caesarean.

Could we go into the tile, please? If we scroll down a little bit, please. Thanks very much.

Looking at the detail, there are various problems in pregnancy for [Baby J]. Sadly, we can see that a twin died in utero. There was twin-to-twin transfusion syndrome for [Baby J]; that's where identical twins share a placenta, we've heard that, and there can be uneven blood flow.

There had been, we were told in evidence, antenatal, so before birth, rupture of the membranes, and just to assist everybody with their recollection, it's [Baby J], ladies and gentlemen,

where, after birth, and after some production of bile, an abdominal X-ray revealed a problem with the bowel loops and [Baby J] went to Alder Hey Children's Hospital for an ileostomy, which she had on 1 November. That's detail that can help place where we are on the indictment.

As a result of that ileostomy, she was provided with two stomas so that faeces could be recycled outside the body and there was a Broviac line inserted as well.

Does that assist you with what we're dealing with as well, Ms Letby?

LETBY: Yes.

MYERS: [Baby J] returned to the Countess of Chester Hospital on 10 November 2015. Count 13 that we are dealing with relates to events on 27 November 2015, so a couple of weeks later or thereabouts.

Now, with the assistance of the neonatal review I'm going to remind you and the rest of us, Ms Letby, if it's needed, of the events we're looking at because there's almost two pairs of events that we're dealing with on 27 November. The easiest way to remind ourselves of this is to go to the neonatal review. So I recommend actually getting the paper copy if you would, ladies and gentlemen, and you do that too, Ms Letby.

LETBY: I've got it.

MYERS: We'll be grateful to Mr Murphy for putting it up on the screen.

If we open up this neonatal review, Ms Letby, could you go to page 4, please? Ladies and gentlemen, if you could go to -- it should say page 4 of 8. At this point the purpose of this is just to remind ourselves of what we're dealing with and when.

I have suggested it's helpful to think of this in the way of two pairs of events, but think of it as you wish, of course.

If we look at page 4 of 11 and enlarge the section which goes from, let's say, line 75 to line 90, the first pair, as they're recorded, are at lines 77 and 87.

We can see at line 77 at 4.40, as it's recorded here, in the care of Nicola Dennison, who was the nurse designated to [Baby J], it's recorded on the apnoea/brady/fit chart and we'll have a look at the detail of that. There's an event at 04.40 and then, if we look down to line 87, again with Nicola Dennison, there's an event at 05.03 recorded on the apnoea/brady/fit chart and

we'll see that. so there's a pair of events there, 4.40 and 5.03.

Both events relating to desaturations to 30% and then 50%, although in the evidence there was a question raised as to whether the percentages were the other way round. But in any event, there are desaturations on two occasions, 4.40 and 5.03. Nicola Dennison was the nurse caring.

Then if we go over the page to page 5 of 8, we actually come to those that have been identified for the purposes of the charge on the indictment, and they're easier to pick out because they've got the black bars across them. I'm going to ask if we can enlarge the section from lines 131 to 150 so we can place them.

This second pair, one is at line 134 at 6.56, simply down as "[Baby J] event", and then at line 148 at 7.24, another event relating to [Baby J]. Again, these events relate to low desaturations and associated with clenching of hands and stiff limbs and a description given by Dr Gibbs, "Eyes deviated to the left", and the period that they lasted.

So just to help us keep in mind, it's one count but we looked at a number of different events. The first pair there for Nicola Dennison, 4.40 and 5.03. And then the two which you've got in front of you now, Ms Letby, members of the jury, on page 5, 6.56 and 7.24. Thank you.

We can take the neonatal review down, though we will be going back to it, so if we keep this out for the time being, ladies and gentlemen. You too, Ms Letby.

Let me ask you some general questions first about [Baby J]. How familiar were you with stomas when [Baby J] first came on to the unit, Ms Letby?

LETBY: I'd had very little experience with stomas. I'd seen a couple at Liverpool Women's on my training there but otherwise I had no experience.

MYERS: And are you able to say how others that you worked alongside were in terms of familiarity with stomas?

LETBY: Very similar. So a lot of the staff had no direct relevant sort of recent experience with stoma care.

MYERS: [Baby J] had had the procedure, the ileostomy, at the Alder Hey Children's Hospital.

LETBY: Yes.

MYERS: What is it that children or babies go to Alder Hey for principally?

LETBY: For surgery.

MYERS: Right. So is that sort of surgery something that would routinely be done at the Countess of Chester?

LETBY: No, that's not something that can be done at the Countess of Chester, it's something they have to go to a tertiary centre for.

MYERS: Therefore do you regularly find yourself looking after babies who have had surgery like that?

LETBY: No.

MYERS: How familiar, from what you could see, did nurses appear to be in handling the stoma bags and recycling?

LETBY: I don't recall anybody being overly confident in doing it because it had been a long time for anybody -- for anybody to have had any recent experience of the stoma.

MYERS: Are you able to say who was involved, a lot of the time, in dealing with the bags and the recycling?

LETBY: Predominantly it was the parents, we took their lead, very much so.

MYERS: And why was it that the parents knew what to do from what you could tell?

LETBY: They had been taught how to do it in Alder Hey and they were very attentive to [Baby J], so they knew what to do far better than we did at the Countess.

MYERS: If we look at some messages relating to this and can we go first, please, Mr Murphy, to tile 45.

We're going to look at a series of messages from here through to tile 58. This is on 18 November that we start at 17.32, so it's about 9 days before the events we're looking at on the indictment, but let's have a look at these.

So from [Nurse E] to you:

"Was just a lot going on this morning with B's discharge and liaising with stoma nurses, et cetera, plus dealing with safeguarding lol. All go. Oh, and Kate Bissell has raised about

Jenny having [Baby J] has looked like she's been doing the re-feeding."

I'm going to move on a little bit and then ask you some questions about this. Could we go to tile 46, please. This is 18.09, you to [Nurse E]:

"Ah, keeping you busy. Has B gone? That's good. Glad Kate has done that. Was talking about it with Minna and didn't don't think it's right."

Just pausing there, what are you and [Nurse E] talking about with regard to what you didn't think was right?

LETBY: We are there talking about the fact that Jennifer Jones-Key, who was a nursery nurse, was looking after [Baby J] and carrying out her recycling, which is dealing with the stoma bags.

MYERS: What duties do nursery nurses have in the unit?

LETBY: So generally, the nursery nurses tend to care for special care babies and predominantly do bottle feeds, breastfeeding, things like that. They don't tend to do clinical care.

MYERS: Is there a particular band that nursery nurses are at?

LETBY: They're a band 4.

MYERS: Can they do intensive care?

LETBY: No, they can't. Nor high dependency.

MYERS: Not high dependency, not intensive care?

LETBY: No.

MYERS: So far as you understand, should they be involved in handling and recycling stoma bags if that is required?

LETBY: No, and particularly as nursing staff there were unfamiliar, nursery nurses would have been even more so unfamiliar than nursing staff.

MYERS: Is there any reason why you had a band 4 dealing with something that presented the problems that stoma bags did?

LETBY: I think the unit was very busy and we had to use staff where we could.

MYERS: Can we go to tile 47, please. From [Nurse E] to you:

"Yeah, you discharged her. No, I know."

Is she talking about baby B at that point?

LETBY: Yes.

MYERS: Tile 48, please. You to [Nurse E]:

"Glad B gone. Does Jenny not have [Baby J] tonight?"

Tile 49, 8 o'clock in the evening, [Nurse E] to you:

"No lol."

Tile 50, please, 20.01, from you to [Nurse E]:

"Did Kate speak to Eirian then as Yvonne G approved? Bet you're pooped."

Tile 51, 20.16, from [Nurse E] to you:

"Yvonne G approved it? Didn't realise that as Kate spoke to Yvonne [and] Eirian on the phone when they were together today at study day."

Pause there for a moment. When it refers to "together today at study day", what's a study day?

LETBY: A study day is anything that takes place outside of the unit that's paper-based, so it might be an exam or it could just be attending lectures somewhere. So you're not on the unit yourself, you are studying something elsewhere.

MYERS: Did you ever go on study days?

LETBY: Yes, many.

MYERS: Would you ever be given material when you went on a study day?

LETBY: Yes.

MYERS: And what would you do with the material you were given?

LETBY: I myself would keep it to go through it --

MYERS: Is it unusual for you to keep -- sorry, you were saying something.

LETBY: I would keep it and often refer back to it.

MYERS: Is it unusual for you to hang on to material like that when you're given it?

LETBY: No.

MYERS: Can we move please to tile 52. 20.17:

"Yeah, Belinda didn't think it was right but was struggling [this is you to [Nurse E]] with allocation as only three trained, so asked Yvonne G (who was in office) and she said okay to have [Baby J] and TPN babies as would be supervised. Just off to salsa."

53, please. 20.18, [Nurse E] to you:

"That's interesting as don't think she said that to Eirian."

54, next tile, you to [Nurse E]:

"I bet she has got wind of Eirian not thinking it's [right] and now backtracking."

Can we look at 55, please, and just go through to 58 now. [Nurse E] to you:

"Apparently Eirian said she would have been okay Jenny having [Baby J], but others would need to do recycling, et cetera, but she was the one performing it."

Tile 56:

"Okay, that makes sense [you say to [Nurse E]] but Jenny was actually doing it. Hmm, don't know when to stop, do they?"

Tile 57 from [Nurse E] to you, 17.19 on the 19th we are now, I should say:

"Nope, Laura and [Nurse B] thought it was terrible."

Then this at tile 58, 17.21 you to [Nurse E]:

"It's shocking really that they are willing to take the responsibility for things that they have no training or experience, et cetera, on. Don't think they appreciate the potential difficulties."

Pausing there, Ms Letby, should nurses take on tasks for which they have no training or experience in the care of babies like this?

LETBY: No.

MYERS: When you say, "Don't think they appreciate the potential difficulties", what are you referring to?

LETBY: That it's a safety implication, so if they don't have the training and experience to know what they are looking for when they're dealing with stomas, assessing what the sites look like, attaching bags, then it's potentially dangerous.

MYERS: And why was the unit using a nurse like that for a situation like this?

LETBY: It was so busy at the time, I think they were just trying to use staff wherever they could.

MYERS: Could we look at tile 61, please?

MR JUSTICE GOSS: Just before we leave that, can I just ask this:

"It's shocking really that they are willing to take responsibility for things that they have no training or experience, et cetera, on."

Who is the "they"?

LETBY: The nursery nurses, the band 4s.

MR JUSTICE GOSS: So you're saying it's shocking that the band 4s are prepared to do this?

LETBY: Yes.

MR JUSTICE GOSS: Right.

MR MYERS: Who's asking the band 4s to do that?

LETBY: It would be the shift leader who's allocated them.

MYERS: And who were the shift leaders that would do that, whichever shift leader was allocated?

LETBY: Yes.

MYERS: Would the band 4 decide themselves if they were going to take on a baby for which you say they didn't have training?

LETBY: No, but they could voice whether or not they were happy to care for that baby.

MYERS: They would be asked, would they, to do it?

LETBY: Sorry?

MYERS: They would be asked, would they, to do it --

LETBY: Yes.

MYERS: -- as the designated nurse?

LETBY: Yes, it would be up to the shift leader to allocate and give that responsibility to them.

MYERS: In an ideal world, would anybody think of getting a band 4, in your experience, to look after babies who require stoma recycling?

LETBY: No.

MYERS: Can we go to tile 61, please. This is 23.00 on 25 November, so a little closer to where we're going now. It's you to [Nurse E]:

"Went to Las Iguanas, was really nice. At salsa had 3 missed calls. They don't know how to give immunoglobulin and I was last person to give so just phoned and told them. Caroline said it's mad. Ravi is there. What a nightmare. It's all getting they'll have to send babies out."

Las Iguanas, we might be able to work it out, but if anyone can't, what is that?

LETBY: A restaurant.

MYERS: It says "at salsa". Is salsa something you did regularly?

LETBY: Yes.

MYERS: Was it salsa at Las Iguanas?

LETBY: No, it's Las Iguanas and then gone to salsa.

MYERS: Eating then salsa-ing?

LETBY: Yes.

MYERS: What are the missed calls relating to?

LETBY: So this is in relation to a baby that was on the unit at that time who needed an immunoglobulin infusion, something we do very rarely on the unit, and I was the last person to have done

it, so I had multiple calls on my phone from staff asking me for advice on how to prepare this infusion.

MYERS: By reference to where it says, "Caroline said it's mad", what do you understand the madness relating to? What's mad?

LETBY: The unit at that time was mad, busy, lots going on.

MYERS: You put:

"Ravi is there. What a nightmare. It's all getting they'll have to send babies out."

Can you explain when you say "what a nightmare" what is it you are saying is a nightmare?

LETBY: The amount of babies that we had on the unit and the amount of care they needed. It was very high acuity and we felt that they should start sending babies out to other hospitals.

MYERS: Did you have the staff at the right levels to cope with the babies you were receiving?

LETBY: No.

MYERS: If we turn, if we could, then, please, to the shift on 27 November 2015 and could we look at tile 140 for the layout. We can see on this occasion the shift leader Caroline Oakley. You're on duty, Mary Griffith and Laura Eagles, then below that Nicola Dennison and Vicky Blamire. What banding are Nicola and Vicky?

LETBY: Band 4s.

MYERS: They're band 4?

LETBY: Yes.

MYERS: Following on from what you said earlier, who will have decided this allocation on this night?

LETBY: So this would have been allocated by the shift leader from the shift prior to this.

MYERS: Right. So whoever the previous shift leader was will have set this up?

LETBY: Yes.

MYERS: If we scroll down we can see the layout on the unit. Where's [Baby J] and who's caring for her, please?

LETBY: [Baby J] is in nursery 4 with Nicola Dennison.

MYERS: Nicola Dennison was one of the band 4 nurses?

LETBY: That's right.

MYERS: She's also caring for NW in nursery 4?

LETBY: Yes, nursery 4 is the special care nursery for babies preparing to go home.

MYERS: Where were you and who were you --

LETBY: I was in nursery 3.

MYERS: And two babies in nursery 3?

LETBY: Yes.

MYERS: I'd asked if we could just keep the neonatal review to hand, so if it's there I wonder if we could go to page 3, ladies and gentlemen. You too, Ms Letby.

We can see, if we look at lines 22 and 23, they're the only lines with blue and yellow on this page, that's you and Mary Griffith delivering an e-prescription to [Baby J] --

LETBY: Yes.

MYERS: -- and that's at 00.02.

LETBY: Yes.

MYERS: You can look forwards, if you like, to satisfy yourself about what we have or don't have up top the first of the first pair of events over the page. But did you have any other involvement with [Baby J] before that first desaturation at 04.40?

LETBY: No.

MYERS: In fact, if we want to see your first involvement again recorded here with [Baby J], could we turn to page 5 of 8, please? If you look at line 136, at 6.56, what do we have there, Ms Letby?

LETBY: That's a nursing note regarding a desaturation that's been witnessed by myself and Mary.

MYERS: And that is at 6.56?

LETBY: Yes.

MYERS: So that's the first of the second pair of events?

LETBY: Yes.

MYERS: But between that and what we looked at a few moments ago at 00.02 with Mary Griffith, was there any other involvement with you and [Baby J]?

LETBY: No.

MYERS: Who was caring for [Baby J]?

LETBY: Nicola Dennison.

MYERS: When we look at page 5 of 8, in addition to [Baby J] we can also see a baby with the initial [Initials of Baby J]. If we just run our eyes down that, ladies and gentlemen, you'll see that letter, [Initials of Baby J]. If we look at 178, Mr Murphy, line 178 on the paper, just enlarge that, the [Initials of Baby J] there, is that [Baby J] or somebody different?

LETBY: No, it's somebody different.

MYERS: Do you recall who? I can help you if you've got no recollection. Do you recall who [Initials of Baby J] relates to when we look at it on this schedule?

LETBY: No.

MYERS: If we just look at page 8 so there's no mystery. You look too, Ms Letby. Page 8, we have the plan for the way the nursery was populated at the end of the shift and does that help you with --

LETBY: Yes, I know.

MYERS: Who was [Initials of Baby J] that you were looking for -- after?

LETBY: [Initials of Baby J] is an admission that came into nursery 1 in the early hours of that morning.

MYERS: Do you have recollection of this shift independently of the various notes and schedules?

LETBY: Yes. Some.

MYERS: Some. Do you recall how busy it was?

LETBY: It was extremely busy.

MYERS: Right. We know, for instance, that Dr Verghese was called to the unit at some point after that or during that first pair of desaturations that Nicola Dennison records. Do you recall him being there at any other points during the night?

LETBY: I think the doctors were quite present for a lot of the shift.

MYERS: Do you remember which doctors?

LETBY: I know Dr Gibbs came and he was there for quite a lot of the evening. I couldn't be specific on times.

MYERS: Do you recall it being busy that evening?

LETBY: Yes, very.

MYERS: We'll have a look at the first pair of events. They're not in the black bar. Can we look at the nursing note, please, by Nicola Dennison at tile 209.

We can put the neonatal review to one side. Can we scroll down to this? This is the note by Nurse Dennison. I'll read the relevant part of this and ask you some questions. 27 November, 07.37, so this is in the morning. ND, Nicola Dennison. There are some preliminary comments. I'm going down to:

"Shortly after the feed at 04.00 hours, [Baby J] became unwell and desaturated to the 30s, initially not apnoeic but then did require some Neopuff to recover. Colour looks poor, pale and mottled. Doctors informed and examined her. A further episode just after 5 am again requiring O2 though no apnoea at this time. Decision made to screen [Baby J]."

Can we also, before I ask about this, look at the note that was made by Dr Verghese at tile 165? It's this section. This is the section which I'd like us to look at. The note is made at 5.15:

"ATSP."

Do you remember what --

LETBY: "Asked to see patient."

MYERS: "Two profound desats. First to 30s, being handled during stoma cares. Second to 50s, not being handled. HR remained above 100. Both episodes required bagging for..."

LETBY: "A few minutes", I think.

MYERS: "Since then, pale and mottled. Increased work of breathing. Previously (overnight) settled, no desats, feeding well, no concerns."

That relates to "previously". And also, could we look at the apnoea chart at tile 160 and the neonatal review referred to the apnoea chart. We'll just have a look at this. Other witnesses were taken to this, that's the signature of Nurse Dennison. It records two events:

"04.40, apnoea, yes. Brady, 100. 3 mins duration, 100% Neopuff."

Then under that for the same morning:

"05.03, no apnoea, 100 brady. 30s desat. 2 minutes duration. 100% facial oxygen."

That's the information we have. Did you have any idea that this was happening at the time that it was happening?

LETBY: No.

MYERS: Did you have any involvement with it?

LETBY: No, not at all.

MYERS: We saw in Dr Verghese's note it makes reference to "[Baby J] being handled during stoma care" --

LETBY: Yes.

MYERS: -- in relation to the first event. Were you there when anything like that was happening?

LETBY: No, I wasn't.

MYERS: Do you recall whether you were on the unit at the time these things were happening?

LETBY: I can't say.

MYERS: Do you recall whether you were on or off the unit at various points during that evening?

LETBY: Yes, I was off the unit at points, yes.

MYERS: If we look at tile 151, please. We don't need to go into these. It's door swipe data and this has you, it says:

"In: maternity neonatal entrance doors, 01.57."

LETBY: Yes.

MYERS: So where will you have come in from, do you know?

LETBY: I have come in from the main hospital corridor on to the neonatal unit.

MYERS: Do you know why you would have been off and coming on at 01.57?

LETBY: No. We do have cause to leave the unit at times to access other rooms that are on the corridor or the toilets, things like that.

MYERS: If we go to tile 152, please. Now:

"In: maternity neonatal entrance doors at 03.47."

Again, do you know where you will have been or what you were doing that means you were coming in at 03.47?

LETBY: I can't say exactly what I was doing, but we do go in and out of the unit frequently if needed.

MYERS: Could we look at tile 159, please? Thank you.

Again, this is:

"Maternity neonatal entrance doors, in, 04.29."

LETBY: Yes.

MYERS: It doesn't appear to record when you go out, it just records when people go in; is that right?

LETBY: Yes, you only have to swipe to come into the unit, not to leave the unit.

MYERS: Do you know how long you will have been out for, any way of knowing?

LETBY: No.

MYERS: So we know the first episode, depending on which timing we go for, is any time -- well, at 4.40 on the chart that we saw last of all. Do you know what you were doing at that time?

LETBY: No.

MYERS: But did you have anything to do with [Baby J]?

LETBY: No.

MYERS: Whose care was she in as far as you know?

LETBY: Nicola Dennison's.

MYERS: I have asked predominantly about the event that is timed at 4.40. Were you aware of any event at 5 o'clock of this pair?

LETBY: No.

MYERS: Were you aware of what we have as the second pair of events concerning [Baby J]?

LETBY: Yes.

MYERS: Before we look at the note I'll ask you, do you have any independent recollection of what took place?

LETBY: Yes.

MYERS: We know we're talking about 6.56 in the morning and then 7.24, so we've moved on a bit. Before we look at any notes, you tell us what you recall about what took place at those times.

LETBY: So from my memory at the 6.56 event, Mary and I heard the monitor alarming down in nursery 4, we both went to the nursery to see [Baby J], and found her to be fitting.

MYERS: Can you describe that further when you say fitting? Keep your voice up, please, Ms Letby.

LETBY: When a baby fits they display certain characteristics. In this case [Baby J] wasn't breathing properly, she had her hands very clenched and tight, and her eyes were deviating to one side, so they were rolling to one side of her head; they're all signs of a seizure.

MYERS: Do you recall where you had been or what you had been doing before you encountered [Baby J] in that condition?

LETBY: No, I just recall that we both heard the monitor and both attended but we weren't in the nursery at that time.

MYERS: Do you recall whether anybody else was in the nursery at that time?

LETBY: No, there was nobody with [Baby J] when we both arrived.

MYERS: But you attended with Mary Griffith?

LETBY: Yes, we both went together.

MYERS: So carry on. You described how she was when you found her at that time. What happened next?

LETBY: We began to use the Neopuff system and I believe Dr Gibbs was on the unit at that point and we asked him to come and review [Baby J]. From my memory that is when she was then transferred to nursery 2.

MYERS: So there was a transfer to a different nursery?

LETBY: Yes, so that she could be under closer observation in the high dependency room.

MYERS: Do you recall how quickly it was that Dr Gibbs attended?

LETBY: Very quickly.

MYERS: Remind us (overspeaking) --

LETBY: I think he was on the unit at the time and we shouted for him.

MYERS: Do you know how long he'd been on the unit for?

LETBY: I couldn't say for definite. Again, there was a lot going on that night and I know the doctors were present for quite a lot of the shift but I don't know exact timings.

MYERS: We'll just pause to see what Mary Griffith records about this then and we'll move to the second part of this.

Can we put up tile 209, please? If we look at the higher entry. There we are. At 7.11 Mary Griffiths has put:

"[Baby J]'s monitor went off at 6.56. Myself and L Letby attended. Found baby with pale hands and baby very rigid. Sats went to 7 and heart rate down to 68."

And it describes the support given with Neopuff and Dr Gibbs being on the unit and being called to help. And that's how you remember it?

LETBY: Yes.

MYERS: And before this happened, anything to do with [Baby J] at all before you went in there and found this happening?

LETBY: No.

MYERS: If we just move to the next part of this. Can we look at tile 210, please, Mr Murphy. The lower of the two entries, please.

This is a note at 09.00 by Mary Griffith, the same morning:

"At 07.40 [Baby J] had a further episode: fists white and clenched, rolled eyes to the left. Sats 70s. [Baby J]'s sats became lower and were unstable. Neopuffed again by Dr Gibbs for a further 8 minutes."

Then it goes on to describe the support that was given to [Baby J] at that point. Following on from that can you tell us where -- do you know where you were at the time this episode began?

LETBY: This second episode?

MYERS: Yes, 7.40.

LETBY: I think I was in nursery 3 and I was called to help.

MYERS: Do you recall who called you?

LETBY: No.

MYERS: Had you had -- we've seen that at 6.56, when we looked at the neonatal review, at the beginning of [Baby J], we've seen that you and Mary Griffith had given some support to her, to [Baby J].

LETBY: Yes.

MYERS: Just for our record, as we follow it, we see an infusion started with you and Mary Griffith at 7.09.

LETBY: Yes.

MYERS: For those following it in the sequence of events, that's line 141. That repeats at 7.20 at line 144. Do you recall doing those infusions with Mary Griffith for [Baby J]?

LETBY: No, not from memory, no.

MYERS: It's 7.24 for the event on the neonatal review. We have 7.40 in Mary Griffith's note. Do you recall when the event took place or can you not help with that?

LETBY: No, I know the day staff were on the unit at that point, so it must have been around half 7 onwards.

MYERS: All right. Do you remember what time you remained on the unit until?

LETBY: It was shortly after 8 o'clock I think. I did stay a little bit later that day, but I can't be specific on what time I left.

MYERS: So of these four events in two pairs with [Baby J] that morning, do you recall being in the nursery with her at the time that any of them happened?

LETBY: No.

MYERS: Just to be clear, with the first two events, the first event with the two parts, were you even aware of that taking place?

LETBY: No, I wasn't, no.

MYERS: When we come to the second pair of events, were you aware of them?

LETBY: Yes.

MYERS: And you were involved with both of them?

LETBY: Yes.

MYERS: Did you or were you involved in caring for [Baby J] after this particular shift? Do you have any independent recollection of that, I should ask first?

LETBY: Yes, I'd cared for [Baby J] before and after this event, yes.

MYERS: So it's not just this event or this shift that you had anything to do with [Baby J] then?

LETBY: No.

MYERS: Could we put up tile 290, please. This is the handover for 27 November at 19.30. So this is -- is this the evening of the day we've been looking at?

LETBY: Yes.

MYERS: So were you working the following evening?

LETBY: Yes.

MYERS: And you're designated on this occasion for [Baby J]?

LETBY: Yes.

MYERS: Could we go to tile 324, please. Is it possible to enlarge that so we can see it a little better? If we go to the right side of this page if we could, please.

Now this is 28 November, 05.06. This is you, a note by you --

LETBY: Yes.

MYERS: -- caring for [Baby J]?

LETBY: Yes.

MYERS: So this follows on from what we've just seen about you being designated to look after her the following night?

LETBY: Yes.

MYERS: Any issues with [Baby J] the following night --

LETBY: No.

MYERS: -- in your care?

LETBY: No.

MYERS: Can we look at tile 335, please. This is a message, a message from [Nurse E] to you, 08.00 on 28 November. So this is after the shift note that we've just looked at --

LETBY: Yes.

MYERS: -- when you had care of [Baby J] the night following the shift that's on the indictment.

LETBY: Yes.

MYERS: [Nurse E] asks:

"How was it?"

Can we go to tile 336, please. Your response at 08.14 to [Nurse E]:

"Fine. Kept going with all the antibiotics, fluids, et cetera, but much better. Just about to leave."

So when you say "much better", what was much better?

LETBY: The workload on the unit that evening was much improved from the night before.

MYERS: Can we go to tile 337, please. [Nurse E] to you:

"Ah good."

At tile 338 there's a number of messages of a social nature between you and [Nurse E], and then tile 339, please. You to Jennifer Jones-Key:

"Sorry didn't reply. [Baby J] fine. Had blood and hasn't done anything else silly. Getting lots of bile and large losses so discarding and replacing with saline but otherwise okay. Still busy but had much nicer night. Did you have a good day?"

When you say "much nicer night" what are you referring to?

LETBY: That the workload on the unit that evening was much more manageable and we'd all had a better shift than the previous shift.

MYERS: Is that your preference, Ms Letby, for it to be, as it's put there, "a nicer night"?

LETBY: Yes.

MYERS: That's what you would want --

LETBY: Yes.

MYERS: -- with things going smoothly?

LETBY: Yes, and being able to give every baby the time they need.

MYERS: Would you want things to be going wrong?

LETBY: No.

MYERS: Would you want babies to be getting hurt?

LETBY: No.

MYERS: I'm going to move to count 14. Just take time to switch our thoughts. This relates, Ms Letby, to [Baby K]. So my Lord, we can make a start on this if we may.

MR JUSTICE GOSS: Certainly. You just choose what's a good moment to break.

MR MYERS: Thank you.

Again, I'm just going to give some introductory details. I'm doing that to assist you and the jury and the rest of us, Ms Letby, because we're obviously dealing here in quite a short period of time with material that we looked at in a lot of detail during the prosecution case. So I'm just compressing it a bit so we can hear what you have to say in answer to our questions.

Just before we come to any tiles to reacquaint ourselves with this, just to remind us of the general picture with [Baby K], if I may, [Baby K] was born at the Countess of Chester Hospital on 17 February 2016 and she was 25 weeks' gestation, which we all understand now makes her extremely preterm.

Could we put up tile 27, please? Go into that for the details.

Born at 2.12 on 17 February. 25 weeks. 692 grams. No respiratory effort on birth and she had to be intubated and, in fact, as we know from the evidence, she was never breathing independently.

LETBY: No.

MYERS: We'll deal with the events and the notes relating to them straightaway if we might because this is the count that deals with the question of a tube, tube dislodgement, and what is said about that.

There are three parts to it, to this event, from the way it came out in the evidence for this count. There's an event at 3.45 or 3.50 in the morning. In particular that's the event Dr Jayaram gave evidence about. I'm just saying this to help us all zero in with what we're dealing with. There's then an event at 6.15 that same morning and then a further event at 7.25.

The principal focus has been on the events between 3.45 and 3.50, but all of these have been dealt with in the evidence. So looking at those three events, 3.45 to 3.50 is a desaturation and a tube dislodged. Can we look at the notes for Dr Jayaram at tile 65, please? We'll look at all the relevant notes before we turn to the detail.

Dealing specifically with the dislodgement, can we go to tile 29? This is the second page we have here. Tile 29 is the first page of these notes. Can we scroll down?

These notes deal -- they're made at 4.50 by Dr Jayaram and they deal with the details relating to the initial stages and the birth. That's what we have set out there. If we just look down, not looking at all of them, we can see in the centre of the page now, a couple of lines above the lower hole punch, it says:

"Initially, dusky, floppy, no respiratory effort."

Do you see that?

LETBY: Yes.

MYERS: Inflation breaths are given. If we scroll down to the bottom of this page:

"Successfully intubated [I take that to mean] at about 20 minutes at 3rd attempt by Dr Smith."

We will remember that Dr Smith dealt with most of the procedure and Dr Jayaram wrote the notes. And it's a 2 gauge ETT:

"Secured at 6.5cm at the lips and then transferred to the neonatal unit."

LETBY: Yes.

MYERS: If we go over the page, "On arrival". It sets out various features under the headings that we're used to, relating to the baby's condition. But I'd like to move down to the actual event itself for the purpose of what we're going to be looking at, down towards the bottom of the page, please. Thank you.

It says:

"At..."

And the figure's been written then scribbled out. The time intended is 03.50. It looks like 03.30, but then we have 03.50 as the time. Scribbled out and then 03.50 hours:

"... sudden deterioration. O2 sats dropped to [and that is 'at or less than'] 40%. Bagged via ET tube with Neopuff. CO2 monitor not changing colour and poor chest movements. Cold light is normal."

I'm not sure we can get to the next page here, so we go to tile 65 to get the follow-on part of the note. It says:

"Tube removed and bagged via face mask. Sats recovered quickly. Re-intubated by Dr Smith after bolus of 100ml/kilogram morphine [or micrograms per kilogram of morphine]."

And this is a size 2.5 ET tube that was placed at 6.5 centimetres at the lips.

So that's what is in the notes from Dr Jayaram with the first part of this and we'll go to the nursing notes, please, at tile 66. These are notes made at 04.48 -- the top of this tile if we could, please, on the left. Thank you.

Notes made by JW; is that Nurse Williams?

LETBY: Yes.

MYERS: Is that Jennifer Williams?

LETBY: Joanne.

MYERS: Joanne Williams, sorry, at 4.48. It has the details relating to the birth and the initial intubation.

If we just scroll down a bit, please:

"Commenced SIMV."

It's got the rate:

"High leak noted. Approximately 45 minutes later began to desat to 80s. Dr Jayaram in attendance and on examination colour loss visible and no colour change on CO2 detector [query] ETT dislodged. Removed and re-intubated on second attempt by Registrar Smith with [2 set] measuring 6.5 centimetres at lips [as read]."

In fact we've seen it's 2.5 from the clinical notes, but it says -- oh, 2.5 ETT:

"Air entry clear and equal. Large amount bloodstained oral secretions."

That's what we're dealing with around about 3.50 going by Dr Jayaram's note.

At 6.15, if see what's said about that. We can scroll down, please, to the lower part of the next entry for Joanne Williams at 08.14:

"Baby has had 2 further episodes of apnoea and desaturation with loss of colour. Has been re-intubated twice and now has a 2.5 ETT measuring 6.5 at lips."

That deals with what she says about the two events that followed at 6.15 and 7.25.

For the sake of completeness, we'll see what Dr Jayaram says about those, having dealt with his note earlier. Can we go to tile 115, please, Mr Murphy?

I'm going to ask you, if you could assist, in fact, by going to tile 106 first. Thank you. Just scroll down to the bottom of this page. Thank you.

So this is a note by Dr Jayaram at 7.50 that morning. We can see Dr Jayaram records:

"At 6.15 began to have lower rates and..."

It's a little bit difficult to follow there.

LETBY: "Lower sats."

MYERS: Can you assist with what follows that?

LETBY: "... and reduced tidal volume."

MYERS: "Down to 2.5ml."

LETBY: "2 to 5ml."

MYERS: Go over the page and down.

Then there are details relating to the blood gas. A few lines down, we've got:

"Tube pulled back to 6 centimetres."

LETBY: Yes.

MYERS: "Sats dropped further. Extubated."

MR JUSTICE GOSS: "Therefore extubated."

MR MYERS: "Therefore extubated."

That looks like it might be "responded to bagging"

and then "re-intubated".

If we carry on down, 7.25, the third event. It says:

"Settled for next 30 minutes."

Just at the top of that:

"Mean blood pressure dropped to..."

LETBY: "14."

MYERS: A little difficult to tell. 14. Various other measurements recorded but then this, after settled:

"Heart rate dropped to below 100. Switched to IPPV via Neopuff and cardiac compressions."

Not too sure about the next word.

LETBY: "Commenced."

MYERS: "Commenced":

"Tube noted to have slipped to 8 centimetres at lips. Withdrawn and heart rate picked up immediately."

So there we have the three parts of the period we're looking at: 3.50, 6.15 and 7.25.

[Baby K] was transferred to Arrowe Park later that day at 1.15 pm in the afternoon, and sadly, [Baby K] died on 20 February at Arrowe Park Hospital, unrelated to the allegations that we're dealing with here.

The allegation so far as [Baby K] is concerned in particular involves around the 3.50 event, but in the context of the other events we've seen.

Just before we break, can I ask you this, Ms Letby: is it usual for there to be a 25-week old baby at the Countess of Chester Hospital neonatal unit?

LETBY: No. They should be born in a tertiary centre.

MYERS: What is the minimum gestation age for a baby to be at a level 2 unit like the Countess of Chester?

LETBY: It's 27 weeks' gestation or above 700 grams birth weight.

MYERS: Do you understand why it is that [Baby K] was in the Countess of Chester and taken by the Countess of Chester at the time of birth? Do you know why that is or not?

LETBY: No.

MR MYERS: We'll deal with the detail of what you have to say about this particular event after the break.

If we could take the break now, my Lord.

MR JUSTICE GOSS: Certainly.

Between 10 and 15 minutes when we're ready, please. Thank you very much.

(11.41 am)

(A short break)

(11.55 am)

MR MYERS: Ms Letby, let's just have a look at the layout for the nursery for the shift we're dealing with. Can we look at tile 21, please, Mr Murphy?

It's coming on the screens. For those of you with the neonatal review, that's helpful because we will be looking at the neonatal review, but the layout we can put on the screen. We don't need the neonatal review immediately but we will be getting there in a little bit.

Can you see clearly what's on the paper in front of you, Ms Letby?

LETBY: Yes.

MYERS: You can see that?

LETBY: Yes, thank you.

MYERS: Right. So for this shift, who were you looking after and where?

LETBY: I'm looking after the babies by the initials of AR and GT in nursery 2.

MYERS: We know that [Baby K] was born at 02.12, so she was born at the time that this shift was ongoing; is that correct?

LETBY: Yes.

MYERS: So we don't see her in the nursery at the start of the shift?

LETBY: No.

MYERS: But she was brought on to the unit in the course of the shift?

LETBY: That's right, yes.

MYERS: And she was brought on, in fact, to nursery 1?

LETBY: 1.

MYERS: And Joanne Williams was the designated nurse once she came on.

Do you, independently of the various notes and the neonatal review and what have you, do you have an independent recollection of [Baby K] on the unit at all?

LETBY: No.

MYERS: Do you remember seeing her there at any point?

LETBY: I remember seeing [Baby K] because it was unusual to have a 25-week baby, so I recall seeing her visually at some point, but I can't recall any other contact.

MYERS: Why would you see her visually at some point if it was unusual to have a 25-week baby?

LETBY: Well, we often go in and out of the nurseries, in nursery 1 at night, and I do recall that I looked at [Baby K] at some point, yes, because it was unusual.

MYERS: Do you recall where that was -- when that was?

LETBY: No.

MYERS: Would you have any other reason to go into nursery 1 if you're working a night shift there?

LETBY: Yes.

MYERS: What would be for?

LETBY: To collect any medication, any fluids. Equipment is kept in that room. It's frequently used, nursery 1.

MYERS: We know this chart, the layout that we have in front of us, is for the start of the shift. We know that [Baby K] eventually went into nursery 1. Was [Baby K] the only baby in nursery 1?

LETBY: No.

MYERS: Who else was in nursery 1?

LETBY: The other two babies, KC and HC, they remained in nursery 1.

MYERS: Which is the nurse designated to look after them?

LETBY: Caroline Oakley.

MYERS: Where would you expect her to be predominantly?

LETBY: In nursery 1.

MYERS: There's an allegation that comes from Ravi Jayaram whose notes we were deciphering just before the break that there comes a point when he sees you standing there, with [Baby K] desaturating to the 80s, no alarm going off and you not doing anything, and it's then said that the tube has moved and the allegation is that you have moved the tube.

First of all, did you interfere with [Baby K]'s tube?

LETBY: No.

MYERS: Was there a time when you were in the nursery and Ravi Jayaram came in to find you standing there close to [Baby K]?

LETBY: No.

MYERS: Do you recall any incident where you were present when [Baby K] desaturated and Ravi Jayaram was involved round about -- in particular, let me start with round about 3.50?

LETBY: No, I don't.

MYERS: Or any other time?

LETBY: No.

MYERS: Did Ravi Jayaram ever say to you, "What's going on here"?

LETBY: No.

MYERS: Did he ever say to you, "Why's the alarm going"?

LETBY: No, I don't recall any conversation with Dr Jayaram at all that night.

MYERS: Do you recall him asking about an alarm, anybody?

LETBY: No.

MYERS: I'm going to look at what was said in the police interview relating to [Baby K], so we will need the bundles, ladies and gentlemen. We've moved to bundle 2 of the interviews.

We'll start behind the first divider which just has [Initials of Baby K] written on it. Once we're there, ladies and gentlemen, could you and Ms Letby go to [Initials of Baby K]3, top right-hand corner, so behind the [Baby K] first divider, not numbered, it just says [Initials of Baby K], and then to [Initials of Baby K]3.

So this is the interview on 5 July 2018, which is after the first arrest, so it's the first sequence of interviews. Up at the top of the page, the second question down:

"Question: Okay, do you remember anything about the deterioration of [Baby K]?"

Do you see that?

LETBY: Yes.

MYERS: And your answer is no:

"Question: Do you remember [Baby K] herself?

"Answer: I remember only because she was a tiny baby, a 25-week baby that we didn't usually have on the unit so I just remember her from that aspect but not -- right -- individual [as read]."

Is that what the state of your recollection was at the time of that interview in July 2018?

LETBY: Yes.

MYERS: Is that what the state of your recollection is when you give evidence now?

LETBY: Yes.

MYERS: Can we go, please, to page 4, the following page? In the centre of the page -- just about a quarter of the way down -- sorry, let's just start above the first hole punch. And we can see a question where the officer says:

"Question: Okay, so do you remember her ET tube slipping?"

Can you see that?

LETBY: Yes.

MYERS: I will check that we have all got that, about eight lines down. You say:

"Answer: No.

"Question: Okay. Were you present when that happened?

"Answer: I don't remember.

"Question: Okay. So is it fair to say from these notes that you weren't her designated nurse but you accept, around the time of the event, you've updated the administration documents at 3.50 and at 3.50 [Baby K] had a deterioration?"

What do you say to that?

LETBY: "Yes, that's when I've signed for these drugs, yes."

MYERS: We'll come to that. Do you recall what drug it was that you were signing for?

LETBY: Morphine.

MYERS: Yes:

"Question: Yeah, okay. So what would suggest that you're again on the periphery of the care for [Baby K]?

"Answer: Yes.

"Question: Do you have any subsequent care for [Baby K] that you recall?

"Answer: No."

Is that the state of your recollection?

LETBY: Yes.

MYERS: And did you have any involvement with [Baby K] beyond that point?

LETBY: No.

MYERS: Right. Let's go to the second interview then, so over the divider, please, ladies and gentlemen and Ms Letby. This is an interview on 12 June 2019. We're just going to look at the passage on pages 7 and 8. [Initials of Baby K]7 and 8.

The officers are questioning you having made reference to Joanne Williams. I'm going to go through this with you and ask you some questions. The top of page [Initials of Baby K]7, 13.44, it says:

"Question: [Baby K]'s been stable and Joanne Williams has left to go and update her parents. Dr Jayaram states that he entered the nursery and said that you were stood next to [Baby K]'s incubator. Do you agree with that?"

What's your response?

LETBY: "I don't remember."

MYERS: When you said I don't remember, are you accepting that you were there?

LETBY: No.

MYERS: "Question: He goes on to say that you certainly didn't have your hands in the incubator at the time and you weren't doing anything physically with the baby. He says that [Baby K]'s monitor was showing a drop in saturation levels and that it had now dropped into the 80s and was still falling. He says he cannot recall any alarm sounding. Do you recall that, Lucy?"

What do you say?

LETBY: "No."

MYERS: And when you say no, are you suggesting that might have happened, didn't happen or you just can't remember?

LETBY: That I have no recollection of that happening.

MYERS: Next question:

"Question: If the saturation levels had dropped to their 80s and they were still falling, would you expect the alarm to be activated?"

LETBY: "Yes."

MYERS: "Question: And would you expect an alarm to be activated?"

LETBY: "Yes."

MYERS: "Question: Would you expect for it to be sounding?

"Answer: Yes.

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

Had you agreed that you were standing there --

LETBY: No.

MYERS: -- when Dr Jayaram walked in?

LETBY: No, that's what I had been told by the police.

MYERS: But are you agreeing that's what's happened?

LETBY: No, I'm not.

MYERS: You say, "I don't recall".

LETBY: No.

MYERS: "Question: From his evidence [Baby K]'s monitor was clearly showing a drop in saturation levels and, as he clearly states, they were continuing to fall and the alarm from the monitor was not heard to be sounding. Explain this to me."

What do you say?

LETBY: "I don't know why the monitor wouldn't have sounded."

MYERS: Are you agreeing that things have happened the way that Dr Jayaram is suggesting in his statement?

LETBY: No, I'm not, no.

MYERS: You're asked -- you say:

"Answer: I don't know why the monitor wouldn't have sounded.

"Question: Had you turned the monitor off?"

And your answer is?

LETBY: "No."

MYERS: "Question: Would you have deactivated the sound on the monitor?"

LETBY: No.

MYERS: And would you deactivate the sound on the monitor?

LETBY: No.

MYERS: "Question: Dr Jayaram states that [Baby K]'s ET tube had become dislodged and there was no fault with the ventilator and the tube was replaced. He goes on to clarify that a tube can become dislodged if a baby is active and moving around [and you were asked]; do you agree with that?"

LETBY: "Yes."

MYERS: And in fact, pausing there, is that something that can happen?

LETBY: Yes and does happen. It does happen.

MYERS: Yes. Is it unusual for a tube to move with an active baby?

LETBY: No.

MYERS: Over the page. The officer starts:

"Question: He states that [Baby K] --

"Answer: I didn't dislodge her tube.

"Question: Explain to me then how this could have happened.

"Answer: I believe earlier in the shift her tube had slipped and she's already had her tube replaced earlier in the shift."

You seem to have moved on in the questioning here to a later part:

"Answer: Tubes can slip if they're not secured properly initially, if there's any tension on the tubing on the ventilator."

When the officer asked just above that, "Explain to me then how this could have happened", are you accepting that you did have any involvement in the movement of a tube?

LETBY: No.

MYERS: Carrying on with the questioning:

"Question: Okay. So he states as he walks in you were stood by the incubator.

"Answer: Right."

What are you saying "right" to at that point? What are you acknowledging?

LETBY: I'm just -- that's what he said. If that's what Ravi said, that's what Ravi said.

MYERS: Does that mean you're agreeing with what he said?

LETBY: No.

MYERS: "Question: Do you recall her tube slipping?"

What do you say?

LETBY: "No."

MYERS: Next question:

"Question: Joanne Williams, before she goes to update her parents, said that [Baby K] was fine and we've -- you've agreed to me that she wouldn't have left if there was a problem.

"Answer: No.

"Question: Would Joanne Williams have left if [Baby K]'s tube had slipped?

"Answer: No."

And do you agree with that?

LETBY: Yes.

MYERS: Next question:

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

And what do you say?

LETBY: "I would have summoned help."

MYERS: That's what your answer was. But are you agreeing there that this is how events actually happened?

LETBY: No.

MYERS: You say:

"Answer: I would have summoned help.

"Question: Why?"

And why is it, what do you say?

LETBY: "Well, if I'd noticed her observations were declining or if I'd seen that the tube had slipped."

MYERS: Right. The officers then said:

"Question: Why did you not call for help the moment it had become dislodged, Lucy?"

What was your answer?

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

MYERS: Had you agreed at any point here that that tube had dislodged in the way that's being described?

LETBY: No, not at all, no.

MYERS: Or that you had any involvement in it?

LETBY: No.

MYERS: Or that you'd been standing there just watching?

LETBY: No.

MYERS: The officer said:

"Question: Why didn't you help [Baby K]?"

"Answer: I don't remember the incident, I don't remember."

"Question: Lucy, did you dislodge [Baby K]'s tube?"

And your answer?

LETBY: "No."

MYERS: Did you?

LETBY: No.

MYERS: And would you?

LETBY: No.

MYERS: At any point do you accept that what Dr Jayaram described, in the way the police were putting it to you, was accurate?

LETBY: No, I don't.

MYERS: We'll have a look at the neonatal review to see what that can help us with so far as your activities are concerned over this shift, Ms Letby. So we will need the neonatal review, ladies and gentlemen. Thank you for looking at the interviews.

We're going to the [Baby K] neonatal review. We can start at page -- page 2 has the layout we've already seen, the actual schedule starts at page 3.

Just looking at that, watching you looking at it, Ms Letby, can you see this clearly in front of you?

LETBY: Yes, just about, yes.

MYERS: All right. Just looking at the top half of this page, so lines 1 down to 21, all blue there, which means you or you with the assistance of somebody else are engaged in activity. It deals with the period from 8 o'clock through to 11 o'clock, 20.00 to 23.00. Can you help us, which babies are you dealing with over that period of time?

LETBY: It's several different babies.

MYERS: AR and GT?

LETBY: Yes.

MYERS: And who was the designated nurse for those babies? We can look on the page before.

LETBY: I was.

MYERS: You are, that's right. You have some assistance with Sophie Ellis between lines 13 to 17.

LETBY: Yes.

MYERS: Looking at the chart, why is it you have assistance from Sophie Ellis at that point?

LETBY: We're giving medication, so that's a two-person process.

MYERS: Do you know why you would have asked Sophie Ellis in particular?

LETBY: No, it would be whoever was free at that time to assist you.

MYERS: If we move on, can we enlarge the chart from where we next have a blue line, which is line 24, to line 41, and we're dealing with the period from midnight through to 00.51. Again which babies are you dealing with there, Ms Letby?

LETBY: Babies that I'm allocated to.

MYERS: We can also see at line 39, 00.51, a baby with the initials KC; can you see that?

LETBY: Yes.

MYERS: If we look at the page before we can see KC is a baby allocated to Caroline Oakley who's in nursery 1. Are you able to assist us with what it was you would be doing at that point or not?

LETBY: It says here I was assisting with cares. I was doing something with Caroline Oakley for her baby.

MYERS: Sorry, you were saying?

LETBY: I'm doing something with Caroline Oakley for her baby.

MYERS: Keep your voice up if you would, please.

Let's go to page 4 next. If we could do the same, looking at lines 42 down to 70 to start with. We're dealing with the period between 01.00 and just after 02.30. We know that [Baby K] is born in this period and the chart reflects that as we can see from the yellow bars. But what are you engaged in predominantly over this period?

LETBY: With the babies that I'm designated to look after and then medication for other babies that are on the unit.

MYERS: RN, we can see if we look at the layout, is another baby that was in nursery 2?

LETBY: Yes.

MYERS: But you're engaged in care for those babies?

LETBY: Yes.

MYERS: Let's look at the second half of the chart carrying on, line 71 down to the bottom, please. This takes us in the period

up to just past 3 o'clock. It's 03.03 at line 95. At this point do you have any involvement over this period with [Baby K]?

LETBY: No.

MYERS: Again, which babies are you caring for?

LETBY: The babies that I'm designated to look after.

MYERS: Can we go over the page, please? Page 5 of 9. In fact, can we enlarge from 96, first of all, down to 116? This covers a period from 03.04 to 03.30. Can you see that?

LETBY: Yes.

MYERS: Who are you involved with in this period?

LETBY: Again, the two babies that I'm allocated for in nursery 3.

MYERS: What are you doing at 03.30, lines 115 and 116?

LETBY: At 3.30 I'm carrying out observations and giving a bottle feed to the baby GT.

MYERS: And that's one of your designated babies?

LETBY: Yes.

MYERS: I'm going to come back to that shortly. Can we look at what happens next then from line 117, which follows directly from what we've just looked at with GT, down to the bottom of the page. We can see a number of entries relating to [Baby K] and care for [Baby K]. It's got the event at line 122 recorded at 03.50. Do you see that?

LETBY: Yes.

MYERS: Where do you first appear in any capacity giving assistance or care to [Baby K]?

LETBY: For the morphine at 03.50.

MYERS: Right. That's with Joanne Williams?

LETBY: Yes.

MYERS: Why was morphine being given?

LETBY: [Baby K] needed to be re-intubated at that point, so morphine is given prior to a re-intubation for pain relief.

MYERS: That's right. So is that before or after the event at 3.50?

LETBY: After. It's as a result of that event.

MYERS: As a result?

LETBY: Yes.

MYERS: And you're doing that with Joanne Williams?

LETBY: Yes.

MYERS: Just to help us with timing, first of all, this is morphine, the first morphine that is given to [Baby K]?

LETBY: Yes.

MYERS: We've established that in the evidence now.

LETBY: Yes.

MYERS: That's after the event?

LETBY: Yes.

MYERS: You do that with Joanne Williams. Can we look at tile 63, please? This is swipe data for Joanne Williams. Remind us all, Joanne Williams described coming back on as events were already unfolding and Dr Jayaram wanted to know what had happened. That's her evidence.

So Joanne Williams comes on to the unit at what time?

LETBY: 03.47.

MYERS: Right. So in terms of timing, in fact, following the evidence, just to help us with this, this event must have happened by this point?

LETBY: That's right.

MR JUSTICE GOSS: Going into the labour ward, so that will be out of the neonatal unit.

MR MYERS: Can you assist us with when it was that the event happened in relation to the giving of morphine?

LETBY: It was after the event. The morphine was given in response to the event that had happened.

MYERS: So if the morphine is given at 3.50, the event has already happened?

LETBY: Yes.

MYERS: All right.

LETBY: 3.50 would be the time the morphine was actually given, so the event happened prior to the 3.50.

MYERS: I want to ask you a little more about what we have at lines 115 and 116 of the neonatal review. Thank you, Mr Murphy.

Just to remind ourselves, there are two entries we have at 3.30 for GT; can you see that?

LETBY: Yes.

MYERS: Can we put up the observations this relates to for 3.30 with GT? It's at defence exhibit 33A but it comes from the exhibits page 30494.

It's been redacted at the top to protect the identity of the baby, but those are the initials GT and they relate to this. If we look at the top we can see 03.30 -- would you highlight that for us, Mr Murphy, and then drop down? This is for the 17th, so in the centre of the page, 03.30.

We'll confirm who is dealing with the observations at this time. What would you be involved in, at or about 3.30, from what we see on this chart, Ms Letby?

LETBY: So this is carrying out a set of observations and changing the baby's position and probe.

MYERS: Can we also look at what's referred to in line 116, which is the feeding charts? That's at D34A. That's the exhibit pages 30497 if anyone wants to cross-reference that. Again, redacted, so the identity of the baby is protected. We just had GT.

If we enlarge this, Mr Murphy, we've seen entered a feed for 3.30. Can you identify that on this chart, Ms Letby?

LETBY: Yes, it's just where the cursor was then.

MYERS: All right. So this is 3.30. Who's giving that feed?

LETBY: Myself.

MYERS: So what's happened at the time that's recorded at 3.30 or happening?

LETBY: This time, the baby's been offered a bottle so it's taken some milk via the bottle and the rest has gone down via the NG tube. The baby's also had its nappy changed.

MYERS: How much went down the NG tube?

LETBY: 55ml.

MYERS: Would the nappy change happen alongside that or -- as the NG tube is happening, the NG tube feed is happening or separate from that?

LETBY: No, we would start with the cares first and then do the feed.

MYERS: Right. At 3.30, what time does that relate to in terms of what you're describing?

LETBY: That's just a rough time when that activity happened.

MYERS: How long would it take to do the things you've described with the bottle first, but then 55ml and also the nappy change?

LETBY: Probably around half an hour, potentially.

MYERS: What's the quickest it could be, because we can all see the timings we are talking about here. We know what we're look at, so you help us: what's the quickest it could be?

LETBY: Again, it's dependent on the baby. But maybe 20 minutes.

MYERS: And what's the longest it could be?

LETBY: Anything up to an hour.

MYERS: For everything?

LETBY: Yes.

MYERS: Can you help us with how long this would be in the case of baby GT?

LETBY: I can't put a definitive time, but I would say 15 to 20 minutes.

MYERS: Right. If that's ongoing, do you have any reason to be in nursery 1 --

LETBY: No.

MYERS: -- at or shortly before 3.50?

LETBY: No, I was with this baby.

MYERS: Do you know how it was that you came to be called upon to help Joanne Williams with giving morphine at 03.50?

LETBY: No, I don't.

MYERS: Is there anything further you recall about what did or didn't happen round about 3.50?

LETBY: No.

MYERS: Moving forwards during the course of that shift, we've seen reference to an event at 6.15. Do you recall anything in relation to that?

LETBY: No.

MYERS: Anything to do with that?

LETBY: No.

MYERS: And another event at 7.25. Did you have anything in relation to that?

LETBY: No.

MYERS: Or anything to do with that?

LETBY: No.

MYERS: Or anyone calling for help?

LETBY: No.

MYERS: In the case of [Baby K], we have a search, actually, on the Facebook searches. It's at tile 240, so perhaps let's put that up. Tile 240, please, Mr Murphy.

If we pause to look at the date, this is 20 April 2018. Working with the schedule that we have, that appears to be the first search for [Surname of Baby K] after the time of these events. Can you help us why it is that, a little more than 2 years later, you're looking up [Surname of Baby K] on Facebook?

LETBY: You still think of patients that you've cared for.

MYERS: Tell us if you can't remember, but is there any reason that you would have done, anything that triggers you to look this up in April 2018?

LETBY: Not that I can recall now from memory, no.

MYERS: And any searches before then for [Surname of Baby K]?

LETBY: No.

MYERS: And none immediately after the events we're looking at in 2016?

LETBY: No.

MYERS: As all of this actually happened that night, from your position doing the things you're doing, did anything out of the ordinary happen that night?

LETBY: No.

MYERS: Did you ever expect to be answering questions about it years later in detail?

LETBY: No.

MYERS: Had you done anything that merits being asked questions about it in detail years later?

LETBY: No.

MYERS: Did it stand out as a night any different from other nights?

LETBY: No, it was a busy shift. That's all I can say about it.

MYERS: I'm going to turn from that part of the indictment, [Baby K] and count 14, to counts 15 and 16. We're moving forwards in time a couple of months now. This is [Baby L] and [Baby M]. Are you okay to move forwards to that, Ms Letby?

LETBY: Yes.

MYERS: I know it's a lot of moving around and a lot of detail. We can put the neonatal review to one side for a moment, ladies and gentlemen, and any interview bundles.

When we come to [Babies L & M], we're dealing with the period now at the beginning, the first week or so, of April 2016.

LETBY: Yes.

MYERS: Pausing there and reviewing what we've been looking at this morning, the [Baby J] event, count 13, is in November 2015.

LETBY: That's right.

MYERS: [Baby K] is in February 2016.

LETBY: Yes.

MYERS: Are you still working at the unit throughout this period?

LETBY: Yes.

MYERS: Looking after babies?

LETBY: Yes, I am, yes.

MYERS: So in the 3 months or so between [Baby J] and [Baby K], is that where you were working?

LETBY: Yes.

MYERS: Night shifts?

LETBY: A mixture of night shifts and day shifts.

MYERS: Then from [Baby K], moving on to [Babies L & M], which is a period of a little under 2 months, February through to April 2016, again you're working in the unit still?

LETBY: Yes, full-time.

MYERS: Full-time. Which shifts?

LETBY: A mixture of days and nights.

MYERS: What was it you wanted to achieve for the babies that you're looking after over this period?

LETBY: To provide the best care possible.

MYERS: Because over this five-month period or so, we've picked out here four babies.

LETBY: Yes.

MYERS: But how many in fact would you have been looking after over that period, if it's possible to estimate a number?

LETBY: Oh, many. Probably a hundred.

MYERS: All right. At different times on different shifts?

LETBY: Yes.

MYERS: Is that an estimate rather than a precise measurement?

LETBY: Yes.

MYERS: Let's review the details relating to [Baby L] and [Baby M] then before we look at what you say about this. [Baby L]. Put up tile 1 from [Baby L]'s sequence, please, Mr Murphy. We can go into the tile but we don't need to open it up. Go behind the tile front.

Thank you.

So [Baby L] and [Baby M], born on 8 April 2016. [Baby L] is twin 1, born at 10.13, 33 weeks and 2 days' gestation, 1,465 grams in weight, caesarean section. In the case of [Baby L], we're dealing with an event that takes place from about 9 April, 10 am, to 15.00 on the 11th, 3 pm. This is an episode of low blood sugar. So calculated by Professor Hindmarsh, a period of about 53 hours. We'll come to the chart in a moment.

The blood sample taken between 12 noon and 15.45 on 9 April. Dr Ukoh gave evidence about that, his recollection. His note refers to 12 noon, but we looked at a period in evidence between 12 noon and 15.45. The blood sugar reading was insulin, 1,099 picomoles per litre. That's 1,099 picomoles per litre. C-peptide, 264 picomoles per litre. As we know now, that ratio between insulin and C-peptide means the insulin level is far higher than C-peptide, and that indicates administration of insulin, an exogenous administration given to the baby. We'll come back to the chart that deals with that in a moment.

[Baby M]. Could we put up tile 2 from the [Baby M] sequence, please, Mr Murphy? Thank you.

[Baby M] born at 10.14 on that day, 8 April, twin 2., 1,705 grams. And in the case of [Baby M], the allegation that is in count 16 relates to an episode on 9 April, about 16.02, when he was apnoeic, desaturated, there was bradycardia and he required CPR for 25 minutes, although there was a recovery from that. So count 15 relates to the period over the 9th, 10th and 11 April of low blood sugar in the case of [Baby L]. Count 16, an episode, 16.02 -- we see it as 16.00 elsewhere, so 16.00 or 16.02 -- apnoea, desaturation and bradycardia in the case of [Baby M], which required CPR.

Before we get to particular details relating to the twins, Ms Letby, I'd like to look at your circumstances around this time, and going to the [Baby L] sequence, could we go to tile 157?

MR JUSTICE GOSS: Do you want tile 157? I think 57 has been put up.

MR MYERS: Sorry, 57 is the reference I'd originally given to Mr Murphy. Tile 57.

MR JUSTICE GOSS: Mr Murphy's on the ball with tile 57.

MR MYERS: Tile 57, thanks, Mr Murphy. It even says tile 57 in my note. There we are. Maybe I need to put my spectacles on.

Let's look at this sequence. This is from Sophie Ellis to you, Ms Letby, 21.04 on 8 April. So this is the evening of the day when the twins were born:

"How's the house, pal?"

And 58, please. A response by you to Sophie Ellis:

"Hey, it feels a bit weird having a whole house but it's good thanks, although stuff everywhere as moved in properly on Tuesday and been at work Wednesday, Thursday and today. Doing tomorrow as an extra so I'll see you tomorrow night. Won't be such an early start for you now back in Chester! Did I hear your grandparents are coming to see you?"

Tile 59, please, 21.28, Sophie Ellis back to you:

"Yeah, I bet it does. It'll feel more homely once you've sorted everything out. Jeez, four LDs in a row. Are you okay?"

Is that late days?

LETBY: Long days.

MYERS: "I know, yay, and I don't have to pay for petrol. It's cost me a fortune. Yeah, they are. Haven't seen them for a while. What's the unit like?"

21.32, please, tile 60:

"Yeah, I'll get there in time. Petrol and tunnel soon mounts up, doesn't it? Can you claim travel expenses? I couldn't for 405. Unit is busy. No one particularly unwell, just volume and few people off sick. I prefer 4 days to 4 nights. Least tomorrow is an extra and Sat pay. That'll be nice. Hope weather a bit better for you."

61, 21.34, Sophie Ellis to you:

"Yeah, we can. OMG really, how come? That's 7 weeks as well, isn't it? Yeah 4 nights are awful. That's not too bad then. Think I'd prefer to keep busy. I think it's meant to rain, dam it."

Then you to Sophie Ellis, tile 62:

"Eirian said something about the induction being paid for by the trust whereas the 405 comes out of the network budget, so won't pay as it's an expected part of role to progress, et cetera. Mad, really, and costs a bomb. We've got a nice mix of babies at the mo, really. Shift goes quick anyway. Grr, typical April showers, haha. [Nurse E]'s in Thailand and it's been 44 degrees today."

And then 63, please, 21.43, you to [Nurse E]:

"Your painting is finished [thumbs up]. Got soaked walking home from work. Doing tomorrow as an extra now. Few more pennies."

Thank you.

Pausing there with what we've just dealt with, what was going on in your life at this point, Ms Letby, that meant there was a change of organisation?

LETBY: So at that time I'd just moved into the house in Westbourne Road that we've seen.

MYERS: How big an issue was that for you?

LETBY: It was a massive life moment, moving into a house.

MYERS: How much was your mind on that?

LETBY: Very much on it.

MYERS: Did you get everything in in one go?

LETBY: No.

MYERS: Did it take time to get it all sorted out?

LETBY: It did, yes.

MYERS: So when you weren't at work, what where you doing or what did you want to do?

LETBY: Sorting out the house.

MYERS: You made a reference there:

"Got soaked walking home from work."

That message is still on the screen.

LETBY: Yes.

MYERS: Had you moved into the house by this time?

LETBY: Yes.

MYERS: So did you walk from the house to the hospital?

LETBY: I did, yes.

MYERS: How far is the house from the hospital?

LETBY: It's about a 20-minute walk.

MYERS: Do you recall how busy it was on the unit over this period?

LETBY: It was still fairly busy. I don't think it was quite as busy as previously.

MYERS: Can we go to tile 323? Sorry, 324 we'll go to. Tile 324.

This is a message from you to [Nurse E]. It's on 11 April, so a couple of days later, 8.45 in the morning:

"The unit is in dire way with staff. Other night it was Minna, Clare B and Tracey Jones trained, and then Sam, Sophie (as extra), [Nurse C] and Tracey Jones with 4 HDU, a vent, a baby over exchange line and one on 15% dex."

Can you unravel for us what you're getting at there, what that's about?

LETBY: At this point the unit is incredibly busy and we didn't have adequate staffing to cater for all of the needs of the babies at that point. A lot of the staff there, for example Clare B and Tracey Jones, are bank or agency staff, they weren't even our regular members of staff.

And then we had band 5s on that did not have the ITU course in Sam and Sophie.

MYERS: Are you the only person that ever pointed out that it seemed to be very busy?

LETBY: No, it was often discussed amongst the nursing staff.

MYERS: Can we look, please, next to tile 265? Sorry about moving back. 265 is Yvonne Farmer to you, 10 April, 10.50 in the morning:

"Hi, we have shifts tonight, Monday day or night if you would like some more overtime. Thanks, but appreciate you may be tired."

Pausing there, is it unusual to get requests to come in at relatively short notice?

LETBY: No, this would happen regularly.

MYERS: Why is Yvonne Farmer the person asking you?

LETBY: She's part of the management team.

MYERS: Right. Can we go down to tile 276, please. This is that same day, 14.17, Jennifer Jones-Key to you:

"Hi, how are you? You enjoying your new home?"

And your reply at 277, please, Mr Murphy:

"Hey, I'm okay, thanks, [bit] knackered after 4 hard days at work though. House is good, unpacking. How's you?"

Does that is describe where your life was at this point, Ms Letby?

LETBY: Yes, and at this time I was also house-sitting for [Nurse E], I've mentioned about her painting being finished. I was looking at her animals at the house as well.

MYERS: All right. How good is your recollection, amongst all of that, of events over the days we're looking at with [Babies L & M]?

LETBY: I do have some quite clear recollection of certain aspects.

MYERS: What was your first or earliest involvement with them?

LETBY: I attended the delivery of the twins and I was allocated to look after twin 1, which was [Baby L].

MYERS: We know the delivery is on 8 April 2016.

LETBY: Yes.

MYERS: So when you say you attended the delivery, does that mean you were there in the room when they were --

LETBY: That's right. When we came on to shift and we knew that the twins were going to be delivered, myself and Amy were designated to look after a twin each.

MYERS: Is it specifically a nurse or nurses from the neonatal unit who are asked to help at that time or could a nurse who's not neonatal but from the children's ward be asked to deal with it?

LETBY: No, they're not trained to do it. It would have to be a neonatal nurse.

MYERS: Why is it that neonatal nurses were used or needed for something like this?

LETBY: Because they have the specialist training required and this would also mean that you have to have your ITU training as well, so junior members of staff would not be able to attend a delivery.

MYERS: Sticking first of all with the day of 8 April after they were born, and we know they are born at 10.13 and 10.14 am, this is 8 April, you mentioned Amy Davies.

LETBY: Yes.

MYERS: Amy Davies is who?

LETBY: One of the band 6 nurses.

MYERS: You were both there at the delivery, were you?

LETBY: Yes, it's standard practice that you would have a member of staff per baby.

MYERS: The babies, do they go to the neonatal unit after delivery?

LETBY: Yes.

MYERS: Who is designated for them when they went to the neonatal unit?

LETBY: The nurse that was designated to them at delivery.

MYERS: So who was looking after [Baby L]?

LETBY: Myself.

MYERS: And who was looking after [Baby M]?

LETBY: Amy.

MYERS: Which nursery did they go into?

LETBY: Nursery 1.

MYERS: Now, on that day, can you help us with where they were positioned in nursery 1?

LETBY: Yes.

MYERS: Tell us then. I asked that for you to tell us.

LETBY: So as you walk into nursery 1, [Baby M] was on the first space on the right-hand side, and [Baby L] was directly in front of the door.

MYERS: I'm going to ask, in fact, if it's possible to put up a plan that we have so we can be quite clear about where they were on the 8th. I will be going to [Initials of Nurse B] 2 but at the moment if we enlarge it so we can see nursery 1. Thank you, Mr Murphy.

For the time being, Ms Letby, please disregard the marks that were put on. This is by [Nurse B]. Just looking at nursery 1, which is the one in the centre, tell us where [Baby M] and where [Baby L] were located when they came on to the unit on 8 April.

LETBY: [Baby M] was where the number 1 digit is. [Baby L] was where the B is.

MYERS: Right. [Baby M], as you said, on the right as you walk in --

LETBY: Yes.

MYERS: -- through the door above the word "unit"?

LETBY: Yes.

MYERS: And [Baby L] opposite that?

LETBY: Yes.

MYERS: Did you care for [Baby L] during that day?

LETBY: I did, yes.

MYERS: Were you back on the unit the following day?

LETBY: Yes.

MYERS: We've seen in the messages the reference to the number of days you had been working.

LETBY: Yes, I was asked to come in the next day as an extra because the unit was so busy.

MYERS: So we're talking about the 9th now when you say, "I was asked to come in the next day". They're delivered on the 8th?

LETBY: Yes.

MYERS: Which is the day you were asked to come in, the 9th or the 10th? Don't worry if you can't remember.

LETBY: I'm not sure. I know I was asked to do extra.

MYERS: At some point you were asked to do extra?

LETBY: Yes.

MYERS: When you came in on the 9th, which is the day when the events we're most concerned with commence, were the twins in the same position?

LETBY: No.

MYERS: Can you tell us what the position was when you came in on the 9th?

LETBY: Is the 9th the Saturday?

MYERS: Yes, it's the second day.

LETBY: At this point there had been admissions into nursery 1 overnight and as a result [Baby M] had been put into a corner space, which is the space labelled A on this diagram.

MYERS: Were they not in nursery 1 in the first place, sorry? Did you say they had been admitted inti nursery 1 overnight?

LETBY: No, there'd been other admissions of other babies meaning that the space was needed so [Baby M] was moved.

MYERS: Sorry, right. We'll go back over that then. Sorry, I must have misheard.

MR JUSTICE GOSS: No, you didn't. It's all right. A slip of the tongue. Anyway, the point is that [Baby M] had moved.

MR MYERS: On the 9th [Baby M] had been move. And can you tell us where he had been moved to?

LETBY: To the corner -- where it says A on that map.

MYERS: This is a plan that was drawn, we may recall, by [Nurse B], which is why it's marked [Initials of Nurse B] 2. So [Baby M] is where the A is?

LETBY: Yes.

MYERS: Where was [Baby L]?

LETBY: He's remained in space B.

MYERS: And then putting this together, could you tell us why it was that [Baby M] had been put in that position?

LETBY: Yes, there had been admissions of a new baby overnight, which had required intensive care, so [Baby M] had been moved to allow that baby to go into that space.

MYERS: Right, thank you. Now, we'll start first -- we're looking at [Baby L] and how events go with him, but both babies are in the same nursery; that's correct, isn't it?

LETBY: Yes.

MYERS: And as we know on the 9th there's an overlap in events so we'll try and deal with it in sequence. What we can start with, if we go there, is to look at the chart that sets out the course of the blood sugar readings in the case of [Baby L]. That's, we may remember now, behind divider 6, ladies and gentlemen. Divider 6 in jury bundle 1.

Can I ask you a little bit more about blood sugar levels. If we go from the point that the baby is born, at what point are a baby's blood sugar levels first checked?

LETBY: Within the first hour of life.

MYERS: Right. Can we put up on the screens tile 5, please, which are the blood gas readings. We know that [Baby L] is born at 10.13, so what's the blood glucose reading in the first hour of life so far as the blood gas record assists?

LETBY: It's low.

MYERS: It's low. What is it in fact when we look --

LETBY: 1.9.

MYERS: 1.9. Is it you that's recorded that in here?

LETBY: Yes.

MYERS: What was the standard way of dealing with a baby on the unit who has low blood sugar?

LETBY: A baby that has just been born like this who has a low blood sugar would firstly be offered a milk feed.

MYERS: A what feed, sorry?

LETBY: A milk feed.

MYERS: By that you mean from a bottle?

LETBY: Either nasogastrically or a bottle feed. And then the blood sugar would be rechecked in an hour's time.

MYERS: Right. Is that what happened in the case of [Baby L]?

LETBY: No.

MYERS: Do you recall what did happen in the case of [Baby L]?

LETBY: Yes. With [Baby L], he was commenced on IV fluids, 10% dextrose, which is outside of the usual protocol.

MYERS: Who decided [Baby L] should be dealt with that way?

LETBY: It was the registrar, Dr Bhowmik.

MYERS: Can we put up tile 43 then, please. Just scroll down towards the bottom of that page where we've got the entry.

This is an entry by you on 8 April, 17.42. So this is the day of birth, the day when you were looking after [Baby L]. Can you identify for us -- take time to look through this -- any entry that relates to what you've just been telling us about the way blood sugar is dealt with in a newborn baby?

LETBY: Yes, it's the passage that starts:

"Initial blood sugar shortly after birth."

MYERS: Could you read that out for us so we can see what it was you said?

LETBY: "Initial blood sugar shortly after birth 1.9mmol. Advised by Reg Bhowmik to commence 10% glucose at 3ml/kg/hour and give 60ml/kg/day of donor-expressed breast milk. Myself and shift leader A Davies have discussed this with Reg Bhowmik as it does not follow the hypoglycaemia pathway and subsequent blood sugars have been 2.5 millimoles and 5.8 with enteral feeds well tolerated."

MYERS: Thank you. That note where it refers, first of all, to discussing this with A Davies, is that the other nurse that you were on duty with?

LETBY: Yes.

MYERS: And that's the nurse who was designated for [Baby M]?

LETBY: Yes.

MYERS: When you were discussing this with Registrar Bhowmik, what is it you're discussing?

LETBY: That it's a deviation from the usual policy, so the usual policy would be to give milk and then progress to IV fluids if needed. Dr Bhowmik wanted to start the fluids straightaway.

MYERS: Is that what happened?

LETBY: It is, yes.

MYERS: Thank you. If it's with fluids, how are they delivered?

LETBY: Through an intravenous line.

MYERS: And from what, what do they come from?

LETBY: The fluids?

MYERS: Yes, what do you hang on it?

LETBY: A 10% bag of dextrose.

MYERS: Right. That's how the blood sugar (sic) comes into the baby?

LETBY: Yes.

MYERS: And the idea is then that brings the blood sugar up?

LETBY: Yes.

MYERS: And was a bag hung for [Baby L] as a result of what Dr Bhowmik --

LETBY: Yes.

MYERS: -- set out? All right. Well, having looked at that, and before lunchtime, let's have a look at the chart. We should have it in front of us now. Can I check, do you have a copy there?

LETBY: Yes.

MYERS: All right. I'm not going to look at every entry, but just to orientate ourselves to this before we look in detail at particular aspects, we can see the date of birth is 8 April 2016. Can you see that, Ms Letby?

LETBY: Yes.

MYERS: That's where we start. We've got 10.58 and a blood sugar reading of 1.9. That's the one we've looked at, isn't it?

LETBY: Yes.

MYERS: At 12.00 we've got:

"Dextrose rate change or other event."

Can you help us with what it is that's happening at 12.00 where we see dextrose appear for the first time. What has happened there?

LETBY: The 12.00 is when a bag off 10% glucose has been commenced and it's running at 3ml per kilogram per hour.

MYERS: And can you recall or do you know from what you know about the case now who hung that bag up?

LETBY: I couldn't say, no. I know who it was checked with, but... There's no way of knowing who definitely hung the bag.

MYERS: Which nurses will have done that?

LETBY: Amy Davies and myself.

MYERS: That's what I meant, sorry. So that bag is hung at 12 o'clock. We can see, if we just go down towards the thick black line, various blood sugar readings over the course of that day up to midnight. Just to remind us all, the evidence that we have

from Professor Hindmarsh is at this stage there is nothing there that arouses any criticism or concern in the case of a baby like [Baby L].

What time would you have finished your shift on this particular day?

LETBY: Approximately 20.00.

MYERS: Right. So where we have 21.00, 22.00 and 24.00, that is after you have finished?

LETBY: Yes.

MYERS: If we now move to 9 April 2016. We can see timings from 3.00, 4.00, 5.00, at which there's no reference to any blood sugar. At 10.00, 1.9 is recorded. Is 1.9 the appropriate level of blood sugar, Ms Letby, for a baby on 10% dextrose?

LETBY: No, that's too low.

MYERS: Too low, right. That's the point you may recall, ladies and gentlemen, that Professor Hindmarsh takes the initial low reading of blood sugar from.

We carry on. Blood sugar lower at 12.00 hours at 1.6. Were you back on duty by this time?

LETBY: Yes.

MYERS: What time had you come on duty?

LETBY: 7.30 that morning.

MYERS: So on the 9th, at 7.30, you were there again on duty. We'll look after lunchtime at what the evidence shows us about bag changes, but let's just remind ourselves of this.

At 14.00 hours, the reading is 2. In between 1.6 at 12.00 and 2 at 14.00, or rather at the 12.00 entry, we can see it says:

"3ml/kg/hour equals 4.4ml/hour."

Can you see that?

LETBY: Yes.

MYERS: Do you know what it is that's happened at that point from what we see there?

LETBY: The infusion has been increased to 3ml/kg/hour.

MYERS: Right. So the change in the infusion?

LETBY: Yes.

MYERS: At 15.00 hours it's 1.5. 15.40, a bolus of 4.3 of 10% dextrose; do you see that?

LETBY: Yes.

MYERS: That's a particular delivery of dextrose, is it, bolus?

LETBY: Yes, that is 4.3ml, which is drawn up into a syringe out of the bag and given as a bolus, so given straight into the line.

MYERS: Before we go to the papers, do you recall or do you know who was involved in delivering that bolus?

LETBY: No.

MYERS: Go over the page, please. That was at 15.40. At 16.00 we can see blood glucose is 1.5; that's low, isn't it?

LETBY: Yes.

MYERS: And at or about that time, as the chart identifies, [Baby M] collapsed?

LETBY: Yes.

MYERS: That's what we have with these two matters going on simultaneously. At 16.30, there's a 12% dextrose bag?

LETBY: 12.5%, yes.

MYERS: Sorry, 12.5% dextrose. Who started that?

LETBY: That was Belinda Williamson and Ashleigh Hudson.

MYERS: Right. Is that a new bag?

LETBY: Yes.

MYERS: Or the same bag?

LETBY: It's a new bag.

MYERS: 17.00, blood sugar 1.7. So half an hour later. Is 1.7 the right level or too low?

LETBY: No, it's still too low.

MYERS: 18.00, 1.9. Low. We carry on with a series of readings up to 24.00 hours, all of which are identified as low blood sugar readings.

We go to 10 April, which is the second day for Professor Hindmarsh. 02.00, a reading of 2.1. 02.30/03.00, 15% glucose prescribed at 6ml per hour.

LETBY: Yes.

MYERS: Do you know from looking at this how that will have been delivered or not?

LETBY: A bag would have had to have been drawn up to have 15% in it. That's not something that is stocked on the unit, so that's a procedure that two nurses would have had to have done to make up a bag of that concentration.

MYERS: So with a new bag?

LETBY: Yes.

MYERS: 04.00, so about an hour to an hour and a half later, a 2.3 blood glucose. Again, is that the right level or too low?

LETBY: No, it's still low.

MYERS: 06.00, 2.2. Still low. We can see, going forwards, at 14.00 hours the blood sugar gets to 3; is that an adequate level?

LETBY: Yes.

MYERS: But then it drops after that, doesn't it --

LETBY: Yes.

MYERS: -- going up to midnight on that day, 10 April?

We'll just follow this through. 11 April, 01.00. It sets out 15% glucose, 2.5ml per hour. Is that a change of rate from what it had been on up to that point?

LETBY: Mine says 10.5ml.

MYERS: Is that a change of rate from what it had been before?

LETBY: Yes.

MYERS: Then at 01.45, when it says:

"15% started by Caroline Oakley/Samantha O'Brien."

What is that referring to?

LETBY: I'd need to look definitively on the charts, but it looks like that is another new bag of 15%.

MYERS: Go over the page then, the final page, 02.00. That new bag had been started. Blood sugar 2.7. Is that low or right?

LETBY: No, that's good.

MYERS: 05.00, 2.9. 11.00, 2.8. That's dropped from the 2.9?

LETBY: Yes.

MYERS: Is that in the acceptable range at 2.8?

LETBY: Yes.

MYERS: And then 15.00, we have 3.5, and it's gone up from there as we get to the end of the chart, hasn't it?

LETBY: Yes.

MYERS: Again, just to assist you and to remind the jury, it's when we get to 3.5 and the blood sugar appears to stabilise at that higher level, Professor Hindmarsh took that as the cut-off period of his 53 hours?

LETBY: Yes.

MR MYERS: So that's what we're dealing with on that chart.

My Lord, perhaps I can stop there.

MR JUSTICE GOSS: Yes, certainly. We will resume at 2.10, please. Thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: It's a note from a juror about future sitting days and not being able to sit on certain days. I'll just let you see this note, but I think realistically they'll have to be non-sitting days.

MR MYERS: I wonder if I could just state what those days are, my Lord, for the benefit of the defendant.

MR JUSTICE GOSS: Yes, exactly. They're the middle of next month, 12 and 13 June. It's a long way off, but I anticipate we will still be engaged on this trial at that time.

MR MYERS: Yes, we do as well. Thank you, my Lord.

MR JUSTICE GOSS: I'll deal with that formally in due course, but I'm not going to break off the witness's evidence.

MR MYERS: The only reason I raised it then was so Ms Letby, having heard there was a question about dates, she would know what the dates are and it's some way off in the future.

MR JUSTICE GOSS: Barring extraordinary circumstances, she will have completed her evidence by then.

MR MYERS: We anticipate so, yes.

MR JUSTICE GOSS: Good. Thank you very much.

(1.04 pm)

(The short adjournment)

(2.10 pm)

(In the presence of the jury)

MR JUSTICE GOSS: Just before we continue, Mr Myers, I've received two notes, one relating to individual circumstances of one of you, I will address that in due course, but that juror should not be concerned. The other is in relation to an estimated end date for the trial. I will deal with that and come back to you in relation to that. Thank you very much.

MR MYERS: Thank you, my Lord, members of the jury.

Can we go to the paper copies of the exhibits, which are in jury bundle 2, Ms Letby, ladies and gentlemen, and go behind divider 15, which is paperwork relating to [Baby L] and, simultaneously, can we put up tile 10 on the screens, which covers the same point, but we have it in both forms then.

It's the infusion therapy prescription sheet, which is the first page behind divider 15 and it should have a red 17948 in the bottom right-hand corner. So we're on bundle 2, divider 15, page 17948, but we've got it on the screen as well if anyone's got any trouble with the paper.

Before lunchtime, Ms Letby, we went over, with the help of the chart, what you could say about what had taken place and what

Professor Hindmarsh's -- or the chart that was based on much of what Professor Hindmarsh said could tell us.

We'll actually go now to the infusion therapy prescription sheet for [Baby L] and we'll take this in steps and you can explain to us what we see here. We know what's going on with blood sugar from the chart that we looked at.

So where do we start for the first relevant entry on this chart?

LETBY: The first top line.

MYERS: The top line. All right. The line that says "8/4/16, time 11.00"?

LETBY: Yes.

MYERS: And there's a kind of squiggle running through that line --

LETBY: Yes.

MYERS: -- going from left to right. Will you explain to us what this line is telling us?

LETBY: So this is the line where a bag of 10% dextrose has been prescribed. So it's been prescribed at 11.00 hours on 8/4. It's a 500ml bag of 10% dextrose. Then we've got the duration of the infusion written down, the route being IV, and the doctor that has prescribed it, that's their signature.

MYERS: Okay. I'm going to ask you to stop there for a moment. You'd given evidence that there was a discussion with the registrar about putting [Baby L] on to fluids straightaway rather than milk.

LETBY: Yes.

MYERS: Is this related to that?

LETBY: It is, yes.

MYERS: So who's the registrar who signed for this, the doctor?

LETBY: Registrar Bhowmik.

MYERS: And that's who you were talking to about that?

LETBY: Yes.

MYERS: So this is the dextrose that she prescribed?

LETBY: Yes.

MYERS: Carry on moving across to the right, if you would, please, to tell us what we come to.

LETBY: The initials that we see in the "nurse doing bag additive" is the registrar's. She has initialled it because she's put a line through the initial prescription. Then the "nurse setting up the infusion" is myself and Amy Davies at 12.00.

MYERS: Right. Firstly, why is there a squiggly line through that entry when we look at it now?

LETBY: The rate has changed. Initially, Dr Bhowmik described 4.2ml an hour, then we see on the line below that went to 3.6ml an hour and again that changed further to 4.4ml per hour.

MYERS: All right. So when we looked on the chart we saw that on 8 April at 12.00 there was a 10% dextrose concentration that began.

LETBY: Yes.

MYERS: Is that what this bag is?

LETBY: Yes, the bag has remained the same, the bag was put up by myself and Amy Davies at 12 and then the items below that refer to rate changes.

MYERS: The rate, all right?

LETBY: Yes.

MYERS: So the line below the one that you and Amy Davies -- we've got signatures for, it's got 8 April, 11.00, the same with dextrose, and moving across to the right, we can see 3.6 there.

LETBY: Yes.

MYERS: That was -- a line's put through that?

LETBY: Because that was also incorrect.

MYERS: So what rate do we end up with so far as this bag is concerned?

LETBY: So on the next line down we can see it says 4.4ml per hour and also where myself and Nurse Davies have signed it says 4.4 in the rate next to the 12.00.

MYERS: So you're talking about the top line again?

LETBY: This is me referring to the bag that was set up.

MYERS: Yes.

LETBY: The rate that we eventually got to through two different prescriptions is the rate of 4.4, which we see here.

That is the rate that Amy and I started the infusion at.

MYERS: Thank you. So we can all see that you've indicated --

LETBY: It's the same bag but we eventually got to a rate of 4.4.

MYERS: And that began at 12 o'clock?

LETBY: Yes.

MYERS: If anyone is following the chart that we had behind divider 6 of jury bundle 1, you'll see that that entry at 12.00 is at a rate of 4.4 and that's how we get there.

Again, please, remind us, the dextrose bags that you use, where are they stored?

LETBY: They're kept in a cupboard in nursery 1.

MYERS: Is that different from the place where insulin is stored?

LETBY: Yes.

MYERS: Where is insulin stored?

LETBY: Insulin is stored in the equipment room, which is outside of the nurseries.

MYERS: All right. The dextrose bags stored in nursery 1, what are they stored in?

LETBY: They're in a cupboard where there's just two shelves: we have a shelf for 10% bags and a shelf for 5% bags.

MYERS: Is there an average figure of how many 10%s and how many 5%s you have?

LETBY: I would say about ten 10%s and maybe five 5%s roughly.

MYERS: How commonly is dextrose used on the unit?

LETBY: Very commonly. 10% dextrose is the first line fluid before TPN or milk. So 10% is used all the time.

MYERS: So if a baby on the unit needs dextrose running, where will the nurse get that from?

LETBY: From the cupboard in nursery 1.

MYERS: And the bags that are in that cupboard, who are they used for -- who can they be used for?

LETBY: They're non-patient specific, so they could be used by any patient on the unit.

MYERS: We have heard with TPN that some of them are prescription TPN bags for a particular baby and some are for general use.

LETBY: Yes.

MYERS: With the dextrose, are they ever for specific babies?

LETBY: No, they're not, they're always for generic use.

MYERS: We know some items in the unit are kept under lock and key. Is the dextrose under lock and key?

LETBY: I can't recall at this moment in time now.

MYERS: All right. Although they're in nursery 1, are they for use only in nursery 1 or are they for use more generally in the whole of the unit?

LETBY: No, they can be used in any of the nurseries.

MYERS: We can see in this page, tile 10, how this was set up on 8 April. We've looked before lunchtime at the way that [Baby L] progresses up to midnight on 8 April. You mentioned before lunchtime about the day that you were or weren't meant to be working over this period, so I'd just like to deal with that as we come to 9 April.

Could we go, please, to the shift pattern at page 33228? We'll see if we can put it on the screen.

If you could enlarge April. Looking at this, can you tell us which days you were working over this period, Ms Letby?

LETBY: So I did four long days, starting on the 6th and ending on the 9th.

MYERS: Just to keep track of it, the 8th is a Friday, the 9th is a Saturday?

LETBY: Yes, the 9th was the extra shift.

MYERS: Right. So originally how many days were you meant to be doing?

LETBY: Three, and I was asked on that Friday evening if I could work the Saturday due to what was happening on the unit.

MYERS: The third day was the day when you and Amy Davies had looked after the twins when they'd been born?

LETBY: Yes.

MYERS: So let's just look, if we could, at the message at tile 51. This was sent on 8 April by you to your mother, Mrs Letby, saying:

"Think I'm going to do tomorrow as an extra but go in a bit later. Extra money and Saturday pay."

Again, does that help establish which day was the extra day that you worked?

LETBY: Yes, I can confirm it was the 9th that was the extra shift.

MYERS: Thank you very much. Do you know why you were called upon to do the extra shift?

LETBY: Yes, I was asked on the Friday evening due to the numbers of babies that we had on the unit and the staffing that had been rostered to work on the Saturday, that they needed another intensive care trained member of staff.

MYERS: I'm going to ask you to keep your voice up a little bit. Is it common to do four long days in a row?

LETBY: We can do up to four. Four is sort of the maximum that we would do in a row.

MYERS: Had you been expecting to?

LETBY: No.

MYERS: Well, we've looked at what happened on the 8th with the insulin bags -- sorry, with the dextrose bags. We come to what's alleged about insulin on the 9th. Can we look at the layout, please, on tile 88? This is the layout for the shift on 9 April. So this is the extra shift, Ms Letby. Can you help us with who you were working -- looking after on this particular day?

LETBY: Yes, I had the two babies in nursery 1, GT and TSB.

MYERS: Who else was in nursery 1?

LETBY: Mary Griffith.

MYERS: And who is she looking after?

LETBY: She looked after [Baby M] and [Baby L].

MYERS: You described about where [Baby M] had been located. Is this the day when you saw him in a different position?

LETBY: Yes.

MYERS: Again, why had he been moved into that position?

LETBY: The baby I was caring for, TSB, he required intensive care, therefore he went into [Baby M]'s original space and [Baby M] was moved.

MYERS: All right. Thank you. Let's go back, if we could now, on the screens to tile 10, please, Mr Murphy, which is that tile behind divider 15.

How long would a dextrose bag usually last?

LETBY: So they expire at 24 hours, they are changed every 24 hours.

MYERS: So can you help us with when this bag was changed?

LETBY: So a new bag was commenced at 12.00 on the 9th. That was by myself and Mary Griffith.

MYERS: Where do you get the time 12.00 from?

LETBY: Um... It's... That's not working, but you see the signature box. It's the time next to it, 12.00.

MYERS: Can you see that clearly?

LETBY: Sorry?

MYERS: Is this the entry for 9 April 2016?

LETBY: Yes.

MYERS: I'm reading across for you, on the left, going across, "10% dextrose"; is that right?

LETBY: Yes.

MYERS: 500ml?

LETBY: Yes.

MYERS: Is that the bag?

LETBY: Yes.

MYERS: Then the rate, does that follow?

LETBY: 3ml per kilogram per hour.

MYERS: If we go across towards the right, who signed for it?

LETBY: Myself and Mary Griffith and it's 12.00.

MYERS: All right.

MR JUSTICE GOSS: So that's 12.00, is it?

LETBY: Yes.

MR JUSTICE GOSS: Not 12.10?

LETBY: I read it as 12.00.

MR JUSTICE GOSS: Did you write it?

LETBY: Yes.

MR JUSTICE GOSS: So you --

LETBY: It looks like my writing. I would say it's 12.00.

MR JUSTICE GOSS: That's fine.

MR MYERS: Thank you.

Where had that dextrose bag come from?

LETBY: That bag would have come from the generic bags in nursery 1.

MYERS: And any way of telling from looking at this who hung the bag?

LETBY: No.

MYERS: What would have been done with the bag prior to it being hung? What's the preparation you go through?

LETBY: The bag would have been taken out of the cupboard. The bag is in a sealed clear plastic film, so when you've got two staff present you would then break that film open and take the bag out and then you would go about running the fluids through a giving set, so the line that attaches to the bag, and that line eventually attaches to the baby.

MYERS: The equipment that's used for that, where does that all come from?

LETBY: Nursery 1.

MYERS: We know from the chart that we have prepared and the evidence we've had that at 10 o'clock that morning, so prior to this bag being hung, there is a reading of 1.9 blood glucose --

LETBY: Yes.

MYERS: -- which the evidence tells us is too low.

LETBY: Yes.

MYERS: And certainly by then, that's the point at which it is alleged that insulin had been used to lower the blood sugar of [Baby L]. You're aware that's the allegation, aren't you?

LETBY: Yes.

MYERS: So dealing first of all with that, so far as that reading at 1.9 at 10 am is concerned, which bag would have been hanging at that time?

LETBY: The initial bag that Amy Davies and I put up on the 8th at 12.00.

MYERS: And the bag that had be running up to midnight?

LETBY: Yes.

MYERS: And overnight?

LETBY: Yes.

MYERS: Are you able to assist us with why it is that with that bag there, the blood sugar reading for 10.00 hours on the 9th was 1.9?

LETBY: No.

MYERS: Is that as a result of anything that you had done?

LETBY: No.

MYERS: Or do you know how it had happened?

LETBY: No.

MYERS: Did you have any involvement with insulin at all so far as these bags and this baby are concerned over this period?

LETBY: No, not at all.

MYERS: And if we move forwards to the period around 12.00 hours, and we know a blood sample was taken, and then at some point blood, between then or maybe several hours later, was analysed and we have the readings that we have for the blood. Did you do anything that caused those readings to be the ones we have with the high level of insulin?

LETBY: No.

MYERS: Do you understand, this is what I was referring to earlier, the allegation is that insulin is in that bag?

LETBY: Yes.

MYERS: You understand that's the allegation?

LETBY: I understand that, yes.

MYERS: And if we take those readings as accurate, can you explain to us why we have those readings?

LETBY: No, I can't.

MYERS: Had you done anything to effect insulin?

LETBY: No.

MYERS: Were you and Mary Griffith the only people in nursery 1 that day?

LETBY: We were the two nurses allocated babies in that room but there was lot of nurses coming in and out of the room throughout the day as well as parents.

MYERS: Just so we can be quite clear with your evidence, Ms Letby, by this point we have the bag that had been hung up at 12 o'clock on 8 April; is that correct?

LETBY: Yes.

MYERS: And then we have a second bag hung up at 12 o'clock on 9 April?

LETBY: Yes.

MYERS: So this is the second bag as we're going along?

LETBY: Yes.

MYERS: Thank you. Do you recall any parents in or around the nurseries while this was taking place?

LETBY: I don't recall specific times in the morning, but yes, parents were present throughout the day.

MYERS: I'm going to ask to put up exhibit D17, please. This is something I think we saw in the course of the evidence, but let's just go back to it now. It's a note relating to a child, GT.

This is for GT. Who's caring for GT on this particular --

LETBY: Myself.

MYERS: This is one of the babies you were allocated to --

LETBY: Yes.

MYERS: -- in nursery 1?

LETBY: Yes.

MYERS: So this is a note at the end of your shift; is that correct?

LETBY: Yes, and she was a high dependency baby.

MYERS: We've got that there to establish that's who you're looking after, but I would like to scroll down to the entry at 20.15, please, just below this. In fact, I apologise for the markings, they shouldn't be there, but anyway:

"Parents visiting, carrying out feeds and cares. Mummy left the unit 12.14. At 16.00 parents were asked to leave the nursery due to a sick baby needing treatment. Parents were understanding of this and left for the evening."

And lower down we see:

"Parents now visiting, pleased with move back to nursery 3."

That was at 20.15.

LETBY: Yes.

MYERS: Pausing there, where it says:

"At 16.00 parents were asked to leave the nursery due to a sick baby needing treatment."

Which baby is that relating to?

LETBY: That's relating to [Baby M].

MYERS: And where was [Baby M], which nursery?

LETBY: Nursery 1.

MYERS: And whose parents is it that were asked to leave the nursery?

LETBY: GT's parents.

MYERS: Where had they been before that?

LETBY: They were with GT, their baby.

MYERS: Was that an out-of-the-ordinary event that the parents were present in that nursery?

LETBY: No, they were very attentive. It's just common practice that we would ask parents to leave if there was something going on in the nursery.

MYERS: Do you know how long they'd been in the nursery for?

LETBY: I think the whole time, from what I can recall.

MYERS: You described yesterday how when [Baby G] was being tended to, there were parents in the nursery then when the screens were put up.

LETBY: Yes.

MYERS: Again, if you paint the picture for the members of the jury, how common is it having parents in the nurseries, particularly during the day?

LETBY: Very common. Most babies have parents with them throughout the day.

MYERS: And at night-time do you have parents coming to the nurseries as well?

LETBY: Yes, it's 24 hours visiting so quite often mums are resident on the labour ward and they will visit during the night or if parents work in the day some of them will visit then at night.

MYERS: We'll take that tile down, that exhibit down, Mr Murphy, thank you.

Would the parents know, in this case GT's parents know, that you are the allocated nurse for GT?

LETBY: Yes.

MYERS: Would they talk to you about the child?

LETBY: Yes.

MYERS: How much interest would they pay in the baby?

LETBY: In their baby?

MYERS: Mm-hm.

LETBY: A lot of interest. That's their main focus.

MYERS: And what about interest in you, the nurse looking after the baby? Did they talk to you much?

LETBY: Yes, it's the usual role that as the nurse you would be there supporting the parents, answering any questions they might have.

MYERS: We'll have a look at what happens with [Baby M] because, following the timing through, we've reached that point. I would like to look at the note that's made by Mary Griffith relating to this because she's the designated nurse and that's in the [Baby M] sequence at tile 148, so could we put that up, please, Mr Murphy.

This is a note by Mary Griffith at 20.11 on 9 April 2016, and we'll look at the whole of it:

"Care taken over at 07.45. Equipment, alarm limits and fluids checked. Self-ventilating in air. Observations stable and satisfactory at this point. 2x12 feeds were tolerated and increased to 75ml per kilogram. Blood taken for SBR and blood glucose..."

What's SBR?

LETBY: So bilirubin, jaundice level.

MYERS: "... at 10.30. SBR 52. Not below line by 50 so phototherapy continued. Blood sugar 3.9. One small posset at 11.00. At 12.15 noted that his stomach was a little distended and his work of breathing was increased. Was then sent for my break and SN E Pillai..." Is that [Nurse B]?

LETBY: Yes, she's referred to as Pillai in notes.

MYERS: "... did the 12.30 feed and found temp raised and had an aspirate of 5ml: stomach acid with partly digested milk. This was discarded and feed given. Temp reverted to normal and baby settled. At next feed the aspirate was 1.5ml and bile-stained. Shown to reg and baby put nil by mouth. Nasogastric tube on free drainage."

Pausing there, what indicator is it of a baby's progress if a baby is put nil by mouth in these circumstances?

LETBY: That's a decline.

MYERS: Right:

"10% dextrose commenced at 75ml per kilogram. IV antibiotics given at 15.00 [this says]. At 16.00 baby went apnoeic and had a profound brady and desat. Full resus commenced at 16.02, see medical notes for resus details, and EMAR for drugs given. Care handed over to SN L Letby."

So that's care handed across to you?

LETBY: Yes, of [Baby M].

MYERS: Yes, of [Baby M]. Just starting at that point first: why would care have been handed over to you in that situation?

LETBY: At that moment he was needing intensive care and Mary Griffith was not trained in intensive care.

MYERS: Right. A time was given there for the administration of antibiotics. You might remember it said 15.00. In fact, we can be more accurate than that and I'd be grateful if we could put up tile 135 on the [Baby M] sequence.

Looking at this generated document, what's it for, Ms Letby?

LETBY: This is referring to benzylpenicillin, an antibiotic.

MYERS: If we scroll down to see the entry for the time this is given, the relevant one. One moment, please.

(Pause)

Can you see where the cursor is, Ms Letby?

LETBY: Yes.

MYERS: What time do we have there in fact for the provision of antibiotics to [Baby M]?

LETBY: 15.45.

MYERS: That's at 15.45. There isn't one in fact here for 15.00. But 15.45. Who's involved in giving antibiotics to [Baby M] at that time?

LETBY: Myself and Mary Griffith.

MYERS: Is that actually filed, the entry made for those antibiotics, at 15.45?

LETBY: Yes.

MYERS: If antibiotics are given, is something else done at the time so far as the line is concerned?

LETBY: The line would be flushed after this with sodium chloride.

MYERS: Could we look at tile 137 with regard to that, please? We can stop at that point, it's clear from this. This simply summarises what we have behind this. But it's got:

"Medication: sodium chloride. 15.45."

Who delivered that?

LETBY: Again, me and Mary Griffith.

MYERS: That's something that follows the penicillin, is it?

LETBY: That's standard practice, yes.

MYERS: So that's in fact the timing we have for that?

LETBY: Yes.

MYERS: Now, just pausing there and keeping track of everything that's taking place, after that had been done, do you recall where you were and what you were doing leading up to the time that [Baby M] collapsed?

LETBY: Yes. [Baby L] was requiring 12.5% dextrose to maintain his blood sugars and that is something that has to be made up by nursing staff and that's something that Mary and I were doing at the workbench in nursery 1.

MYERS: Let's pause there then, return to [Baby L] and see what's happening with [Baby L]. Can we put up tile 10, please, Mr Murphy. We'll go into that. This is the one we were looking at in paper, ladies and gentlemen.

Following through with [Baby L], we'd seen the first bag hung on 8 April, we dealt with the second bag hung at 12 o'clock on 9 April. In fact, as we continue down what happens at 15.40?

LETBY: At 15.40 [Baby L] receives a bolus of dextrose, so he receives 4.5ml by myself and Mary Griffith. That would be in response to a low blood sugar.

MYERS: Right. So that is a bolus, not a new bag?

LETBY: No, that's a bolus.

MYERS: That bolus is at 15.35. What else happens at 15.35 if you look at the next line down?

LETBY: At 15.35, both the bolus and the 12.5% is prescribed.

MYERS: So the bolus is the first at 15.35?

LETBY: It's prescribed at 15.35, given at 15.40.

MYERS: Right. Below that, the next to last line, we have:

"15.35, 12.5% dex."

What's that going to be?

LETBY: So that would be a solution that is made up by nursing staff.

MYERS: Why was that being given?

LETBY: In response to ongoing low blood sugars.

MYERS: So that's an increase in concentration of the dextrose?

LETBY: Yes, that's the next step up in treatment.

MYERS: If we go across to the right can you tell us when that bag was actually hung?

LETBY: 16.30.

MYERS: And did you take part in hanging that bag?

LETBY: No.

MYERS: Do you know who did hang that bag?

LETBY: Yes, it was Belinda Simcock and Ashleigh Hudson.

MYERS: Who was it that initially had started to prepare a bag for [Baby M]?

LETBY: Myself and Mary.

MYERS: You told us when talking about -- sorry, for [Baby L] -- when talking about [Baby M] that you had been involved in preparing a bag at the time of the collapse of [Baby M].

LETBY: Yes.

MYERS: So just having seen where we get to this, of course the bag is being prepared for [Baby L]. Talk us through, if you would, what happens after that prescription has been made. The antibiotics, as we've seen, at 16.45, 15.45, have been given to [Baby M]. Please pick it up with what happens with regard to the bag for [Baby L] at that time.

LETBY: So at that point, to make up a bag, we need to have a sterile nurse, which was Mary Griffith at the time, and I was what we call the dirty nurse, so I'm assisting in passing her all of the equipment that's needed.

To make up a 12.5% bag of dextrose there is a pathway that we have to follow on the unit with certain calculations that we have to follow. It's quite a specific sort of prescription that you have to do and things you need to do to make 12.5%. So that's what we were doing at the time. Mary was sterile and I

was checking everything that Mary was doing and passing her equipment.

MYERS: That's something you say you'd have been doing between 15.45, which is the time the medication had been given to [Baby M], and [Baby M]'s deterioration at or about 16.00?

LETBY: Yes.

MYERS: When -- what was the first you knew that there was a problem with [Baby M] at 16.00?

LETBY: A monitor alarmed, which is common in nursery 1, but when I went over to [Baby M] he was clearly struggling.

MYERS: When you say "clearly struggling" can you describe for us what you mean --

LETBY: He wasn't breathing.

MYERS: Wasn't breathing?

LETBY: And his alarm was going off. I can't recall the values but he was having a bradycardia and desaturation.

MYERS: Do you remember who else was in the nursery at that time?

LETBY: Definitely Mary Griffith and I think Belinda Williamson was there as well.

MYERS: We've seen reference to the parents of GT who were asked to leave.

LETBY: Yes.

MYERS: So had they been there before then?

LETBY: They were there and I recall asking them to leave to give us some privacy.

MYERS: Can you describe how events went on from that point in nursery 1 as well as you can remember?

LETBY: So I began initiating Neopuff straightaway with [Baby M], but due to his -- where he was located in the nursery, the Neopuff tubing wouldn't reach that far to him. And I recall it falling on the floor and I had to ask somebody to go and get me a new mask. And from then we were able to reposition [Baby M] into a better space so we had more room to move.

MYERS: What happened so far as [Baby L] and that next bag of 12.5% dextrose was concerned?

LETBY: Mary and I abandoned what we were doing for [Baby L], went to care for [Baby M], and Belinda and Ashleigh took over making up the bag.

MYERS: That's Ashleigh Hudson?

LETBY: Yes.

MYERS: Do you know who did what, so far as they're concerned, with regard to that bag?

LETBY: No.

MYERS: Were you paying particular attention to what they were doing with that bag?

LETBY: No, so at that time we abandoned doing that and our focus was on [Baby M].

MYERS: As a matter of procedure then, if you're asked to take over preparing something like a dextrose bag for a patient and take it over from another nurse, how do you go about doing that?

LETBY: You would start the procedure from the beginning because you can't be sure where the previous people got to or sign against something that somebody else has made up.

MYERS: You have to sign against it eventually, don't you?

LETBY: Yes.

MYERS: So if you have to sign against it --

LETBY: You need to know exactly what is in there and what's been done.

MYERS: What's the only way of knowing exactly what's been done and what's in there?

LETBY: If you're there through the whole process.

MYERS: So is there anything unusual about stopping and starting with a new bag and making a new bag up if you take over from somebody else?

LETBY: No, I'd expect that that is standard practice, that you would then start again.

MYERS: That was dealt with by Belinda Simcock and Ashleigh Hudson --

LETBY: Yes.

MYERS: -- the next bag? And that's what we had on T10 at 16.30; is that correct?

LETBY: Yes.

MYERS: As it happens, from the evidence of Professor Hindmarsh and what we saw on the chart, after that bag was hung the glucose values remained low.

LETBY: Yes.

MYERS: Do you know why that is?

LETBY: No.

MYERS: Did you do anything that interfered with that bag or with [Baby L] which accounts for low blood glucose readings?

LETBY: No.

MYERS: Or high insulin?

LETBY: No.

MYERS: The bag that you had been preparing, where had that come from?

LETBY: From the cupboard in nursery 1.

MYERS: Whatever bag anyone was to use on the unit of it is going to be made up with dextrose like this, where would that come from?

LETBY: That same cupboard.

MYERS: What about other babies on the unit, not just [Baby L], other --

LETBY: For any baby, it would need to come from that cupboard.

MYERS: If we stay with [Baby L] for a moment and tile 10 that's up on the screen. Can you tell us what the next entry relates to, the final one on this infusion therapy sheet?

LETBY: Yes, that's referring to a 12.5% dextrose bag being commenced at 19.05.

MYERS: On which day?

LETBY: On the 9th, I think that says.

MYERS: So that's -- is that another bag --

LETBY: Um...

MYERS: -- from what you see there or a change in rate? Can you tell?

LETBY: I think it's a change in rate. I'd have to double-check it against the IV chart but I think it's a change of rate because we've gone from 7.2ml to 7.3.

MYERS: Thank you. Moving to [Baby M] then, you've described the support that was being given to him. Do you recall who else became involved in the resuscitation that followed?

LETBY: Yes, [Nurse B] -- and I remember Dr Jayaram came. I think there were other doctors as well but I couldn't recall them specifically.

MYERS: Did you notice any particular discolouration to [Baby M]'s skin during the course of this?

LETBY: No, I didn't.

MYERS: Did anyone bring to your attention any question of any discolouration at this time?

LETBY: No.

MYERS: What time would your shift end conventionally in this situation?

LETBY: 20.00.

MYERS: And do you recall whether you left the unit round about then or any later?

LETBY: It was later leaving. I had a lot of documentation to complete.

MYERS: How many babies had you been looking after?

LETBY: So I'd had the two babies that I'd already been looking after in the day shift and then [Baby M] as well.

MYERS: Let's just look again at the time of your note at tile 152, please. Sorry, look at your note at tile 152.

Let's go into that, please. If we just look at the top entry. What does this tell us about the time that you wrote the note?

LETBY: The note was started at 21.14.

MYERS: What time do you finish it?

LETBY: 21.22.

MYERS: We can see it begins by saying:

"Care taken over by myself during resuscitation. Drugs given by myself and SN Griffiths."

LETBY: Yes.

MYERS: And it sets out what happened with [Baby M]. But that note is completed some time after your shift had formally concluded?

LETBY: Yes, so at the time clinical needs come before documentation, so once I'd handed over to the nurse that was coming on the night shift, I would then be free to write my notes.

MYERS: Just to be clear, when you say clinical needs comes over documentation, what are you -- what do you mean?

LETBY: Your actual care for the baby, so practical interventions with the baby or medications.

MYERS: How would you remember details of what had happened when you come to write this note?

LETBY: It's common practice that we would make notes throughout the shift, either on the back of our handover sheets or on any piece of paper or a paper towel that might be around at the time of an emergency.

MYERS: Could we look at the prosecution images at page 26 and page 27, please. These pieces of paper come from the Morrisons bag, which is one of the items that was recovered by the police when they searched your property, Ms Letby, in 2018.

LETBY: Yes.

MYERS: We have notes there and we have notes at page 27, please. Have a look at that. These relate to procedures with [Baby M] in

the course of resuscitation. First of all, just explain to us why these would be written on paper towels or pieces of paper?

LETBY: That's common practice.

MYERS: So it's not just you that does that?

LETBY: No.

MYERS: How do these come from you writing them down in the course of events on the unit to being at your house?

LETBY: So the paper or the notes are kept within my pocket in my uniform and they have come home with me with the uniform.

MYERS: What did you do once they came home?

LETBY: I can't recall specifically with this sheet.

MYERS: Did you have any other use for them?

LETBY: No.

MYERS: If we go back to page 26, please. What's the item that we see on the left-hand side of the page as we're looking at that?

LETBY: That's the printout of a blood gas result.

MYERS: Where would that come from in the first place?

LETBY: That would have come from the machine on the unit.

MYERS: Did you use the machine?

LETBY: At this time?

MYERS: During the course of what happened with [Baby M].

LETBY: Yes.

MYERS: Why would you have that item at home; can you help us with that?

LETBY: It's come back with me from work in my uniform.

MYERS: Once you'd got the printout from the machine, would you have done with it in real time on the unit? What would you have done with it?

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

MYERS: The question that arises is why it doesn't just go in the bin after that. Why doesn't it?

LETBY: That's an error on my part.

MYERS: We know from the evidence that there's various pieces of paper, predominantly handover notes --

LETBY: Yes.

MYERS: -- from a variety of children or babies that are found at your house, aren't there?

LETBY: Yes.

MYERS: Are they something you specifically kept?

LETBY: No.

MYERS: Did you have any use for them?

LETBY: No.

MYERS: Both twins were discharged home on 3 May 2016.

LETBY: Yes.

MYERS: Had you continued to care for them over the weeks that followed the events we're focusing on at the beginning of April?

LETBY: Yes, quite frequently.

MYERS: Let's have a look. Could we put up, please -- and these aren't on the sequence, but let's just see some examples, exhibit page 17895. This is from the [Baby L] -- sorry, it's just from the exhibits. 17895.

If we go across to the right-hand side, I'm not going to read them all, but just take note. We can see at the top -- first of all, could we just look above that at how it's headed, Mr Murphy, so we're quite clear. This is [Baby L]. If we scroll down on the right-hand side, just below that one in fact, what does this relate to, this note?

LETBY: This is referring to a communication that I've had with the parents on 16 April.

MYERS: The note is made at 12.34. Why would you be the person making notes on [Baby L]'s records at this time?

LETBY: I'm the designated nurse for [Baby L].

MYERS: Can we go, please, to page -- and the date for that is 16 April?

LETBY: That's right.

MYERS: Can we go to page 17898 next, please. It's just the dates I'm interested in. We can (inaudible), Mr Murphy, in case anyone wants to look at it, but it's the dates. Again, [Baby L]. Who's looking after [Baby L] on 17 April?

LETBY: That's myself.

MYERS: A note at 12.15. And other notes in relation to his care that day?

LETBY: Yes.

MYERS: Can we go to page 17918, please. Just have a look at that entry. Again for [Baby L]. Just enlarge the note, the large note. What day are you dealing with here?

LETBY: This is 24 April.

MYERS: Are you again the designated nurse --

LETBY: Yes.

MYERS: -- for [Baby L]?

LETBY: Yes.

MYERS: Could we have a look, please, at 17922. Just on the right-hand side, please, Mr Murphy.

Is that 17922? We seem to have gone back in time there. 17922, please.

MR JUSTICE GOSS: The bottom right-hand corner says 17895.

MR MYERS: Yes. I don't know why that should be.

MR JUSTICE GOSS: That may be the difficulty that was confusing the confusion.

(Pause)

MR MYERS: In fact, I can cut through it, I'm sure there's no dispute, but it can be checked. If we pause there. 25 April, Ms Letby, 16.28, 18.27, 16.31, notes for [Baby L] by you. Why would you be making notes for [Baby L] on 25 April at those times.

LETBY: I'm his designated nurse.

MYERS: Yes, so we've got there examples looking after him on the 16th, 17th, 24th and 25 April.

LETBY: Yes.

MYERS: Any adverse incidents with [Baby L]?

LETBY: No.

MYERS: Or [Baby M]?

LETBY: No.

MYERS: They had been on the unit from the time we're looking at, at the beginning of April, up to their discharge on 5 May?

LETBY: Yes, I believe I was on the day they were discharged.

MYERS: Right. How were you in your efforts to look after them over that period?

LETBY: I did my best for them.

MYERS: Can we just look at a couple of final messages from [Baby M]'s sequence? Tile 421, please, Mr Murphy. This is from you to [Nurse E], 10.33 on 24 April, which is one of the dates we were looking at where you're caring for [Baby L]. It says:

"Good thanks, I've got Baby D, [Baby M] and [Baby L]. You okay?"

And then, please, tile 422 that follows that, you to [Nurse E], 15.53:

"Should be nice tomorrow: [Babies L & M] all bottles, O going, E all bottles, Baby D demand."

When you say "should be nice tomorrow", what is it that's making you feel it should be nice?

LETBY: Because the babies that I'm referring to there were all progressing well --

MYERS: Is that something you wanted --

LETBY: -- and not needing a high level of care.

MYERS: Is that something you wanted to happen?

LETBY: Absolutely.

MYERS: Did you want them to be hurt?

LETBY: No.

MYERS: We'll move from [Baby L] and [Baby M] in April 2016 next to [Baby N] in June 2016. So we've moved forwards about a couple of months. Were you working on the unit over that period, Ms Letby?

LETBY: Yes, I was.

MYERS: Again, caring for babies?

LETBY: Yes.

MYERS: How important to you was it to do your job properly?

LETBY: Very important. I took the job extremely seriously and that's why we do nursing: we want to make those babies well enough to go home.

MYERS: [Baby N] is dealt with on our indictment at counts 17, 18 and 19. Can we put up tile 8 from the first [Baby N] sequence, just so we can look at the details, the birth details, for [Baby N].

[Baby N] was born on 2 June 2016 at 13.42. 34 weeks and 4 days. 1,670 grams. Born by caesarean section.

Can we go into the actual document behind that tile? Just scroll down. I am just identifying details that will help us keep track on the things that are characteristic of the babies, and in this case [Baby N]. A particularly characteristic feature was that his mother was identified as a carrier for haemophilia and it became apparent that he had haemophilia in that his factor VIII level was too low.

I'll remind us of what the three counts on the indictment relate to, by which time it'll probably be time to take a break, with your Lordship's leave, and then we can move to your evidence about [Baby N], Ms Letby. Okay?

LETBY: Yes.

MR MYERS: Again, just to assist us all with keeping in mind what we're dealing with, the first event, count 17 on this indictment, is at about 01.05 on 3 June when [Baby N] was found to be or identified as screaming or crying and he desaturated, but he responded to facial oxygen and made a relatively swift recovery. We'll go to the actual notes and details to help everybody a little bit more when we come there but that's what the first event relates to: 3 June, 01.05, screaming or crying and desaturating.

The next event, 12 days later, count 18, is on the morning of 15 June at 7.15. At or around that time, [Baby N] had a profound desaturation and we'll look at the notes. There had been various issues on the night before, but at that time he had a profound desaturation. Following on from that, there were attempts to intubate him in the first instance by [Dr A], you might remember, three attempts to intubate [Baby N], and blood was identified in the oropharynx. That intubation wasn't successful. That's count 18.

Count 19, as we move forwards that day, still 15 June, about 14.50, again a profound desaturation experienced by [Baby N] and also 3ml of blood aspirated from the NGT. We'll look at the material relating to that shortly. That was followed by multiple attempts to intubate him by various doctors on the unit. Those are the items that are identified on the indictment, counts 17, 18 and 19.

Just in terms of the course of [Baby N] on that day, later that day, in the evening at 19.40, as a team had arrived, led by Dr Potter, from Arrowe Park, at around that time there was a further desaturation and, you may remember, given the problems with attempting to intubate [Baby N], doctors at the Countess of Chester had been preparing for an emergency tracheostomy, if necessary, but Dr Potter arrived with his team, he intubated [Baby N] at the first attempt, as it happens, and so no tracheostomy was required.

Just in advance of that there had been that desaturation at 19.40, not reflected in a particular count on the indictment, but still an event that has been identified and one that we'll deal with in the course of your evidence, Ms Letby.

Those are counts 17, 18, 19: count 17, 3 June, in the very early hours of the morning; counts 18 and 19, 15 June, 7.15 for count 18 and about 2.50 for count 19.

My Lord, that might be a suitable place to stop and continue after a break.

MR JUSTICE GOSS: Certainly. Thank you. It'll be about 20 past, that's about 12 minutes or so.

(3.10 pm)

(A short break)

(3.23 pm)

MR MYERS: Ms Letby, when you were first interviewed by the police about [Baby N] on 10 June 2019, what you said right at the start of the transcript we have -- and I can just read this, it's several lines, but it's on page 1, the first page of the [Baby N] interviews -- was this:

"Question: Do you remember [Baby N], Lucy?"

I should say, first, the officer summarised the events on the two dates on which the allegations relate to and the officer says:

"Question: Do you remember [Baby N], Lucy? And your answer was:

"Answer: Yes, but only from -- reading my notes triggered my memory to who he was. I don't think he had a name when I cared for him. He was 'male infant'."

Just with regard to that, what do you mean by what you said when you say:

"Answer: Yes, just from -- reading my notes triggered my memory to who he was"?

LETBY: So I recall [Baby N] from the care that he needed but at that moment in time I did not recall that that was his name.

MYERS: Right. So whatever the name of the baby, did you have a recollection of a baby who had haemophilia?

LETBY: Yes.

MYERS: So you knew who they were talking about to that extent?

LETBY: Yes.

MYERS: It's just that you hadn't tallied the name up with that baby?

LETBY: No, the name didn't correlate with me at that time, no.

MYERS: Now, had you encountered a baby with haemophilia before [Baby N]?

LETBY: No.

MYERS: And again, a question I have asked before on other occasions: from what you could tell, how familiar were your nursing colleagues with a baby with haemophilia?

LETBY: I don't think anyone was. Everyone was quiet panicked about having a baby with haemophilia.

MYERS: If we could go to tile 68 and we're just going to look at some messages that passed between you and [Nurse E] in this regard. It's the [Baby N] sequence, tile 68. This is 2 June 2016, 8 o'clock in the evening, you to [Nurse E]. Reminding ourselves [Baby N] was born at 13.42 this day. Your message:

"We've got a baby with haemophilia."

Tile 69, from [Nurse E] to you, shortly afterwards:

"How many weeks?"

Tile 70 your response to [Nurse E]:

"34."

Tile 71, [Nurse E] to you, seconds later:

"Oh."

Tile 72, you to [Nurse E], 30 seconds later:

"Everyone bit panicked by seems of things although baby appears fine [as read]."

When you say "everyone bit panicked by seems of things", what are you getting at?

LETBY: The staff, all staff, nursing and medical staff.

MYERS: Were panicked by what?

LETBY: By the condition that [Baby N] had and how they were potentially going to manage that.

MYERS: By the condition he had and how they were going to manage it?

LETBY: Yes.

MYERS: If we move on, please, to messages at tile 75. We can move on in fact to tile 73, please, Mr Murphy.

Seconds later, [Nurse E] to you:

"Male?"

Tile 74, your response, you see the timing:

"Yeah."

Tile 75:

"Factor VIII?"

This is [Nurse E] to you.

And tile 76, you to [Nurse E] 20.02:

"Not sure. I only know what's on handover sheet as doctor et cetera all in with him doing head scan et cetera."

Did you know when [Nurse E] said "factor VIII" what that was referring to --

LETBY: No.

MYERS: -- "Factor VIII?"?

LETBY: Not at that time, no.

MYERS: Not at that time. Can we move forwards to tile 78, please, which is a minute or so later. It's [Nurse E] to you:

"Lad with haemophilia when worked community with Leighton on placement."

Going through to tile 91 so we can take these relatively quickly if we may, Mr Murphy. Tile 79, you too [Nurse E]:

"Ah, okay. I'll have to Google it later lol. Don't know much about it."

What didn't you know much about?

LETBY: Haemophilia.

MYERS: Tile 80, [Nurse E] to you:

"Have to be careful with cannula/heel pricks, et cetera."

Tile 81 [Nurse E] again to you:

"Give factor VIII or factor IX, I think it is, dependent on which clotting factor deficiency is [as read]."

Tile 82 from [Nurse E] again to you:

"Have as infusion for rest of life."

And your response to that, seconds later, at tile 83:

"Wow."

Is it unusual for you and a colleague to be talking about a baby on the unit in your messages?

LETBY: No, that would happen regularly.

MYERS: Tile 84, please. A minute so later from [Nurse E] to you:

"Nearly always male [as read]."

Tile 85 she repeats "male".

MR JUSTICE GOSS: It was a typing error, "make". It's been corrected to "male".

MR MYERS: Yes. The first one is "make" and should be "male".

Tile 86 from [Nurse E] again to you:

"We were going out supervising parents starting to give the boy his prevention injections themselves."

Tile 87, again [Nurse E] to you:

"Wonder if knew antenatally."

Tile 88, reading on from [Nurse E] to you:

"Must have done. Supposed to know now."

Tile 89, [Nurse E] to you:

"Sure boy we went to had it through port-a-catch."

And then at tile 90:

"Cath. Jesus."

That might be a correction.

Then this from you to [Nurse E] at tile 91, 20.11:

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

Pausing there, did you know as much about this as [Nurse E] knew in terms of the condition from what she was saying?

LETBY: No, [Nurse E] knew more than me. She'd had experience with haemophilia.

MYERS: With the tile we finished with at the end of this sequence where you say:

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

What are you referring to by "50/50 chance antenatally"?

LETBY: So it's 50/50 chance that a mother with haemophilia will pass that on to the baby. So it's a 50/50 chance that [Baby N] was born with haemophilia.

MYERS: Antenatally means what?

LETBY: Pre-birth.

MYERS: And a 50/50 chance of it being passed on?

LETBY: Yes.

MYERS: How did you know that? Do you know how you knew that?

LETBY: I think it's something that I have heard of in the past, but I don't know any more details than that.

MYERS: So we can be quite clear when you're talking about a 50/50 chance, you're talking about the condition being passed on?

LETBY: The likelihood of him -- the baby having haemophilia.

MYERS: All right. There's a very lengthy sequence of messages between that and tile 157 that I won't go through but they cover work, social matters, all kinds of things like that.

Again, putting this in the real world, we're focusing on particular things in this case, Ms Letby, but in terms of your messaging with your colleagues what sort of things would you message about?

LETBY: Everything, whether it's work or personal things, social things. I regularly contacted a lot of people.

MYERS: Let's move to count 17, which is the first event relating to [Baby N]. This is some time after or up to about 01.05 on 3 June 2016 and we'll take a look, if we may, at the layout of that shift at tiles 52 and 53.

Could we go into tile 52, please? Shift leader, Melanie Taylor. Designated nurse, Christopher Booth. You're on the shift, so is Sophie Ellis and so is Valerie Thomas.

To start, just by reading the record that we have that relates to this, but before I do so, do you have any particular recollection of what it was that happened round about 1.00 or 1.05 in the morning on 3 June?

LETBY: No, I have no memory of this.

MYERS: Right. Can we go to tile 174 in this sequence, please, Mr Murphy. This is a note by Dr Loughnane who gave evidence on this and just on this particular matter. As we'll see, there isn't a nursing note that is based on any contemporaneous experience, so we'll look at the clinical note. Dr Loughnane recorded the following:

"1.10."

It identifies her:

"Asked to see. Desat, unsettled, TWOB."

What do you take that to mean?

LETBY: Increased, it's an up arrow, increased work of breathing.

MYERS: "Got upset. Looked mottled, dusky. Sats [is that] down to 40%."

LETBY: Yes.

MYERS: And then an arrow across:

"On 100% oxygen."

LETBY: Yes.

MYERS: "On my arrival, 40% O2. Screaming. Sternal recession."

Remind us, what is sternal recession?

LETBY: It's using extra muscles with increased work of breathing in a baby, so it is a way they look (overspeaking) --

MYERS: What do you see?

LETBY: You see their muscles sucking in and out in their ribs.

MYERS: "Poor trace on sats probe. Pink. Attempt to settle. Crash bleeped away."

We might remember she was called away having come here:

"On return, self-ventilating in air, sats 100%. Asleep. Work of breathing improved."

And the plan is to continue to observe. That's it. Is that the result of you performing some sort of attack on a baby, Ms Letby?

LETBY: No, it's not.

MYERS: Any involvement at all?

LETBY: No.

MYERS: Have a look at the note, please, if we could, from Christopher Booth at tile 172. Go into this, thank you.

The bottom left-hand corner of this. We don't need the whole of the note. We will start with the opening section. 3 June 2016, 06.13, in the morning, CNB is Christopher Booth:

"Care taken over approximately 20.00. Cot space checked, including fluids, alarm limits and emergency equipment. SVIA. Oxygen saturations predominantly in mid-90s to 100%. One episode whilst I was on my break, whereby Infant [Surname of Baby N] was crying ++ and not settling. He became dusky in colour, desaturating to 40s, responded to facial oxygen within 1 to 2 minutes. Crying subsided within approximately 30 minutes and colour returned to normal. Pink. Dr Loughnane aware of this episode. No further episodes observed."

From your recollection, did you have any involvement in any way with what happened with [Baby N] at that point?

LETBY: No.

MYERS: And do you know where it is that Christopher Booth got his information from that ended up in that note?

LETBY: No.

MYERS: Just have a look at the neonatal review if we could for [Baby N] over this period. There are two neonatal reviews, Mr Murphy. This is for event 19 and it says exhibit reference KLT34. We can probably deal with just putting this up on the screen. It's page 3 and page 4.

If we just look at the top half from line 23 upwards, please, 1 to 23, we can see lines 2 through to 7 are in blue, which means that involves work by you. Does that help with what you were doing at about the time of 20.30 through to 20.38?

LETBY: I was doing medications with Christopher Booth.

MYERS: On which babies?

LETBY: On two separate -- oh, on baby JBR.

MYERS: And baby AF, lines 2 and 3.

LETBY: That's not medication, but yes, I was with that baby.

MYERS: Your involvement with them. If we care to look back at page 2, we'll see who the designated nurse for that baby or those babies is.

LETBY: That's myself.

MYERS: That's you, all right. We can leave this page up. That's the baby you're designated to look after. Go back to page 3 of the neonatal review. Thank you.

We see you, do we, Ms Letby, at line 20, 23.10, a feed for AF?

LETBY: Yes.

MYERS: If we look at the lower half of this page then, from line 24 down to the bottom of the page, line 51, what are you doing at that point?

LETBY: I'm giving a feed to AF at 02.30.

MYERS: Any care given to [Baby N] in the nursery that he was in at that point?

LETBY: No.

MYERS: Or anything to do with [Baby N] on that shift?

LETBY: No, none.

MYERS: Did you know that there'd been an incident with [Baby N]?

LETBY: No.

MYERS: Can we look at tile 175, please. We see this is swipe data at 01.15, maternity neonatal entrance doors, in. So where does that have you moving from and to?

LETBY: So that's me entering the neonatal unit from the main corridor outside.

MYERS: Do you know whether you were on the unit even at the time that [Baby N] had this incident between 1.00 and 1.05?

LETBY: By going with this, no.

MYERS: You don't know where you were?

LETBY: No.

MYERS: But certainly at this time you're coming back on to the unit?

LETBY: That's right.

MYERS: And this is about 10 minutes or so after the event --

LETBY: Yes.

MYERS: -- or 10 minutes after the event identified with [Baby N].

When we're dealing with [Baby N], events move forwards from the early hours of 3 June to 15 June, but are you continuing to work at the unit over that period?

LETBY: Yes.

MYERS: Messaging?

LETBY: Yes.

MYERS: Friends?

LETBY: Yes.

MYERS: The allegations against you are of the most grave nature, aren't they?

LETBY: Yes.

MYERS: We're looking at all of this now going back many years to very serious allegations, but if we go back to the time this is happening, what actually were the sort of concerns in your life? What did you occupy yourself with?

LETBY: Outside of work?

MYERS: Yes.

LETBY: I had a very busy life. I owned my own home, had lots of hobbies, used to meet with friends a lot, I had an active life.

MYERS: Leading up to the events on 15 June we've got some messaging in the sequence of events for [Baby N], second sequence of events. In fact, just in advance of that, I'd like to look at some messages on page 19012 of the exhibits. We've redacted them to remove telephone numbers and the names of any colleague or person who isn't already identified or named in this case. It's just some messaging on 13 June in the morning, between 10.35 and 10.47, the first one is to you:

"Yay, you've started packing."

The next is from the same person:

"Lucy, have you decided on a suitcase yet?"

Then from [Nurse E]:

"Ha ha, is that classed as packing?"

Again from [Nurse E]:

"Don't want Thurs to zoom too fast."

And then from [Nurse E]:

"You need to go on Love Island."

Just pausing there, what is all the packing -- what is all this about?

LETBY: Myself, [Nurse E] and the other person there were going on holiday together.

MYERS: How did you feel about going on holiday?

LETBY: We were excited, we were looking forward to it. It was [Nurse E]'s birthday as well, so it was a celebration.

MYERS: Let's carry on. Next from you to [Nurse E]:

"No, will decide on Thursday when off."

Scroll down, please. Fist bumps, is that to [Nurse E] from you? Then from [Nurse E]:

"You so do. Be ace!"

From [Nurse E] to you:

"Yes, I remember now it was celebrity version first time round hosted by Kelly Brook and Patrick Kielty."

They're well-known, but in case anyone doesn't know, who are Kelly Brook and Patrick Kielty?

LETBY: They're celebrities.

MYERS: What do they -- what are you talking about them in relation to here?

LETBY: A television programme that they were on at the time.

MYERS: What was that programme?

LETBY: Is it Love Island?

MYERS: All right, yes.

LETBY: I can't be sure.

MYERS: Then from [Nurse E]:

"Temptation Islands was my favourite. That was over like 10 years ago."

Then you to [Nurse E] at 10.47:

"Ah yeah, with Abbey Clancy, etc. Not seen that."

Abbey Clancy is an English lingerie catwalk model and TV personality; is that right?

LETBY: Yes.

MYERS: I only know that because I looked it up on Google.

Are these people your friends?

LETBY: Yes.

MYERS: Is this what you're chatting about?

LETBY: Yes.

MYERS: And how are you feeling about going away?

LETBY: So we're excited.

MYERS: Were you going to have to go to work before you went away?

LETBY: Yes.

MYERS: How are you feeling about going to work?

LETBY: I was happy to go to work, but I was looking forward to having the time off to go on holiday.

MYERS: And in the middle of that, were you planning to kill babies?

LETBY: No.

MYERS: That's what the prosecution say you were going to do.

LETBY: Well, that didn't happen.

MYERS: Is that what was on your mind?

LETBY: No.

MYERS: Can we look at the messaging just coming up to counts 18 and 19, which is in the [Baby N] sequence, the second [Baby N] sequence at 45, please. This is from [Dr A] to you -- we've moved forward to 14 June at 21.17:

"Am I right in thinking you'll have done 6 long days in the last 8? No wonder you're tired."

Can we go to the next tile, please, you to [Nurse E]:

"Great."

Next tile, 47:

"Hope you get better sleep tonight."

The reference there to doing six in 8 days, is that, by the standards of that unit, a lot of work being done?

LETBY: Yes.

MYERS: Can we look then at the shift pattern, page 33229, just to see where this fits in. We can enlarge the upper section, please, which is June 2016. When [Dr A] is talking about six in the last 8 days, what is he referring to when we look at this?

LETBY: The number of shifts that I had done starting from the 8th.

MYERS: So we can see Wednesday the 8th is a long day, you weren't working on Thursday the 9th. You were working on Friday the 10th and Saturday the 11th. Not on the 12th, but then again on the 13th, 14th and 15th.

LETBY: Yes.

MYERS: It's the 15th that we're going to come to.

LETBY: Yes.

MYERS: You say that is a lot of shifts, is it?

LETBY: Yes.

MYERS: Any incidents or particular matters of concern to what we're dealing with here on any of those other days before this?

LETBY: No.

MYERS: We can see when we look at the 16th, 17th, 18th, 19th, through to the 22nd, you're not down to do work at that time.

LETBY: No, that was when the holiday took place.

MYERS: Right. So is that the holiday you were talking about --

LETBY: It is, yes.

MYERS: -- in those messages?

LETBY: Yes.

MYERS: We turn to 15 June. Although on count 18 and count 19 we're looking at 15 June, we know you've been working on the 14th from looking at this. Who were you looking after on 14 June?

LETBY: I believe it was [Baby N] that day as well.

MYERS: Well, it was. We know that. We'll have a look at something relating to that in a moment.

But at the end of the shift on the 14th, so before we come to the 15th, we're going to be looking at the morning of the 15th, but at the end of the shift on the 14th, who took over from you?

LETBY: Jennifer Jones-Key, the nursery nurse.

MYERS: And do you recall how [Baby N] was at the time he was handed across by you, in effect handed across by you, to Jennifer Jones-Key?

LETBY: I don't recall there being any concerns at that time.

MYERS: Let's have a look at tile 31 in the sequence, please. Can we go into that? Thank you.

This is a note by you, Ms Letby, for 14 June, first of all, at 14.14. So you'd been -- this is for [Baby N], so you were his designated nurse on that day shift. Could you read to us what the note says?

LETBY: It says:

"Written for care given from 08.00 to present. Emergency equipment checked, fluids calculated. Infant nursed in a cot. Temperature maintained. Demand feeding EBM via own bottle. Completing more than required volumes. Put to breast. Good latch. Bottle top up. Urine passed. Bowels opened. Initially nursed on a BiliBlanket. Repeat SBR this morning on downward trend but not yet more than 50 below treatment line, but otherwise ready for home. Discussion with mum and Reg [Dr D]. Overhead Neoblu commenced and infant placed in incubator. Eye protection in place."

MYERS: Pausing there, when it says "otherwise ready for home", what does that indicate about [Baby N]'s condition at this time?

LETBY: Once the phototherapy was stopped for his jaundice he would be ready to go home.

MYERS: Can you read the addendum we have just below that at 19.15?

LETBY: That says:

"Remains under phototherapy. Demand feeding. Temperature maintained. For repeat SBR and calcium this tonight [as read]."

MYERS: What follows is a note relating to the family communication which I'm not going to turn to but it's there if

anyone wants it. But is that the condition of [Baby N] at the end of your shift on the 14th?

LETBY: Yes. So the only reason he is with us at that point is for phototherapy. He's demand bottle feeding and once the phototherapy stops he would be able to go home.

MYERS: Thank you. We'll follow this through then because we've got the note for Jennifer Jones-Key who was looking after [Baby N] overnight leading up to the beginning of the shift where count 18 relates. So can we go to tile 141, please. It's the large body of text on the left-hand side.

This is from Jennifer Jones-Key, first of all at 05.51 that morning. It says:

"At start of shift baby nursed in incubator with eye protection in situ. SBR repeated at 21.00. Result 150. Lights stopped. For repeat in morning. Baby demand bottle feeding on EBM. Taking good amounts on own bottles. Baby very unsettled early part of night. I noticed that just after 01.00 feed baby looked very pale mottled and veiny, abdomen slightly bigger. Seen by NNU Nurse Belinda Simcock. Advised to place baby on saturation monitor. Reviewed by paeds. To be watched for an hour. After 30 minutes, noted to be having desaturations to low 80s. No intervention required but quite frequent. Rest of observations within range. Reviewed by paed reg [Dr A] and for septic screen. Cannula inserted into right hand and bloods taken for CRP, blood culture and FBC. IM CEF..."

LETBY: Cefotaxime.

MYERS: "... given by NNU nurse. Baby looked worse this morning [this of course is at 05.51] and cap refill 3 seconds. Reviewed again by paeds. Placed into 25% ambient O2 and nil by mouth. 10% dextrose commenced at 150ml per kilogram. Cannula site satisfactory. PU, BO. No contact from parents."

Just pausing there, from what we see in that entry made at 05.51, has [Baby N]'s condition changed overnight from when you had handed him over?

LETBY: Yes, it's deteriorated.

MYERS: Then we come to this, the entry at 08.19 by Jennifer Jones-Key:

"At 07.15 baby crying and dropped saturations. Seen by NNU nurse Lucy. Neopuff given with 100% oxygen by paed reg [Dr A]. Noted to be mottled all over body and blue in colour and cold to touch. Decision made to transfer to nursery 1. MG [which we have

established is NGT, nasogastric tube] re-sited in right nostril with acid reaction. At handover baby dropped saturations again and required Neopuff. Care handed over to NNU nurse Lucy."

So that's what we have leading up to count 18. Let's just look at the time you go on to the unit and then I'm going to ask you to explain to us and describe to us what happened, Ms Letby. Can we look at tile 136 and then tile 137?

We can see just from the presentation here -- let's go into it just so we can be quite clear which direction we're looking at. So maternity neonatal entrance doors, in, at 07.10. Then tile 137, maternity labour ward to neonatal, in, at 7.12. Are those two different sets of doors?

LETBY: Yes.

MYERS: But both leading to the neonatal unit?

LETBY: Yes.

MYERS: So you are in on the second of those at 7.12?

LETBY: Yes.

MYERS: Can we, just before we move on, look at tile 139, please. This is swipe data for [Nurse E] coming in at 07.14.

LETBY: Yes.

MYERS: Is it unusual for nursing staff to arrive maybe 15 minutes before handover is due to start?

LETBY: No, it's good practice to be punctual and be ready to start at 7.30.

MYERS: Right. We've seen two different times for entrance on to the unit for you, but now in terms of your recollection can you describe to us what happened when you came to work that morning?

LETBY: I recall that I went to nursery 3, just talked to Jennifer, she was a good friend of mine and I went to talk to her prior to starting the shift.

MYERS: Nursery 3. Jennifer is Jennifer who?

LETBY: Jennifer Jones-Key.

MYERS: Jennifer Jones-Key, is she who you handed [Baby N] over to the night before?

LETBY: Yes.

MYERS: Which nursery was [Baby N] in as far as you knew?

LETBY: Nursery 3.

MYERS: Nursery 3. All right. So did you go anywhere else first or is that where you went straightaway?

LETBY: No, I can't recall specific details, but I know that I got myself ready for work and I was ready to start work at that point, so I went on to the unit to speak to the night staff colleagues, which is normal.

MYERS: Why did you go to Jennifer Jones-Key at nursery 3?

LETBY: She was a close friend.

MYERS: Were you going with any particular interest in [Baby N] at that point?

LETBY: No, I was going to talk to Jennifer.

MYERS: Had handover actually been allocated at this point?

LETBY: No, not that I'm aware of, no.

MYERS: So this is a June morning, you've gone in, you go over to speak to her. Do you recall how long you were chatting with her for?

LETBY: It happened within minutes (overspeaking) --

MYERS: So you go there. Tell us what happened. You said, "It happened within minutes", so you just tell us.

LETBY: Within minutes [Baby N]'s monitor went off and I went over to him and found him to be mottled and not breathing properly.

MYERS: Do you recall where you were at the point his monitor went off?

LETBY: In the doorway.

MYERS: And do you remember where Jennifer was?

LETBY: I can't recall specifically, but she was in the room with another baby, she wasn't at [Baby N]'s cot side.

MYERS: In fact, as far as you can recall, had you even gone into the room at this point?

LETBY: No.

MYERS: So where were you as you were speaking with Jennifer?

LETBY: Within the doorway.

MYERS: What was she doing when you were chatting with her?

LETBY: I don't recall specifically but she was attending to a baby that was not [Baby N].

MYERS: All right. So did you say the monitor had gone off?

LETBY: Yes.

MYERS: Carry on from there. What happened?

LETBY: The monitor went off, [Baby N] was on the first cot space on the right-hand side, so he was right in front of the doorway, and I went straight over to look at him and that's when I saw him to be like that.

MYERS: When you say "to be like that"?

LETBY: Sorry, so he was a bluish colour, he wasn't breathing properly, so straightaway I started to Neopuff him and called for help.

MYERS: What did Jennifer do?

LETBY: She finished what she was doing with her baby and came over to help as well.

MYERS: Right. I'd like you to carry on telling us, as best you can remember, how things go from there. So you called for help, so Jennifer has come over --

LETBY: Yeah, [Dr A] was on the unit at the time, the registrar. We called for help and he came straightaway.

MYERS: Right.

LETBY: [Baby N] recovered from that episode. We managed to Neopuff him and he recovered, but then within minutes again the same thing happened.

MYERS: Right. So pause there. He recovered from that initial episode?

LETBY: Yes.

MYERS: Who was there by the time he'd recovered?

LETBY: So it was myself, Jennifer Jones-Key and [Dr A].

MYERS: And are you all still in nursery 3?

LETBY: Yes, and Kate Percival-Ward was around --

MYERS: Right.

LETBY: -- because she was starting to do the handover for the unit.

MYERS: Is she the nurse who had been on the overnight shift?

LETBY: Yes, she was the shift leader for the night shift.

MYERS: So that's why she's allocating who's going to be taking over on the day shift?

LETBY: Yes.

MYERS: You've already told us that. Just confirming. You made reference to the next desaturation or desaturations. Can you tell us what happened next?

LETBY: So very quickly there was a similar episode where he dropped his saturations, his colour wasn't good, he was mottled, and a decision was made by [Dr A] to move him through to nursery 1 for closer observation.

MYERS: And how long had you actually been on the unit for at the point when all this happened?

LETBY: Minutes. I had just got to nursery 3 when it was happening.

MYERS: There's a reference in the note made by Jennifer Jones-Key to repositioning the NG or the NG tube; do you recall her doing that?

LETBY: No.

MYERS: What does it mean repositioning it? What's being done when that happens?

LETBY: It's being re-inserted, re-passed.

MYERS: Through where into where?

LETBY: Through the nose down into the stomach.

MYERS: Right. Did you have anything to do with that?

LETBY: No.

MYERS: Did you say [Baby N] was moved?

LETBY: Yes.

MYERS: Where was he moved to?

LETBY: He was moved to nursery 1.

MYERS: Can you help us with what happened when you get to nursery 1?

LETBY: [Baby N] wasn't recovering from this episode as he had done previously. He wasn't breathing or making much respiratory effort so [Dr A] decided that we needed to intubate [Baby N].

MYERS: Do you recall whether Jennifer Jones-Key was still present round about this point or do you have no memory of that?

LETBY: She stayed for some of it because I still hadn't had handover at that point.

MYERS: Do you recall what happened next when you say about [Dr A] decided he had to intubate [Baby N]?

LETBY: I started to get the equipment ready for intubation and I remember myself and Bernie Butterworth, we started to get the medications ready that would be needed.

MYERS: Right. What are they for when you talk about getting the medications ready?

LETBY: You have routine drugs that we give prior to an intubation and those drugs need to be drawn up and given prior to intubation starting.

MYERS: I'm just going to, again to assist with timing, just for that purpose -- so if we put up on the screen the second neonatal review for [Baby N], which is down as HM05, event 20. Just go to the fifth page if we could. Looking at lines, let's say, 95 down to 112, just so we have bracketed the section I'd like us to look at.

Can you see, Ms Letby, at line 96 we've got:

"15.06. 08.00. [Baby N]. E-prescription. Medication given."

And then who's given that medication?

LETBY: Myself and Bernadette Butterworth.

MYERS: And then we can see at line 97:

"08.00. E-prescription. Medication given."

And who is that by?

LETBY: Yes, that's the same. Myself and Bernadette.

MYERS: I'll just confirm one detail before we move on.

(Pause)

Then if we continue down, can you see line 108? Again, what do we have there at 8.05?

LETBY: That's further medication again by myself and Nurse Butterworth.

MYERS: And finally in this regard, at line 110 what do we have at 8.06?

LETBY: That's medication again and that's myself and Nurse Butterworth.

MYERS: So it's a series of medications given by you and Bernadette Butterworth?

LETBY: That's right.

MYERS: You'd said before we turned to this that when we get to this part of the sequence, after [Baby N] has been moved and there's going to be attempts to intubate, that medication had to be given?

LETBY: Yes.

MYERS: You say that was by you and Bernadette Butterworth?

LETBY: Yes.

MYERS: Is that what we're looking at when we look at the neonatal review at 8.05 -- sorry, 8.00 through to 8.06?

LETBY: Yes.

MYERS: And again the purpose of that medication is what?

LETBY: It's in preparation for intubation.

MYERS: Do we know therefore at least what time after the intubation must have started, the attempted intubation?

LETBY: It would have been after the last of the drugs were given, so after 08.06.

MYERS: Right. Now, you're aware that there's an issue on this as to when blood is identified in relation to this attempted intubation?

LETBY: Yes.

MYERS: You're aware of that, Ms Letby?

LETBY: Yes.

MYERS: And you've followed that in the evidence. Let me ask you this: do you have a recollection that blood was seen at some point during the intubation process, I put it that way, as neutrally as possible?

LETBY: Yes.

MYERS: Do you know for sure at what point that blood was seen?

LETBY: No.

MYERS: I'm going to ask if we can have a look at the note that [Dr A] made with regard to this to remind ourselves. That's at tile 143 from this second [Baby N] sequence. We can just see this note is made -- it says 08.00, which in fact is the time that is put on the note. We have looked at some timings already but I would just like to scroll down to where it says:

"Attempted intubation x3."

Can we drop the page a little bit more so we can see what follows on the lower part of the page as well, Mr Murphy. Thank you, that's the section.

Keeping in mind this issue, it says:

"Attempted intubation x3."

And it looks like 3 --

LETBY: That's "with a size 3 ET".

MYERS: "... using neck roll."

And I think we follow from the evidence that's a laryngoscope blade.

LETBY: Yes, size 0.

MYERS: "Size 0 blade. Blood present at oropharynx. Unable to visualise trachea."

LETBY: "Tracheal inlet."

MYERS: "Suction did not clear the view. Intubation abandoned due to blood [I think we've got that as 'present'] at oropharynx and likelihood of trauma due to repeated attempts."

Does anything there assist you with the precise point at which blood was identified in the course of those attempts to intubate?

LETBY: No.

MYERS: I'm going to go to your note next, Ms Letby. Tile 233, please. This is a note we'll come back to at various points as we go through the events of this day, but we're going to start with the part that deals with the section we're looking at, which in on the left-hand side in that large body of text. It's just the first section there. Thank you. This is your note written on 15 June, this day, at 15.33. It says:

"Written for care given from 07.30 to present. Emergency equipment checked. Fluids calculated. Infant transferred to nursery 1 on handover: mottled, desaturating, requiring Neopuff and oxygen. Capillary refill 3 to 4 seconds. Cold to touch. Decision made to intubate. Drugs given as prescribed. Unable to intubate. Fresh blood noted in mouth and yielded via suction ++. Commenced on biphasic mean pressure 6."

And so on. Does anything in that note assist you with the precise point at which blood was identified?

LETBY: That would read to me that it was once intubation had been attempted.

MYERS: That's how you say that reads to you?

LETBY: Yes.

MYERS: Can you assist us with whether blood was visible before the attempted intubation by [Dr A]?

LETBY: Not that I recall.

MYERS: I'm going to ask us if we could look at a couple of the charts where blood is marked on them. I appreciate it's at 4.10, but I wonder, my Lord, if I can take this issue through to its conclusion.

Ms Letby, can we deal with this issue through to its conclusion? We'll deal with that, members of the jury, and then we'll finish with [Baby N] for today with his Lordship's leave. I appreciate it's a lot of concentration.

I'd like us to look at what the charts say, Ms Letby, so we can keep in mind everything we have from the time relating to this. So can we look at the care chart, which is at tile 173. For paper enthusiasts these are available in the paper bundle, but I'm going to put them on the screen anyway and we can follow them on that.

Let's have a look where blood is recorded, Ms Letby, on this is. This is the intensive care chart for [Baby N] for 15 June. Can we move down, please, Mr Murphy, so we can see that body of it? Thank you. What do we have at 10.00, looking from the left going across to the right?

LETBY: At 10.00 we have a drip reading for the fluid that's running.

MYERS: And I'm most interested in the output section and the issue of blood. What do we find?

LETBY: That says "1ml of fresh blood".

MYERS: "1ml of fresh blood."

LETBY: Then it says NPU, so not passed urine, and then a green stool.

MYERS: And is that you that has signed for that?

LETBY: Yes.

MYERS: If we go next to the entry that says 15, which is 15.00. Can you see first of all it says "occluding"?

LETBY: Yes.

MYERS: Do you know what that's a reference to where it says "occluding"?

LETBY: So that's referring to whichever line the fluid is running through, it's not running at that time, it's blocked or not infusing.

MYERS: Can you help us with what the figure is, first of all, in the circle, which looks like 7 point something?

LETBY: That's a blood sugar reading.

MYERS: And what does "3ml blood" refer to?

LETBY: An aspirate.

MYERS: That's signed [Initials of Nurse B].

LETBY: Yes.

MYERS: Can you explain to us what's gone on there because this is during your shift, but [Initials of Nurse B] has signed there?

LETBY: It may well have been that [Nurse B] has completed these observations for me on my behalf.

MYERS: Do you remember a 3ml blood aspirate at or about 15.00?

LETBY: I do recall blood in the afternoon, I couldn't be specific on that time, but I think there was blood and I showed it -- well, [Nurse B] and I both saw it.

MYERS: We can see at 16.00 it says "intubation". We'll have a better look at what that refers to in a moment. But again in terms of blood, what do we have at 18.00, please?

LETBY: So we have another 1ml of blood aspirated.

MYERS: Does anything here assist with precisely when blood is seen in relation to that attempted series of intubations a little bit after 08.00?

LETBY: No, the documentation here starts with blood at 10 o'clock.

MYERS: Right. So we can follow this, one of the reasons I'm going through this is because I want to turn to the way this went in the police interview afterwards, Ms Letby, as well as what the evidence is, so there's two things I'm dealing with. That's so we can all follow it.

Could we look next at tile 174, which is the other side of this chart. We can go down to the bottom half, Mr Murphy, because that's where the references are that help us with this. I have seen before you have been able to turn it round through 90 degrees, I wonder if you could do that for us. Thank you.

I might have to ask you to help us with times as we go along, which are at the other end.

(Pause)

If we look in the column headed 08.00 and go down there to the comments towards the lower part of the chart. We can perhaps see it anyway. Can you help us with what that says?

LETBY: That says "blood ++" and it's OP, which is oropharyngeal.

MYERS: What is that relating to, blood at what time?

LETBY: 8 am -- well after -- between 8 and 9 am.

MYERS: That's right? Okay. Does it give us a precise time for that?

LETBY: No, it'd just be within that hour.

MYERS: Can that help us with when blood is seen precisely with regard to intubation at that time of the morning?

LETBY: After.

MYERS: Does that help us with what time it was seen in relation to the attempted intubations that morning?

LETBY: Can you rephrase it, sorry?

MYERS: Yes. When we look at that entry where it says "blood ++", does that help us identify where you see that in relation to the attempts to intubate by [Dr A]?

LETBY: It would be after the intubation.

MYERS: Can we look at the entry for 09.00. Thank you for that. Drop down. We might need enlarge it. There's something written again next to OP. Can you see?

LETBY: "Blood in mouth."

MYERS: "Blood in mouth."

And that's at what time?

LETBY: 9.

MYERS: So that's certainly after the time of the attempted intubations; is that correct?

LETBY: Yes.

MYERS: In fact, as we go along here, can you see the point at which factor VIII is first given to [Baby N]?

LETBY: Yes, 11.00.

MYERS: 11.00?

LETBY: Yes.

MYERS: And the purpose of factor VIII was what?

LETBY: To assist with his clotting disorder.

MYERS: Do you remember when we looked at the other side of this chart we saw an entry which said, "Intubation 16.00"?

LETBY: Yes.

MYERS: Looking at what's written in this chart, can you help us with why we'd got intubation at 16.00?

LETBY: So at 16.00 on this side of the chart we've got an I-Gel airway, which is a form of intubation.

MYERS: Right. So that's what happened?

LETBY: Yes.

MYERS: We know that as we go on attempts to intubate in a more conventional fashion with an ETT couldn't be achieved, could they?

LETBY: No, so an I-Gel is an alternative method.

MYERS: Also, as it happens, under 16.00 there's an entry in the line for OP. It's at an angle here but can you help --

LETBY: "Small blood orally."

MYERS: Do you know what that relates to as you look back at this now?

LETBY: No.

MYERS: All right. In any event, that happened some time after the attempts to intubate with [Dr A]?

LETBY: Yes.

MYERS: Having gone through that, I wonder whether we could turn to the interview, my Lord, or we could turn to it in the morning. It's a matter of how well we can concentrate.

But perhaps we could see this issue through if that's not inconvenient?

MR JUSTICE GOSS: Certainly.

It will take, what, 10 minutes?

MR MYERS: If that.

MR JUSTICE GOSS: Let's just do those this afternoon.

MR MYERS: Ms Letby, while it's fresh in your mind and our mind having looked at this we're going to go to the interview for [Baby N], please, which is in bundle 2, ladies and gentlemen. Could you go there please, Ms Letby. For those of you who had the charts out in paper by all means leave them out because you might want to look at what some of the entries say. But if we could all get to the page which has in red [Initials of Baby N] 11, so 11 pages in, please, Ms Letby. Could you put tile 174 back up, please, Mr Murphy?

We can all see the interview page [Initials of Baby N] 11. And can you see in blue in the centre of that page it says:

"Lucy Letby was taken to the NICU environment check."

It says tile 239, in fact it's tile 174, which we have now got up.

LETBY: Yes.

MYERS: 239 as well. There we are.

MR JUSTICE GOSS: Yes. As we've observed many times, unfortunately the same documents are often reproduced in different places, so 174 or 239.

MR MYERS: Thank you.

The officer says:

"Question: Can you read to me what you wrote there?

"Answer: So I put 'Blood in mouth.'"

Can you just assist us: where are you talking about when you say, "I put 'blood in mouth'"?

LETBY: The 09.00 column.

MYERS: The 09.00?

LETBY: Yes.

MYERS: Right:

"Question: Yeah. A 10ml per kilo saline bolus."

Is that something you've written on the chart as well?

LETBY: Yes, that's also the 09.00 box.

MYERS: Is that what we see --

LETBY: In the free text --

MYERS: -- to the left of "blood in mouth"?

LETBY: Yes.

MYERS: "Question: Hmm, okay. So before on that other side of the chart that you've got that you've aspirated blood."

Now, to keep track, can we put up tile 173, which is the other side of the chart that the officer was talking about. We can see your answer, looking across you put?

"Answer: Yeah, at 10 o'clock."

Can you see that?

LETBY: Yes.

MYERS: Is that referring to what we see on tile 173 at 10 o'clock?

LETBY: Yes.

MYERS: The officer says:

"Question: Yeah, 10 o'clock, and that was from the tube?

"Answer: Yeah.

"Question: But then here it says 'blood in mouth'."

That was the officer referring again to what we saw on tile 174 at 9 o'clock?

LETBY: Yes.

MYERS: Are any of those references to what was or wasn't visible in [Baby N]'s mouth at the time of the attempted intubations by [Dr A]?

LETBY: No.

MYERS: The officer says:

"Question: Can you explain to me the differences in them two?

"Answer: So the blood in the mouth -- it's orally, in the baby's mouth, on its lips."

Over the page there's questions about what it looked like on [Baby N] and handwriting but in fact this line of questioning we pick up below the second hole punch down towards the bottom where the officer says:

"Question: Okay. So are we suggesting there's blood..."

The officer says just over halfway:

"Question: Is that suggesting there's a lot of blood?

"Answer: Yes, that's under the time of 08.00, is it?"

Just pausing there, what is the blood at 08.00?

If we put up tile 173 -- 174, I apologise. When you were being asked about blood, "That's under the time of 8 o'clock, is it", what reference are you making, there, about the blood?

LETBY: So the blood that's written in the 08.00 column.

MYERS: "Blood ++"?

LETBY: Yes.

MYERS: The officer:

"Question: So are we suggesting there's blood before -- quite a lot of blood before attempts to intubate?"

What's your answer?

LETBY: "Yes."

MYERS: Actually, are you -- have you said this relates to attempts to intubate by [Dr A]?

LETBY: Not -- no.

MYERS: No. Have you been talking about attempts to intubate by [Dr A]?

LETBY: No.

MYERS: As a matter of fact, as we look at that day, was there blood before attempts to intubate?

LETBY: Yes. At interview I was referring to the 16.00 intubation.

MYERS: The officer says, carrying on:

"Question: Do you remember that, Lucy?

"Answer: Not really, no.

"Question: I'm just trying to --

"Answer: Reading this I remember seeing that we gave factor VIII it's coming back to me that he was a baby that had a bleeding issue."

Over to page 13:

"Question: What would factor VIII be used for?

"Answer: Clotting.

"Question: Okay. It's not something you give routinely?

"Answer: I don't recall ever giving him that before.

"Question: Right, but that's -- I'm right in saying that at 8 o'clock in the morning, yeah, is it a lot of blood?

"Answer: Yes, on oral suction, yeah."

Is that right, it is a lot of blood at 08 --

LETBY: Yes, it's blood ++.

MYERS: Does anything from what we have in that chart establish where that blood is seen in relation to [Dr A]'s attempts to intubate?

LETBY: No.

MYERS: Right:

"Question: Okay. Do you have any recollection of that, Lucy?"

"Answer: Not specifically, no."

"Question: And at 4 o'clock there, you've also made another entry. Can you read that out to me?"

"Answer: Small blood orally."

That's at tile 173 and is that what we can see at 16 on that chart?

LETBY: Yes.

MYERS: "Question: Can you explain that to me?"

"Answer: "I don't remember it, but from my notes I found a small amount of blood again in the oral cavity."

"Question: Do you have any recollection of that?"

"Answer: No, I think this was during the time -- I do remember him bleeding when we were having difficulties with the airway, but I'm not sure when we started.

"Question: Oh yeah.

"Answer: So the airway issue was from 3 o'clock."

What are you describing when you talk about the airway issue at 3 o'clock?

LETBY: So from 3 o'clock is when further attempts were made at intubation. That's what I'm referring to.

MYERS: The officer says:

"Question: "Does it help your memory in relation to the blood? Was it there before attempts to intubate? Can you remember?"

"Answer: Not from memory. Obviously reading this, yes, he did have blood before intubation."

Now, what intubation are you talking about when you say that in this --

LETBY: The 16.00 with the I-Gel airway.

MYERS: Right. If we just look at tile 174, please, which is the opposite side of this sheet -- I apologise, 173. 174 was the opposite side. There it is. Where you're talking about intubation, what were you making reference to?

LETBY: I was referring to the 16.00 intubation. Prior to that, he hadn't been intubated, he was on CPAP.

MYERS: And where you're talking about the 16.00 intubation on this sheet, does that equate with the I-Gel that you were telling us about?

LETBY: Yes.

MYERS: Right. In fact, let's just finish it through. That's what I wanted to ask, but can we just go over the page to see the end of this part of the questioning so we have it all, the last -- the first lines of [Initials of Baby N] 14.

The officer says:

"Question: Right, okay. Before intubation or before attempts to intubate?"

"Answer: I'm not sure when the attempts were."

"Question: Right."

Have you ever agreed, Ms Letby, that what you see shows that there was blood before [Dr A]'s attempts to intubate that morning?

LETBY: No.

MYERS: And do you recall precisely when that blood was first seen in relation to those attempts to intubate?

LETBY: No.

MR MYERS: All right, thank you. Ms Letby, thank you.

My Lord, I'm grateful just to sit a little later just to deal with that so we have it all as one piece.

MR JUSTICE GOSS: No, that's fine, thank you. We'll stop there for today.

Can I just come back to these notes that I received? We won't be sitting on the 12th and 13 June for reasons that one of you are aware of. Then I will come back to you tomorrow with some further information about how much longer it is expected this trial is going to last. All I can do is give you a rough estimate up to the point at which you retire to consider your verdicts. I obviously have no control over how long you are deliberating for, but I can give you an estimate of up to that, which I will give you tomorrow when I discuss the matter with counsel. Don't worry, employers will receive the appropriate documents. We'll deal with that so that you're not put in any difficulties. All right?

Thank you very much. Please remember your responsibilities as jurors: no research about anything to do with this case or anyone to do with it and no communications by any means with anyone about anything to do with this case. Thank you very much. 10.30 tomorrow morning.

(In the absence of the jury)

MR JUSTICE GOSS: If you could discuss it appropriately between yourselves and pass on perhaps information to me as to when you think -- I know these things are very difficult to gauge, but you will have a better idea than I will. Certainly if we get to the point where I would be due to start my summing-up, the main part -- I'll obviously give a split summing-up -- but the first part won't take that long, whereas the second part will take longer, obviously. All right? We'll deal with that.

As far as the 12th and 13 June are concerned, we won't be sitting on those days. As I've done before, I will draw up a list of days for the jury and give them an updated list.

MR MYERS: There was an additional date, as I recall.

MR JUSTICE GOSS: Yes, there is.

MR MYERS: I'm grateful to Mr Maher, who reminds me, which was 16 June.

MR JUSTICE GOSS: Yes. I just wanted to reassure the juror in question. That's why I'm going to give them a full list. Thank you very much indeed. Nothing else as far as I'm concerned.

I don't know, Ms Moritz, whether there's been any progress or not.

MEMBER OF THE PRESS: My Lord, there has. Nearly everything bar the defence material, which I understand can't be progressed at this stage --

MR JUSTICE GOSS: All right. Thank you very much. It usually works out. If I leave it to people to sort things out, they will. Thank you very much indeed.

(4.30 pm)

(The court adjourned until 10.30 am on Wednesday, 17 May 2023)