17 May 2023 (Day 115)
Lucy Letby - Examination-in-chief day 5: Babies N, O, P & Q
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Housekeeping

Wednesday, 17 May 2023
(10.30 am)

(In the absence of the jury)

MR JUSTICE GOSS: As I said I would, Mr Johnson, I've prepared a list of non-sitting days as of today. I hope you have a copy.

MR JOHNSON: We do, thank you.

MR JUSTICE GOSS: I believe it to be correct. I'll have that distributed to the jury. I don't know whether -- yes, I see Ms Moritz saying they've got one as well.

Thank you.

(In the presence of the jury)

MS LUCY LETBY (continued)

Examination-in-chief by MR MYERS (continued)

MR MYERS: Ms Letby, yesterday afternoon we concluded looking at the second event relating to [Baby N], which is count 18, and so we're looking at the third event now, which is count 19 on our indictment, and that is the event on the afternoon of 15 June, shortly after 3 o'clock.

So to help all of us with this and to help you with the facts, let's put up your note that dealt with this, which is at tile 233 of the second [Baby N] sequence. Let's have a look at that and just read in what it was that you said.

If we go into the note, please. We're going across to the lower left-hand side, Mr Murphy, if we could enlarge that, please.

Can you see there's a note there, Ms Letby, for 15 June. The note is it made at 18.30. Can you see that?

LETBY: Yes.

MYERS: We know this has followed events in the morning when there had been the attempts to intubate after the desaturation at 7.15. Can you read for us, please, what the note says? I'll tell you what to stop or if there's anything I need to ask you.

LETBY: "Infant has had periods of apnoea during the morning requiring stimulation and increased oxygen/PEEP. Improving by afternoon. Observations stable. Remains cool so incubator temperature increased. Approx 14.50, infant became apnoeic with desaturation to 44%, heart rate 90. Fresh blood noted from mouth and 3ml blood aspirated from NG tube. Neopuff commenced and doctors crash called. Events documented in medical notes."

MYERS: Let's read on a little bit further, please.

LETBY: "Unable to obtain secure airway. Regs [Dr D] and Mayberry, Consultants Brearey and Saladi unable to insert ET tube. Assistance gained from anaesthetic team. X2 consultants also unable to secure ET tube. Intubation drugs given as prescribed. I-Gel airway inserted and infant ventilated via this. Secured with ties from vent hat."

MYERS: We'll stop there. Taking a couple of the details there, that last detail: I-Gel airway inserted and infant ventilated..."

Do you remember yesterday we looked on the chart where you'd written "intubation "round about -- the timing varied across the two charts, but we have seen where you wrote "intubation"?

LETBY: Yes.

MYERS: Is that what you were referring to?

LETBY: It is, yes.

MYERS: Earlier in the note where there's a reference to 3ml of blood, can we move across to the left-hand side and the lower part, please, Mr Murphy?

Where we can see right in the body of that, the centre of it:

"Fresh blood noted from mouth and 3ml blood aspirated from NG tube."

Do you remember we saw where that's recorded on the chart with the initials [Initials of Nurse B] next to it?

LETBY: Yes.

MYERS: That's the reference to the --

LETBY: It is, yes.

MYERS: -- 3ml, is it? Do you recall what part [Nurse B] played in these events as they were going along?

LETBY: Not from my memory now, no.

MYERS: Do you have a recollection, a clear recollection, of how events unfolded -- we can take the note down for the time being -- after this event at 14.50?

LETBY: After this event here?

MYERS: Yes.

LETBY: I have some memory, not in any great detail.

MYERS: What was the atmosphere like concerning [Baby N] as that afternoon went on? We see there were these multiple attempts at intubation.

LETBY: It was becoming increasingly chaotic. More and more staff were coming to try and assist. There was a sense of panic around the unit, I think, that we weren't sure how we were going to manage [Baby N].

MYERS: Do you remember how many people were present as the afternoon went on, how many people gathered?

LETBY: There were loads of people, I would say 10 to 15.

MYERS: Were you his designated nurse during this?

LETBY: Yes.

MYERS: Were you the only person caring for him at any point?

LETBY: No, [Baby N] needed such care that he always had at least two members of staff with him. I remember [Nurse B] helping a lot and the doctors were near enough in the room the whole time.

MYERS: Do you recall what the plans were as the afternoon went into the afternoon and there were continuing concerns about intubating [Baby N]? And I mean intubating with an ETT.

LETBY: Yes, once the Countess of Chester anaesthetic team had come over and not been able to intubate, a discussion took place

with Alder Hey and it was decided that a team from Alder Hey would come out to assess [Baby N].

MYERS: Did you have all the drugs you need to treat him given his condition? I'm talking --

LETBY: We didn't have factor VIII.

MYERS: You didn't have factor VIII. If we just go back to the note we had up on the screen, tile 233, and go across to the right-hand side and the lower part of the entry we finished with. If we scroll down a little further, this is the entry timed 18.30. What's the final comment at 18.30 that you put in?

LETBY: "Factor VIII brought to unit by specialist nurse at Alder Hey Children's Hospital."

MYERS: Right. So what was going on that led to you putting that comment on the note?

LETBY: Once [Baby N] -- he had blood back from his tube throughout the day and the medical team felt that he needed -- we needed to have factor VIII and there was none on the unit for him.

MYERS: We know a dose had been given round about 11 o'clock that morning.

LETBY: Yes, that was mum's.

MYERS: That was the mum's?

LETBY: It was mum's factor VIII, yes.

MYERS: How long had [Baby N] been on the unit for by this point?

LETBY: Since his birth.

MYERS: Since 2 June?

LETBY: Yes.

MYERS: And he was known to be somebody who had a low factor VIII requirement?

LETBY: Yes.

MYERS: And there was none available for him on the unit?

LETBY: No, and then it became a panic and therefore it was couriered over then from Alder Hey.

MYERS: Is that what that refers to --

LETBY: Yes.

MYERS: -- where it says:

"Factor VIII brought to unit by specialist nurse at Alder Hey"?

LETBY: Yes, as an emergency.

MYERS: Can you describe events for us as we move then towards the point when we know the Alder Hey team arrived, going into the evening now?

LETBY: Before the team arrived?

MYERS: Yes. We can take the note down for the time being, although we will be going back again.

LETBY: There was continual intervention with [Baby N] throughout that time. I believe baptism was offered at some point to the parents. There was just lots going on in the room.

MYERS: Do you remember when the Alder Hey team did arrive?

LETBY: Yes.

MYERS: That's Dr Potter and the doctors who were with him, is that correct --

LETBY: Yes.

MYERS: -- Dr Francis Potter? Can you describe to us what happened? We know there's a further desaturation soon after that. Can you describe to us those events, Ms Letby?

LETBY: The team from Alder Hey came and there was a lot of discussion and handover going on around the nursery area as to what we were going to do for [Baby N] and the Alder Hey team had brought specialist equipment with them and also wanted to set up a theatre in the labour suite in case we needed to advance to a surgical airway, so there was a lot of discussion and planning going on around that. At this time handover was taking place as well, so the night staff had arrived.

MYERS: What time are you talking about roughly?

LETBY: Around 7.30 in the evening. And during that time that's when the episode happened.

MYERS: Well, lets just try and get some specific times just to help with that. I'm going to ask Mr Murphy to put up the clinical note made by[Dr D], the doctor who dealt with some of these events in the afternoon, and it's tile 420, please.

So this is a note [Dr D] made at 21.05 that evening, I am not going to read out all of it, we spent so me time looking at in evidence, but we can see the list of doctors who participated in events to intubate [Baby N] there. Do you see those, Ms Letby?

LETBY: Yes.

MYERS: If we scroll down a little further, let's look at the timings. Thank you. We've got Dr Potter, Dr Lakin, ENT consultant arrived around 19.15 for assistance; is that the timing roughly as you recall that?

LETBY: Yes.

MYERS: And you describe the event took place. It says here:

"19.40, desaturation. 80 down to 50 down to 40s and associated bradycardia."

Again, does that fit with your recollection of timings approximately?

LETBY: Yes, it does, yes.

MYERS: We also note here it says here to the right:

"Intubated first attempt, size 3 centimetre ETT at 19.53 by Dr Potter."

LETBY: Yes.

MYERS: Do you recall [Baby N] being intubated?

LETBY: Yes.

MYERS: Let's just see, for conclusion, your note regarding this which is at tile 233. It's on the right-hand side of the central entry. Can you assist us with what you've put into the system at 20.53 that day?

LETBY: "Medical team from Alder Hey Children's Hospital, ENT and anaesthetics, arrived approximately 19.00. Assessed [Baby N] and decision made to attempt intubation in CLS theatre and advance to tracheostomy if required. Equipment and medications sourced. Observations stable. At 19.40 profound desaturation to 30s with colour loss. Stiff and back arching, became bradycardic. Neopuff

in 100% oxygen commenced via I-Gel airway. Mottled ++. Doctors present. Resuscitation commenced as documented. Drugs and fluids checked by myself and Staff Nurse Simcock. Care handed over. All events took place on NNU prior to moving to CLS theatres. Transport team arrived 20.40. Medical care led by intensivist from Alder Hey and Consultant Gibbs."

MYERS: Thank you for that. Do you recall who was present at the time that this desaturation happened at 19.40?

LETBY: There were multiple staff there.

MYERS: Can you help us with specifically who or not? I'm not asking that critically just asking if you can --

LETBY: I know I was talking to Belinda Simcock at that time, handing over. I couldn't recall exactly who was where but there were multiple members of staff.

MYERS: How much of a focus was [Baby N] for all the medical staff present?

LETBY: He was the focus of the whole unit at that point.

MYERS: Thank you. How were you feeling as events were building up round about 7 o'clock through to the point that [Baby N] was intubated?

LETBY: He was a real concern, we were all very worried about him. And to have that many experienced staff intubating and not be able to secure a tube, we were really concerned for [Baby N].

MYERS: And we had evidence from [Dr D] about you appearing to be stressed or anxious at the time that the team turned up from Alder Hey. Is that a fair description?

LETBY: Yes, I was.

MYERS: And why were you stressed and anxious by that point?

LETBY: It was something I'd never experienced before and I have never known staff to come from other hospitals or other departments within the hospital. I had never seen that many people in the nursery for one baby.

MYERS: What was the concern at that point?

LETBY: The concern was that if we couldn't get an airway for [Baby N] he would have to undergo surgery, which again is something I'd never seen or heard of before.

MYERS: How did that make you feel, the thought of [Baby N] undergoing surgery like that in those circumstances?

LETBY: It was frightening.

MYERS: For what, or who?

LETBY: For his safety. We wanted him to be well and the fact that we couldn't manage his airway was concerning.

MYERS: Who did take handover over this period?

LETBY: Belinda Simcock.

MYERS: We know that [Baby N] was intubated --

LETBY: Yes.

MYERS: -- and in due course stabilised. I'm going to move -- again, it seems abrupt, dealing with it like this, not intended, but I'm going to move next to count 20, a count relating to [Baby O] or [Baby O] as he's also called.

We've got [Baby O] and [Baby P] on counts 20 and 21, but we'll look at what happened with [Baby O] first and then look at matters relating to [Baby P]. I'm going to ask if we could start then with the first -- well, tile 2 of [Baby O], please. Can we have a look at what's behind that, please?

So [Baby O]. Born 21 June 2016 at 14.24 hours. Triplet, second of triplets. 33 weeks and 2 days' gestation. 2,020 grams, so a little over 2 kilograms in weight. Born by caesarean.

Just to remind you, Ms Letby, and the ladies and gentlemen of the jury, we've got a sequence of babies we look at in this period, as you probably recall. Count 20 deals with [Baby O] and events on 23 June 2016. Count 21 deals with [Baby P] and events on 24 June and then you may recall, ladies and gentlemen, count 22 is concerned with [Baby Q] and events on 25 June. So there's a sequence that we're dealing with there.

If we just keep that in mind because one matter runs into another to some extent. We'll look at the detail again, as we have been doing when we come to your evidence, Ms Letby, but can I just help us all by reminding you and the jury what count 20 is in its most basic elements.

It relates to the 23rd. There are three particular timings that we looked at, though of course there's various events as we go along. So on 23 June, at 13.15, so just after 1 o'clock in the

afternoon, there was vomiting and abdominal distension that [Baby O] experienced.

Then at 14.40, he underwent a profound desaturation and bradycardia and was noted to be mottled and his abdomen red. And then at 15.51, he desaturated to the 30s with bradycardia and required CPR. And sadly, died at 17.47.

So we have a sequence of timings there: 13.15, 14.40 and 15.51. Again, I emphasise, there's other details in the evidence; I'm just trying to assist by picking out the key timings.

You'll recall, Ms Letby, as the jury will, that on post-mortem, amongst other findings in the case of [Baby O], there was identified a subcapsular haematoma or haematomas on the liver and we saw images of that, smaller ones in the case of [Baby P], more marked in the case of [Baby O], again to help us with our recollection.

In the case of [Baby N], we've had events that took us up to 15 June. Do you recall what was happening in your life between the end of those shifts on 15 June and when we come to this sequence of dates on 23 June?

LETBY: Yes, I'd been away on holiday with [Nurse E] and another friend.

MYERS: Right. Let's have a look at the shift pattern if we could, which is at -- the relevant one we're looking at here now, thank you, Mr Murphy, is at page 33229. If we just enlarge the upper part of that.

Do you remember we'd looked yesterday at the messages that refer to doing six long days in the course of 8 days?

LETBY: Yes.

MYERS: That was the 8th through to 15 June; is that correct?

LETBY: That's right.

MYERS: And 15 June was where we started this morning with [Baby N]. So what was happening over the 16th through to 22nd when we look at the grey patch on this?

LETBY: So I was abroad on holiday.

MYERS: The 23rd, is that the first day back?

LETBY: It is, yes.

MYERS: Thank you. Can we put up the message, please, at tile 21, Mr Murphy? We'll look at a number of messages.

We've got a series of messages that we have exchanged before you start on the shift, Ms Letby. Tile 21, a message at 14.10 of the 22nd. So is this the day you got back off holiday?

LETBY: Yes.

MYERS: Is that the actual day you arrived back in the UK?

LETBY: Yes.

MYERS: And it's from Jennifer Jones-Key to you, it says:

"The triplets have delivered. [Nurse D] texted as me to work tonight or Friday. When you back in? [as read]"

Can we go to the next tile, please?

You reply:

"Yeah, I heard. Days tomorrow, Fri, Sat."

So when was it you knew that you'd be working on those days, Ms Letby? Or do you know when it was you knew you'd be working those days?

LETBY: No.

MYERS: All right. Move on, please, to tile 23. Jennifer Jones-Key saying to you after that:

"Aw, hope you get some rest today."

Tile 24, your reply to Jennifer Jones-Key:

"Yep, probably be back in with a bang lol."

So we understand what you mean by that, what do you mean by "back in with a bang lol"?

LETBY: That I'd come back to work and be straight into a busy shift.

MYERS: Does it indicate you were planning something dramatic and terrible when you got back?

LETBY: No.

MYERS: Tile 25, please. Jennifer Jones-Key to you:

"Probably lol. You'll be fine though, you don't mind being busy. I'm annoyed they're trying to get us in when trying to get rid of us, so I've said no."

And the next tile, please, your response to Jennifer Jones-Key:

"I do, lol. Yeah, can completely understand that plus unfair to keep asking when you're on annual leave."

When you're saying, "I do lol", what are you saying you agree with?

LETBY: Sorry, can I just see the one before?

MYERS: Yes, can we put up tile 25, please.

LETBY: Oh, "Enjoy being busy". Yes, she said I cope okay with being busy.

MYERS: When you were asked to work shifts, how ready were you to go in and do extra shifts?

LETBY: I was very available.

MYERS: Why was that?

LETBY: Because I had no other commitments outside work and I lived very close to the hospital. I was very amenable to changing and helping the unit when I could.

MYERS: Thank you. Can we go next, please, to tile 39. Still the same day but a little later on. We'll look at several tiles here. This is a message from [Dr A] to you, 17.13 that day:

"How was the flight? Unpacked as well. It's the only way. Washing machine on? Day has been rubbish [emoji]. Lots of unnecessary stress for NNU and too much work to fit into one day [emoji]. I may have overfilled the unit again. SHOs have all been fed and watered and the babies are generally okay so maybe not as bad as I'm thinking."

Your response at tile 40:

"Glad it's over but flight was and airport was fine, thanks. On second load of washing. Oh, that's not good. Back to earth with a bump for me tomorrow then. You seem to be quite good at acquiring babies to fill our empty cots. Good work, reg, but I'm guessing you've not been fed and watered."

And the response to that, please, from [Dr A] to you:

"It's a skill I've had for years. To be fair, there wasn't a social admission. Yes, you might be a bit busy. Oh, you're right: I made sure they went first. just realised when I last ate. Oops."

Again, was there anything unusual about being busy like this on the unit?

LETBY: No.

MYERS: When Jennifer Jones-Key in the text earlier, the messages, has said to you something about trying to get -- "I'm annoyed they're trying to get rid of us" -- sorry:

"I'm annoyed they're trying to get us in when trying to get rid of us."

What was she talking about?

LETBY: There were conversations around that time about not having band 4 nurses on the unit anymore --

MYERS: Right.

LETBY: -- so there was a discussion about whether those band 4s would lose their jobs.

MYERS: That's what she was referring to?

LETBY: She is, yes.

MYERS: Did you appreciate what sort of day would be lying ahead of you before you went in for the shift on the 25th?

LETBY: Yes.

MYERS: Sorry, the 23rd. Let's have a look at the layout for that shift then, please, and we'll go to tile 106. We'll remind ourselves: the shift leader, Melanie Taylor. You are the designated nurse there, Ms Letby, for [Baby O]. Also on duty, Samantha O'Brien, Christopher Booth, Yvonne Griffiths, Yvonne Farmer, Rebecca Morgan. Do you remember who Rebecca Morgan was?

LETBY: Yes, a student nurse.

MYERS: And Janet Cox. You'll find that at the front of the NNU if that helps -- NNU review. You should do.

If we scroll down to see the actual layout, you tell us who you were looking after that day.

LETBY: I was in nursery 2 with [Baby P] and [Baby O] and another baby, JD.

MYERS: You were allocated all three?

LETBY: Yes.

MYERS: And what level of care were these, the triplets, at this point?

LETBY: High dependency.

MYERS: What is the ratio meant to be for high dependency babies to nurses?

LETBY: One nurse to two babies.

MYERS: So is this the correct --

LETBY: The three babies here were high dependency.

MYERS: Is that the correct ratio?

LETBY: No.

MYERS: Is that outside the guidelines?

LETBY: Yes.

MYERS: Why is it necessary to have the right number of nurses for the right number of babies?

LETBY: So that we can make sure we give each baby the care that they need.

MYERS: Is nursery 1, there's four babies in there. Is that the intensive care nursery?

LETBY: Yes.

MYERS: What is the ratio of intensive care babies to nurses?

LETBY: One-to-one.

MYERS: Is that being followed?

LETBY: No. And the nursery is also full.

MYERS: Why do you make the point about the nursery being full? Why is that relevant?

LETBY: Because it shows how much level of care was needed at that time. We had four babies, all in nursery 1, obviously needing intensive care.

MYERS: When you came on to the shift, do you recall who had been caring for [Baby O] overnight?

LETBY: No.

MYERS: I'm going to put up tile 89, please, so we can see the position from overnight. It's the bottom left section.

Thank you.

We can see here 23 June 2016, first of all a note at 02.19 by SE. Who is SE?

LETBY: Sophie Ellis.

MYERS: So Sophie Ellis, we can see, in fact, is caring for [Baby O] overnight?

LETBY: Yes.

MYERS: Would you have taken a handover from Sophie Ellis?

LETBY: Yes.

MYERS: Would she have spoken with you about how the night had been?

LETBY: Yes.

MYERS: Independently of this note, do you have any recollection of what you were told?

LETBY: No.

MYERS: Have a look at what the note said, we heard this in evidence, but as we go forwards. At 02.19, she had put:

"Cares taken over nor night shift at 20.00. Safety checks completed and fluid requirements calculated. Nursed in inc [incubator] with Philips monitoring. Inc temperature reduced accordingly due to temperature of 37.3 -- to recheck hourly as appropriate. All other observations stable. Pink, warm and well perfused."

Then it gives the Optiflow measurements and the saturations:

"No increased work of breathing."

It sets out the details for the TPN and how that is arranged:

"Enteral feeds 2x12 via NGT. Increasing 2ml to two to four-hourly. TPN reduced appropriately. Tolerating feeds well. Part-digested milk aspirates. Under half of feed volume four-hourly. Abdo full but soft. Has passed urine and passed meconium."

Then moving towards the point that you are involved, Ms Letby, we have an addendum at 06.41 by Sophie offence [sic]:

"TPN stopped as reached full feeds of DEBM [which we know is donor-expressed breast milk]. Tolerating well."

It has the details for feeds:

"Antibiotics stopped as 2x CRPs below 10 and blood cultures negative at 36 hours. Cannula removed."

It sets out the blood gas. It then has:

"Lactate 2.3. Reg Mayberry informed. Weaned to 4 litres on Optiflow. Done at 06.30."

Pausing there, if lactate is 2.3, is that something that you might inform the doctor about?

LETBY: Yes, it's outside of the normal parameters.

MYERS: And what does an increased lactate indicate or possibly indicate?

LETBY: That there's an ongoing issue with a baby, it's a stress response.

MYERS: Finally, an addendum at 07.32:

"Abdo looks full, slightly loopy. Appeared uncomfortable after feed. Reg Mayberry reviewed. Abdo soft. Does not appear in any discomfort on examination. Has had BO. To continue to feed but to monitor."

Is that detail you'd expect to have received when you come on to the shift?

LETBY: Yes.

MYERS: Do you recall any particular issues with [Baby O] at the start of the shift?

LETBY: No.

MYERS: We've seen on the layout, and we can take the note down please, Mr Murphy, that included in the staff for the day or the people on the unit is Rebecca Morgan.

LETBY: Yes.

MYERS: Can you tell us who Rebecca Morgan was?

LETBY: Rebecca Morgan was a student nurse that was doing a placement with us at that time and it was her first day on the unit.

MYERS: When you began your evidence, I'd asked you about mentoring and you told the jury about mentoring and student nurses. What was your role so far as Rebecca Morgan was concerned?

LETBY: I was her allocated mentor, which means that she would predominantly spend her placement working with myself and I would be responsible for ensuring that she gets exposure to different skills and signing paperwork for the university.

MYERS: On a day like this, 23 June, what would you expect to happen with her on the unit?

LETBY: The usual process is that on their first day they would be orientated to the unit by one of the management team, particularly Yvonne Farmer who is the education specialist. On this day that wasn't possible due to the workload so that fell to me on that day.

MYERS: So who would she be with?

LETBY: Me.

MYERS: When you say whatever would normally happen with Yvonne, what would you have to do with her since Yvonne wasn't available?

LETBY: I had to take on that induction process and --

MYERS: And what did that involve?

LETBY: That's showing her round the unit, explaining fire procedures, just general orientation to the ward and what our daily routine is like on the unit and things.

MYERS: On top of looking after three high dependency babies in nursery 2?

LETBY: Yes, and I also didn't know that I had a student until I came on that morning.

MYERS: You found out then?

LETBY: Yes.

MYERS: Then in terms of looking after the babies when you're dealing with them or observations, what's the situation with her and you, that's Rebecca Morgan and you?

LETBY: Rebecca at that point was at a point where she was able to conduct nasogastric tube feeds and observations indirectly supervised. But I would always -- they also have to get a countersignature for anything they've done with the baby so I would be in close proximity most of the time, but not fully direct supervision.

MYERS: If we look at just a couple of messages in the sequence, first of all at tile 110. This is a message from you to [Nurse E] at 8.15 that morning. You send a message to [Nurse E]:

"It's busy but not vents anymore. I've got triplets in 2 all okay but got a student and first day. Two-hourly feeds, et cetera, no time to do anything lol and Yvonne F in but said I can show her sound [that should be 'around'], et cetera."

And the response from [Nurse E] at 111, please, Mr Murphy:

"What? That's ridiculous. When are you meant to get time to do a proper induction?"

Does that induction refer to what you were describing to us about the requirement to show a student nurse around?

LETBY: Yes.

MR JUSTICE GOSS: May I just ask, vents?

LETBY: Ventilator. So no intubated patients, nobody on a ventilator.

MR JUSTICE GOSS: No one on a... thank you.

MR MYERS: Can we move down next to tile 116, please? Just before we look at that, where [Nurse E] had said, "What? That's ridiculous", is that an opinion you would share as to the demands that were being put on you at that point?

LETBY: Yes, and I did raise it with Yvonne Farmer at that point.

MYERS: Tile 116. You send a message to [Nurse E]:

"No idea. She's nice enough but bit hard going to start from scratch with everything when got 3 babies I don't know and two-hourly, et cetera. Ah well."

Can we next look at the message at 9.40 at tile 130. It comes in a series of messages between you and [Dr A]. This says:

"My student is glued to me."

What are you describing, if we can't imagine it, but so we understand it, what do you mean by "My student is glued to me" when you send this at 9.40?

LETBY: It was her first day on the neonatal unit and she was very much by my side as her mentor, she was very new to a neonatal unit.

MYERS: The prosecution allege that you intended to kill [Baby O]. Is that something you are planning as this is taking place?

LETBY: No.

MYERS: What were you intending to do that day, Ms Letby?

LETBY: To give the best care that I could for the babies and to also support the student nurse.

MYERS: Let's look at the early part of this shift from your note, which is at tile 109, please. This note has a number of entries. If we look at the bottom right-hand of this page, we can see the note is made, if we just enlarge the lower part, the lower right-hand corner, at 20.35 on 23 June. So we'll see this is a note that is completed -- is that at the end of the shift?

LETBY: Yes.

MYERS: We'll come back to the way the note is dealt with a little later. Let's just read this:

"Written for care given from 08.00 onwards. Emergency equipment checked. Fluids calculated. [Baby O] nursed in an incubator. Observations within normal range."

Can we go over the page, please:

"Remained on Optiflow, 4 litres in air. Nil increased work of breathing. 2x12 feeds. Donor EBM via NG tube. Minimal milk

aspirates obtained. Abdomen appeared full but soft and non-distended. Smear of meconium present at anus. Active and alert."

So that's -- we can see from what follows next, that's the position up to 13.15, which is the first part of the count.

We're focusing at this point on [Baby O]. Who else are you looking after and being ready to write up notes on with regard to this morning and this day?

LETBY: The two other high dependency babies that were in the nursery allocated to me.

MYERS: We've seen from the charts there's a system of fluids that are recorded and given and observations taken on the hour. Is that something that had to be dealt with for all of them in the course --

LETBY: It is, yes.

MYERS: -- of that day? Was Rebecca Morgan involved in that process?

LETBY: Yes.

MYERS: Can we put up tile 88, please, which is the fluid balance chart. These charts are available in the paper bundle, members of the jury, but you don't need to go there unless you want to. They'll be on the screen. You have them in paper of you want to look at them or make any notes on them. We will put it on the screen.

If we pull back for a moment and see the entirety there. We know this is the chart for 23 June. Can you see the entries where the initials for the shift we're dealing with begin, Ms Letby?

LETBY: Yes, 08.30.

MYERS: 08.30. And if we look down in the 08.30 column, whose initials appear there?

LETBY: Rebecca Morgan.

MYERS: And what's recorded in that column?

LETBY: That is a nasogastric tube feed that's being given.

MYERS: Who is giving that feed?

LETBY: Rebecca Morgan.

MYERS: Is that your handwriting there?

LETBY: No.

MYERS: So who completed this chart?

LETBY: Rebecca Morgan.

MYERS: And would you be with her during that?

LETBY: Not necessarily, no.

MYERS: Would you be in the same nursery?

LETBY: Yes, and she would have to inform me that she was doing the feed.

MYERS: Then if we move forwards to 10.30, whose initials are there?

LETBY: Rebecca Morgan -- oh, initials? Sorry, that's mine.

Sorry.

MYERS: Yours. Who's actually completed what we see above that?

LETBY: Rebecca Morgan.

MYERS: Just in case anyone wonders, why do we have your initials if it's Rebecca Morgan who's dealt with this?

LETBY: It's standard practice, if you have a student, that they have to have everything co-signed by a registered member of staff.

MYERS: When we come to 12.30, what's happened there?

LETBY: It's the same again: Rebecca Morgan has given the feed and I have signed to say that she has done that.

MYERS: You signed. Who's actually filled in the entries for feeds and aspirates?

LETBY: Rebecca Morgan.

MYERS: We know we're heading towards an event at 13.15, but the 12.30 feed has been given by who?

LETBY: Rebecca Morgan.

MYERS: Can we also, please, have a look at the observation chart for the same period, which is at tile 18. Again, this is in paper if anyone wants to follow it in paper.

It might be this is one where it's helpful to take the timings and just carry them down to above the handwritten entries at this stage if that's possible. Then we can enlarge the chart so we can see what's been written at the bottom and up to the first yellow section. That starts at 8.30 on 23 June, so we can carry those timings down if that's possible.

If we look for the 8.30 column, who's completed that?

LETBY: Rebecca Morgan.

MYERS: Right. Did you write the RM or not?

LETBY: No, that's not my writing.

MYERS: Going up from there, who's filled in the various measurements, Optiflow, humidity, probe and so on?

LETBY: Rebecca Morgan.

MYERS: If we carry on up the chart, would she therefore have also completed the marks we see recording temperature, respirations and heart rate?

LETBY: Yes.

MYERS: And again if we look across the top, let's just see -- we've got 8.30, 10.30, 12.30; who's completed those from what you can see there?

LETBY: That's not my writing, so I would assume it's Rebecca Morgan.

MYERS: Whilst we're up at this part, 13.30 and 14.30 --

LETBY: That's my writing.

MYERS: And 14.30, is that your writing too?

LETBY: Yes.

MYERS: Can we go back down then to see who signed off at the bottom? I don't know if it's possible to carry the timings down so we have the timings on a bar so we can see it. Don't worry if it isn't, Mr Murphy. We know the first one with Rebecca Morgan's signature is 8.30. The next to the right is Rebecca Morgan's

signature at 10.30. So who's filled in what we have above Rebecca Morgan there?

LETBY: Rebecca Morgan.

MYERS: The 12.30 entry you identified as Rebecca Morgan's handwriting. There's no initial for 12.30, is there?

LETBY: No.

MYERS: Again, is that something that happens from time to time that there is no initial?

LETBY: Yes, it's just human error.

MYERS: Does it mean anything sinister has taken place?

LETBY: No.

MYERS: Or anything deliberately deceptive?

LETBY: No, the observations have all been carried out, so...

MYERS: Who's completed those observations on that occasion?

LETBY: From the writing, Rebecca Morgan.

MYERS: What about if we go right of there and we come to 13.30 and 14.30?

LETBY: So that is my writing.

MYERS: And your initials?

LETBY: Yes.

MYERS: So you've dealt with those observations?

LETBY: Yes, I've done those myself.

MYERS: Okay. Thank you. We can take that down.

Do you recall what happened round about 13.15? Without going to the note, do you have any independent recollection?

LETBY: Yes, some.

MYERS: You describe it, Ms Letby, and then we can see if the note adds anything.

LETBY: I was outside nursery 2 and I heard a monitor alarming, I went in and found it was [Baby O] alarming and he was vomiting.

MYERS: Do you recall, when you went in, whether there was anybody else in nursery 2?

LETBY: I can't say from memory.

MYERS: All right. Can we have a look, please, at tile 109 again and look at what you put in for 13.15. It's on the left-hand side, the second section down. If Mr Murphy could enlarge that, I'm going to ask you to read it, please, Ms Letby.

LETBY: "Reviewed by Registrar [Dr A] at 13.15. [Baby O] had vomited undigested milk. Tachycardic and abdomen distended. NG tube placed on free drainage. Septic screen carried out. Blood gas poor as charted. 10ml/kg saline bolus given as prescribed along with antibiotics. Placed nil by mouth and abdominal X-ray performed. Observations returned to normal."

MYERS: We'll stop there at this point. Who had been responsible for feeding [Baby O] up to this point?

LETBY: Rebecca Morgan.

MYERS: The vomit that took place -- we've heard described a number of different vomits in this case. Are you able to describe to us the extent -- the scale of this vomit?

LETBY: It wasn't a significant vomit.

MYERS: When you say isn't significant, what do you mean by that?

LETBY: So the amount that he had vomited was sort of standard for what we would see in babies that do vomit.

MYERS: Right.

LETBY: It wasn't a concerning vomit.

MYERS: At this point was there anything in his condition which suggested there had been a dramatic change in his health?

LETBY: No.

MYERS: Was he moved from nursery 2?

LETBY: No.

MYERS: We've got the notes up, so could you read on, please, for what happens when we come to 14.40?

LETBY: "Approximately 14.40, [Baby O] had a profound desaturation to 30s, followed by bradycardia, mottled ++ and abdomen red and distended. Transferred to nursery 1 and Neopuff ventilation commenced. Perfusion poor. Intubated with drugs at 15.03 and placed on ventilator. Stable."

MYERS: Right. In fact, could you read on from what we have there, please?

LETBY: "Doctors crash called at 15.51 due to desaturation to 30s with bradycardia. Chest movement and air entry observed. Minimal improvement. Re-intubated. CPR commenced 16.19 and medication/fluids given as documented. Further venous access obtained x2 peripheral."

MYERS: Pause there. How did you first find out what happened at 14.40?

LETBY: I heard the monitors alarming.

MYERS: Right, we can take this down for the time being so we can hear what you have to say about this.

At 14.40 you hear the monitors alarming?

LETBY: A monitor was alarming.

MYERS: A monitor was alarming: [Baby O]'s monitor?

LETBY: When I went into the nursery I found it was [Baby O], yes.

MYERS: What did you do? We've seen what the note has to say there, but do you recall what you then did so far as [Baby O] was concerned?

LETBY: I called for [Dr A], who was in the nursery next door.

MYERS: By comparison with what had happened at 13.15, the vomit at 13.15, how did this compare?

LETBY: This was more significant because [Baby O] needed intervention at this point. He needed assistance with the Neopuff and he looked different, he looked unwell at this point.

MYERS: Can you help us by what you mean, the description, "He looked unwell", so the members of the jury can follow --

LETBY: His colour changed, he was more mottled, his abdomen was a bit redder than it had been previously. He just generally didn't look as well as he'd looked before.

MYERS: What do you understand mottling to be a sign of?

LETBY: Mottling can be a sign of infection, a baby that's cold. Mottling is something we see quite often with babies.

MYERS: All right. The charge relating to [Baby O] is one of the charges where it's alleged that an air embolus is responsible for what took place --

LETBY: Yes.

MYERS: -- at least in part. I've asked you generally about that at the start of your evidence. I want to just look at some entries on the sequence of events and the neonatal review of what happened around 14.40. But let me start by asking, did you do anything which involved air being introduced into [Baby O]?

LETBY: No.

MYERS: Or, for that matter, any baby in this case?

LETBY: No.

MYERS: Would you?

LETBY: Never, no.

MYERS: Can we look in the neonatal review, page 4. It may be helpful to have the paper, ladies and gentlemen, if you want to take it to follow this. It'll be on the screen as well. This is CEH22, events 21 and 22.

I'm going to this because of how entries appear in the neonatal review and the allegation of air embolus. It'll become apparent why.

So if we are able to put it on the screen, Mr Murphy, we're going to page 4 of this neonatal review, CEH22.

We're looking at the -- from line 89 to the bottom, please. We can all see this. I'll just make sure we're all there. Page 4 of 14, ladies and gentlemen, is where we are.

We can see the event marked at line 98. Can you see that, Ms Letby, at 14.40?

LETBY: Yes.

MYERS: As matters are presented on the neonatal review, can you see at line 92 and 93 what's recorded there?

LETBY: Medication is being given by Melanie Taylor and Samantha O'Brien.

MYERS: Yes. That's two separate entries for two different e-prescriptions?

LETBY: Yes.

MYERS: We can also see at lines 95 and 96, it says, "Administration history update on computer", with the same nurses?

LETBY: Yes.

MYERS: So what will that relate to by reference --

LETBY: The two medications in the top two lines.

MYERS: So there's been two medications and then there's been updating on the system?

LETBY: Yes.

MYERS: How will the medication have been given?

LETBY: Intravenously.

MYERS: Right. Then as it's presented here, what's at line 97?

LETBY: A commencement of an infusion by myself and Samantha O'Brien.

MYERS: How will that infusion have been given?

LETBY: Intravenously.

MYERS: What time do we have for that?

LETBY: 14.40.

MYERS: Yes. And then we have recorded there an event, the collapse.

LETBY: Yes.

MYERS: So let's be clear: what's presented on the neonatal review here are two prescriptions, two medications delivered intravenously by Mel Taylor and Samantha O'Brien at 14.39?

LETBY: Yes.

MYERS: And as it appears here, an infusion by you and Samantha O'Brien at 14.40?

LETBY: Yes.

MYERS: Now, we're going to look at what lies behind this, but can you help us at all? When we look at line 97 with the infusion, is that in the right place as it appears before the event?

LETBY: No. I believe that that was given as a response to the event.

MYERS: Right. So what would the correct order be from what you understand the position to be?

LETBY: It would be the black line and then afterwards would be the infusion.

MYERS: What about the prescriptions that were injected by Melanie Taylor and Samantha O'Brien at 14.39?

LETBY: I can't comment on those because I wasn't there.

MYERS: Right. Well, I'm going to now just look at what we actually have on the documents themselves. So can we go to tile 191 first, please, Mr Murphy?

This deals with -- what medication is that?

LETBY: A sodium chloride flush.

MYERS: Can we scroll down, please? Thank you. This is where we need to go. This is a medication at the first row. What time is this medication given or administered?

LETBY: The top page?

MYERS: Yes, as we're looking at it now, the top row.

LETBY: 14.39.

MYERS: Who's delivered that at 14.39?

LETBY: Samantha O'Brien. I'm not sure who that user is.

MYERS: We know Melanie Taylor is down on the actual neonatal review as the other nurse, "Emmy Tay". Nurse Emmy Tay, who is that likely to be?

LETBY: Nurse Taylor.

MYERS: That's administered at 14.39, filed at 14.40?

LETBY: Yes.

MYERS: Can we look next, please, at tile 192? Working forwards through the sequence of events now. If anyone does have the neonatal review there, you can follow the timings there too. We're going to see this is for 14.39, but what medication are we dealing with now?

LETBY: An antibiotic, cefotaxime.

MYERS: If we scroll down to the first or the box with the dose in it, how is that -- who's administered that and when?

LETBY: That was administered at 14.39 by Nurse O'Brien and Nurse Taylor.

MYERS: Right. In fact, both those medications are recorded as 14.39.

LETBY: Yes.

MYERS: Which way round would it be if you've got cefotaxime and sodium chloride?

LETBY: The sodium chloride would come after the cefotaxime.

MYERS: You described before how a line after antibiotics are used is flushed; is that correct?

LETBY: When any medication is given it is always flushed afterwards, yes.

MYERS: So we have the two medications given at 14.39 by Mel Taylor and Samantha O'Brien?

LETBY: Yes.

MYERS: And the system updated at 14.40; is that correct?

LETBY: Yes.

MYERS: Can we go next, please, as we're travelling through this, to tile 193? 14.39 is door swipe data, "Maternity labour ward to neonatal, in". Where are you coming from or going to at that point?

LETBY: I'm entering the neonatal unit, having been on the labour ward.

MYERS: Do you know how long you'd been on the labour ward for?

LETBY: No.

MYERS: This is you coming on at the same time as those medications are recorded as being given?

LETBY: Yes.

MYERS: Tile 198, please. This is the event we're looking at at 14.40. Can we next look at tile 199, a note by [Dr A].

I want to read the opening part of this note. It's [Dr A], written in retrospect:

"Called to see [Baby O] at around 14.40. Desaturation, bradycardia and mottled. Bagged up and transferred to nursery 1."

LETBY: That's "Continued Neopuff requirement".

MYERS: "Continued Neopuff requirement in 100% oxygen."

It's got the heart rate and the oxygen levels. Oxygen up to 100% and...

LETBY: "With increased pressures."

MYERS: "IV", can you tell us what this says?

LETBY: "IV cefotaxime 50mg/kg and 10ml/kilo 0.9% sodium chloride bolus."

MYERS: Yes. Then what?

LETBY: "Already given."

MYERS: "Already given", yes. And what follows that, a further 10ml?

LETBY: "Further 10ml fluid bolus given."

MYERS: "Given", right. So we have cefotaxime and sodium chloride already given and a further bolus given?

LETBY: Yes.

MYERS: Then intubated following morphine?

LETBY: Yes.

MYERS: You've said that what you did with Samantha O'Brien is as a result of or after the event.

LETBY: Yes.

MYERS: So can we move then next, please, to tile 200, the next in the sequence. If we look here, can you find for us the medication you were involved with when we consider what's on the sequence that we're dealing with?

LETBY: It's the second line down.

MYERS: Right. What is that?

LETBY: It's a sodium chloride bolus.

MYERS: Why was that given?

LETBY: In response to the deterioration at 14.40, around that time.

MYERS: Who's given it?

LETBY: Myself and Samantha O'Brien.

MYERS: Where can we see that you've given that?

LETBY: In the "given by" column.

MYERS: And the timing for that?

LETBY: 14.40.

MYERS: Right. Does that form either of the two prescriptions given at 14.39?

LETBY: No.

MYERS: Why was that given?

LETBY: In response to the event at 14 -- well, approximately 14.40.

MYERS: Right.

LETBY: He'd become mottled, so standard treatment would be to give a bolus.

MYERS: Where had you actually been 1 minute before this collapse actually took place?

LETBY: I wasn't on the unit.

MYERS: Right. Let's move on, please. [Baby O] had been moved to nursery 1; is that correct?

LETBY: After this point, yes.

MYERS: After this point. What happened when he went to nursery 1? Can you help us, please, Ms Letby?

LETBY: Firstly, it took some organising, we had to move some babies out of nursery 1 to make room for [Baby O]. Once we got him into nursery 1, a decision was made to intubate him.

MYERS: Do you recall how events went from that point on?

LETBY: Not in any clarity, no.

MYERS: I'm going to just show you an entry in the note of Dr Brearey and ask you to comment on this if you can, it's something that's observed. It's at tile 283, please, Mr Murphy.

It's a note written later that evening at 18.00 by Stephen Brearey. We can see -- we saw this in evidence -- when he wrote it, that he was dealing with events some time after 3 o'clock when [Dr A] had been involved in intubating [Baby O]. I'm going to read the first paragraph:

"Written in retrospect. On unit and assisted with initial intubation by [Dr A] this afternoon. Good capnograph colour change and bilateral air entry. Initially put on ventilator."

It's got the rates and the details:

"Small discoloured [query] purpuric rash on right chest wall. Good perfusion."

Then we can see after that it says:

"Called back to NNU to assist approximately 16.30."

Which helps place the timing there.

You see what it says in Dr Brearey's note about:

"Small discoloured purpuric rash on right chest wall"?

LETBY: Yes.

MYERS: And do you remember hearing about that in the evidence?

LETBY: Yes.

MYERS: Is that something you observed at any point?

LETBY: No, it isn't.

MYERS: Or is that something that was identified to you at any point?

LETBY: No.

MYERS: What discolouration, if any, had you seen on [Baby O] up to or at about this time?

LETBY: On his abdomen.

MYERS: We can take the note down, thank you.

We're going to read through the rest of your note and then deal with questions that come in relation to that, so we'll go back to tile 109, please.

We'd reached, when we were reading it earlier, the point that says, "CPR commenced 16.19"; do you see that?

LETBY: Yes.

MYERS: Which is where we get to at the end of where we've read on Dr Brearey's note, when he returned.

Do you have, outside this note, a clear recollection of what took place from there until the sad end of the events that afternoon?

LETBY: No, I remember certain aspects but it all kind of merges together. There was a lot going on over the next few hours.

MYERS: Do you recall the medication or medications being given to [Baby O]?

LETBY: No -- as in who gave them?

MYERS: The process of medication being given.

LETBY: I can't recall.

MYERS: Can you see in the note it says:

"17.15 desaturation. CPR commenced"?

LETBY: Yes.

MYERS: We're stopping and starting, we know. Do you recall that happening?

LETBY: Yes.

MYERS: Do you recall the CPR taking place?

LETBY: Yes.

MYERS: Can you help us with who was present round about this period? So it's clear, I don't want to seem imprecise, I realise I'm asking (inaudible) when I say "this period", we've looked at a time at 16.19 and now I'm looking at a time of 17.15. Over that hour or so do you recall who was present?

LETBY: Yes. Nurse Taylor and Christopher Booth and the doctors as well, Stephen Brearey and [Dr A].

MYERS: Do you remember any other doctors present?

LETBY: Not from my memory now, no.

MYERS: When you say not from my memory now --

LETBY: There may well have been, I can't recall anybody else specifically.

MYERS: We see the reference to CPR at 17.15. Do you recall CPR taking place?

LETBY: Yes.

MYERS: Did you perform CPR?

LETBY: Not from my memory, no.

MYERS: Do you know who did perform CPR from your memory?

LETBY: I believe it was rotated amongst several members of staff.

MYERS: Right. Do you recall how many times CPR, how many sessions, if I could put it that way, of CPR there were with [Baby O]?

LETBY: I just know there was more than one. I can't specify how many.

MYERS: To dispel any mystery can we put up for a moment, please, tile 227. We can see here, this is the neonatal resuscitation record, and at the top line in it for [Baby O], "Chest compressions started", and we've got two times which are what, Ms Letby?

LETBY: 16.19 and 17.16.

MYERS: All right.

LETBY: So two episodes of --

MYERS: Two episodes. We can take that down, thank you, Mr Murphy.

Do you recall any other particular procedures performed upon [Baby O] as time moved on?

LETBY: Yes. I remember that we were struggling to get any intravenous access, so an intraosseous needle was used, which is quite a brutal thing to see and we had to go and get that equipment from the children's ward, and I remember as well Dr Brearey inserting a drain into the abdomen in view of it being so red and swollen.

MYERS: Right.

LETBY: I'd not seen that before.

MYERS: Whenabouts did that happen in the sequence of what was taking place, do you recall?

LETBY: Sort of during the resuscitation.

MYERS: We know that the efforts to resuscitate [Baby O] didn't succeed.

LETBY: No.

MYERS: What is, if it's possible to convey to us, the atmosphere like when that point is reached when people have been trying to save the life of a baby?

LETBY: It's very -- everyone is just completely flat. There's a complete change in atmosphere.

MYERS: How does it feel?

LETBY: To me personally?

MYERS: Yes.

LETBY: It's devastating. You want to be able to save every baby in your care. That is not what's supposed to happen: you're not supposed to watch a baby die.

MYERS: Do you still have to provide support, so far you're able, to the family in the immediate aftermath?

LETBY: Yes, and to the other babies on the unit as well.

MYERS: Write the notes up?

LETBY: Yes.

MYERS: We see the notes are completed -- or the time on them is 20.35.

LETBY: Yes.

MYERS: Where did you have the information to write those notes up because the note covers the whole day?

LETBY: Notes were made throughout the afternoon, either on my handover sheet or on a piece of paper towel or loose paper. That's how things are documented during busy situations.

MYERS: I'll come back to that in a moment. But I'd asked you about the CPR that happened.

We know that after the post-mortem or at the post-mortem, injury, haematoma, was identified on [Baby O]'s liver. We've all seen that. Do you know -- do you know how he came to receive that injury?

LETBY: No.

MYERS: I want to look with you briefly at something we have in a document introduced by the prosecution as part of the case called the post-indictment sequence or schedule and a sequence of tiles in that schedule, starting at tile 111. So I'm going to ask if we could go to that and put up tile 111.

We start with a message on 30 June, so if we just take stock of the fact that we've moved forwards in time. It's a little bit before midnight, 23.51, it's a message from [Dr A] to you:

"Did J tell you what was wrong earlier?"

We're going to get more information as we go along, but who is J in this message?

LETBY: An SHO, Jessica Burke.

MYERS: Did you know that's who he was talking about at this time?

LETBY: Yes.

MYERS: We'll get an idea of what's going on as we scroll on. Tile 114, please -- sorry, tile 112:

"Not really [you say]. We started talking but the then people came into the nursery and she dashed off."

Tile 113, please. [Dr A]:

"I'm not sure where the information has come from. It seems that on the SHO grapevine somebody at LWH..."

What do you understand to be LWH?

LETBY: Liverpool Women's Hospital.

MYERS: "... has said that one of the triplets was found to have a ruptured liver. J was upset that this may have been caused by her chest compressions."

Next tile, please. Your response:

"Oh no, that's awful."

Next tile, again from you:

"No wonder she's upset. Were you able to reassure her?"

When you say, "No wonder she's upset", did you know that she'd been upset?

LETBY: Yes, she'd been very upset with me on that day in the nursery.

MYERS: Can you tell us, when you say "that day", are you talking about the day we're looking at here?

LETBY: Yes, I had been at work in the daytime.

MYERS: What had happened?

LETBY: Jess and I were in the nursery at some point and she was very upset about something she had heard about [Baby O].

MYERS: Go to the next tile, please. Did she say to you what it was she was upset (overspeaking) that she'd heard?

LETBY: No, we didn't get chance to have a conversation at that point.

MYERS: Did you know any more detail than that she was upset?

LETBY: No.

MYERS: Right. This is [Dr A] to you, tile 116:

"We spent 20 minutes in a cubicle going over everything. The CPR was all at the fifth rib space between the nipples. The DuoDERM on E was high. If there was anything it will have been due to fluid volume causing liver distension."

Pausing there, there's a reference here to E in that note. So far as Jess Burke and her distress were concerned, who did that relate to?

LETBY: [Baby O].

MYERS: Can we go to tile 117? [Dr A] to you:

"I'm not sure I believe it."

Tile 118:

"It was a coroner's PM. It usually takes weeks to get any report."

Next tile, please:

"It seems a bit like the rumour mill has gone into overdrive [this is you to [Dr A]]. The boys were only returned today. Can't see how info would be out that quick."

Tile 120:

"No, me neither."

Just follow this to the end of this sequence. Tile 121:

"Not nice for J, though. Can see how it would play on her mind."

You say.

Tile 123:

"This has come at the end of a seven-day run for her. Not a good time", says [Dr A].

124:

"No, it's good she felt able to tell you."

Finally, 125:

"I'm good for a hug and a chat. I think I helped."

How upset, can you remember, had Dr Burke been when she spoke to you?

LETBY: She was very upset, she was crying.

MYERS: Can we just look, please, on the sequence -- and my Lord, I know we've run past 11.30, but perhaps I could just finish this part and then we could take a break then?

MR JUSTICE GOSS: You decide the best moment.

MR MYERS: Is that all right, Ms Letby, that we continue what we're dealing with now?

LETBY: Yes.

MYERS: I'm going to ask to look at tile 330 if we could, please, on the actual sequence now, back to [Baby O]'s sequence. I said I'd just return to the question of the notes and a little more detail, please, Ms Letby. Thank you. In fact, can we just go one tile back to lead into this?

So this is you, and we're back now to the day we were dealing with, 23 June. We've seen the time that you finished the notes, 20.53 or thereabouts, or started them in any event. At 21.09, we have a message from you to [Dr A]:

"Just walking home. Parents very grateful for everything. Nice to have some fresh air."

And tile 330, please. [Dr A] says:

"Your notes must have taken a long time. Had you documented anything from this morning?"

Tile 331, your response to that?

LETBY: "Only a little. Had the other 2 to write on as well and sorting out the FFP, et cetera. Left signing for drugs until tomorrow."

MYERS: Right. You had started to tell us how you keep the information available for writing up the notes, as it happens, for three sets of children.

LETBY: Yes.

MYERS: Let's go back over that. How do you know what happened when you come to write your notes up at the end of a shift?

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

MYERS: When in this note you finish:

"Left signing for drugs until tomorrow."

Can you explain to us what that refers to?

LETBY: So I hadn't completed all of the documentation for the medications and as I was back in work the next day, I planned to do it then.

MYERS: What was happening with whatever notes you'd had in between the end of your shift and completing writing up medications the next day?

LETBY: I needed it for the next day.

MYERS: So where was it?

LETBY: It came back.

MYERS: Where was it at this point?

LETBY: At this point, in my pocket.

MYERS: The notes that you had were in your pocket?

LETBY: Yes.

MYERS: What were you going to do with those?

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

MYERS: Probably my fault. You've got the notes in your pocket, you've said something about "left signing up drugs until tomorrow", you're talking about walking home. What's going to happen with those bits of paper?

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

MYERS: For you to do what?

LETBY: To carry on with the documentation of the drugs.

MYERS: That's what that relates to?

LETBY: Yes.

MR MYERS: Thank you.

I wonder if we could take a break at this point.

MR JUSTICE GOSS: Yes. Just 10 minutes or thereabouts. Thank you very much.

MR MYERS: My Lord, before the jury leave, may I ask them to come in at midday? I'd be grateful just to have a little longer to organise a couple of matters.

MR JUSTICE GOSS: Certainly. Slightly longer.

(11.48 am)

(A short break)

(12.00 pm)

MR MYERS: Count 21, Ms Letby, [Baby P]. I'm going to ask Mr Murphy to put up tile 2, please, so we have the details and just have a look what's behind the front page of the tile.

[Baby P], born, of course, on 21 June 2016 at 14.23, making him the first of the triplets. Birth weight of 2.066 kilograms, delivered by caesarean.

The count that we're dealing with next, ladies and gentlemen, count 21, as you now know, as you recall, follows after the events with [Baby O], so it's 24 June, the next day. Again, just to assist with where we're going, I will identify key times that

we have looked at in the evidence and then we'll go through, Ms Letby, and look more closely at this with you.

But in fact, ladies and gentlemen, we start at 18.00 the day before, 23 June, when there was mild abdominal distension recorded in [Baby P]'s clinical notes and we'll look at this shortly. Overnight, the 23rd into 24th, he was cared for again by Nurse Ellis and there were recorded milk and air aspirates of some size. We'll look at the size shortly just to remind ourselves. That was overnight.

Ms Letby, you were designated to look after [Baby P] the following day when we get to the 24th. At 09.40 that morning, [Baby P] experienced apnoea, bradycardia, desaturation, and he was seen to be mottled and with a distended abdomen. You may recall, ladies and gentlemen, that's just shortly after there'd been an examination by Dr Ukoh, who had been in that nursery. That's at about 9.40 that morning.

At 12.28 that afternoon, there was further desaturation and bradycardia. That's the point at which in her evidence, again to assist you, ladies and gentlemen, [Dr B] says she noticed a tube had moved or been dislodged. I don't say these to make any concessions on the evidence, but it's just to assist us with the details that we heard, just to place things as we go to them now.

It's also at around that time that it turns out a right-sided pneumothorax was identified on a chest X-ray.

Later that afternoon, 15.14, there was a collapse and cardiorespiratory arrest during which [Baby P] received two infusions of adrenaline. You'll recall they're the ones for which we applied the mathematics as to the level of dose, and also 16 additional boluses of adrenaline. And again, sadly, at 16.00, resuscitation ceased and [Baby P] died.

So these are the events we look at, Ms Letby, ladies and gentlemen, in fact so far as they've been presented, starting at about 18.00 on the 23rd with that mild abdominal distension, going overnight, and then the first of the deteriorations at 9.40 on the morning of 24 June and going on from there.

Can we look at tiles 17 and 18 for the layout, please. Just to remind ourselves, 23 June, we just looked at this, is the morning after you came back off holiday.

LETBY: Yes.

MYERS: Just briefly can we look at tile 18 which shows how matters were at the start of that day for [Baby P]. To be quite

clear, ladies and gentlemen, we're back on that first day again, the first day with [Baby O] as well, but because the events follow on alongside that, we're just starting there to keep track of everything. So we have seen this this morning already and you're looking after all the triplets in the high dependency nursery; is that right?

LETBY: Two of the triplets, yes.

MYERS: Yes, two of the triplets in the high dependency. When we come to the end of the shift on 23 June, the end of the shift on 23 June, how did [Baby P]'s condition seem to be for you, if you can remember?

LETBY: I don't recall there being anything significant happening, but I was busy with [Baby O], so --

MYERS: Yes.

LETBY: -- I can't be specific on what was happening with [Baby P] at that time.

MYERS: I understand. Let's go to the note that you made then, which is in the [Baby P] sequence at tile 168. Thank you.

This is the note. We can see 20.24, so this was written at the end of that day when, sadly, [Baby O] had died; is that correct?

LETBY: Yes.

MYERS: We know you had a number of events to document. Can you just read into the record, so we have it, what you noted for [Baby P] at the end of that day?

LETBY: "Written for care given from 08.00 to 14.00. Emergency equipment checked, fluids calculated. [Baby P] nursed in an incubator, observations within normal range. Continues with two-hourly feeds. EBM/donor EBM via NG tube. Minimal aspirates obtained. Abdomen appears full but soft and non-distended. Urine and meconium passed. Alert and active. Handling well. CUSS performed this morning, NAD. Delay in giving caffeine due to workload. Septic screen carried out this evening by Consultant Gibbs in view of sibling's deterioration. Difficulty obtaining IV access. Secured after numerous attempts. For IV cefotaxime and flucloxacillin. Requires blood gas."

MYERS: In fact we can see the note is timed 20.24. The first part said "Written for care given from 08.00 to 14.00"; can you see that?

LETBY: Yes.

MYERS: Does this actually consist of two parts, this note, as it happens?

LETBY: Yes.

MYERS: It covers right to the end of the shift, does it?

LETBY: Yes.

MYERS: From your care for [Baby P] were there any particular concerns that you identify at this stage?

LETBY: No.

MYERS: And this is how he was -- does this reflect how he was at the end of your shift.

LETBY: Yes.

MYERS: Again, just to keep track of events that we know apply here, can we look at the note made by Dr Cooke for the evening. It's at tile 134.

This is a note made by 18.00 by Dr Cooke. She'd been there with Dr Gibbs and an examination had been conducted with [Baby P] then. We can see here, if we look at "on examination", the fourth line down:

"Abdomen full. Mildly distended."

Do you see that?

LETBY: Yes.

MYERS: That's something that was identified in the evidence. Anything that you saw with [Baby P] that casts any light on that or raises any issue with that?

LETBY: No.

MYERS: Is there anything unusual for a baby to have an abdomen that's full and mildly distended?

LETBY: No.

MYERS: We can see in the plan that included a plan to have an abdominal X-ray; can you see that?

LETBY: Yes.

MYERS: The third item.

LETBY: Yes.

MYERS: Again, because it features in the evidence as we move forwards, can we just remind ourselves what that X-ray shows. That's at tile 173. Just go into that, please.

If we just look at the image first of all on the first page. The timing of this, although it was ordered at 6 o'clock, it's taken at 20.09. Can you see that?

LETBY: Yes.

MYERS: Were you still caring for [Baby P] at the time this X-ray was taken?

LETBY: No.

MYERS: What time had you ceased to be looking after [Baby P] on this evening?

LETBY: Officially at the 14.00 that I'd written in my notes.

MYERS: Officially at 14.00?

LETBY: Yes.

MYERS: What do you mean there?

LETBY: I'd written in my notes care given from 8 in the morning until 14.00. After that time, other nurses assisted with his care.

MYERS: Right. Is that because you were occupied with looking after [Baby O]?

LETBY: Yes.

MYERS: So had you been involved closely with looking after [Baby P] after 14.00?

LETBY: No.

MYERS: Do you know precisely who was looking after [Baby P] after 14.00?

LETBY: No.

MYERS: And at what time did that shift finish in any event?

LETBY: 20.00.

MYERS: Right. So had you been looking after [Baby P] in the period leading up to this radiograph, this X-ray?

LETBY: Not that I recall, no.

MYERS: If we just scroll down to see what's written by the radiologist:

"NG tube in satisfactory position with its tip in the gastric body. Gas-filled bowel loops throughout the abdomen through to the lower rectum, with no evidence of obstruction and no plain film signs of perforation. No intramural or portal vein gas demonstrated."

That's how that presented, but you had -- in that note it said "Care given up to 14.00"?

LETBY: Yes.

MYERS: And you had been preoccupied with [Baby O] from then until the end of the shift?

LETBY: Yes.

MYERS: Is that right?

LETBY: Yes.

MYERS: Do you know whether Rebecca Morgan had been involved in caring for [Baby P] during the afternoon of 23 June? We're still on 23 June. Do you recall what she had been occupied with?

LETBY: Sorry, is this the day with [Baby O]?

MYERS: This is the day with [Baby O] still.

LETBY: Yes, so -- yes, she was.

MYERS: We start there because attention has been focused on abdominal distension at 18.00 and this X-ray. So that's why, so you understand, not critically, but that's why we're looking at events concerning you over this period because it's something the prosecution point to, so we're dealing with it.

LETBY: Yes, so at that point I still had three babies in nursery 2, which Rebecca Morgan was helping me with and caring for.

MYERS: With that in mind, and what we're looking at here, can we look at the observations for [Baby P] at tile 22, please? Again,

these are in paper for anyone who wishes to see them in paper. At this stage we're concerned with events on 23 June, so if we go into the tile and scroll down, we're going to -- we're looking at the central part of these observations and we can see where 23 June begins at 00.

We're going to look at the entries at the bottom and the timings of the observations. Again, I don't know if it's possible to carry the timings down or not. Otherwise, if it isn't, can we go to the top to see where 08.00 begins? 08.00 is the start of the shift on the 23rd, it's the first of the 3 days we're looking at, the day, sadly, that [Baby O] died. We're looking at care for [Baby P] at 08.00. Can you help us there with who's conducted observations, in fact, at 08.00?

MR JUSTICE GOSS: If you're looking at it this paper, I think one or two of you are looking at it in paper, it's in the middle of section 21. And in the very bottom right-hand corner there's a little number 123 and you will see the numbers are sequential. They're intermittent, but they increase in number. It's 123 and it's about in the middle of that section --

MR MYERS: Thank you.

MR JUSTICE GOSS: -- in the middle of a collection of observation charts.

MR MYERS: Ms Letby, can you help us with who's completed that column?

LETBY: So that column, the writing looks like it's Rebecca Morgan's and that's my signature at the bottom.

MYERS: That's 08.00?

LETBY: Yes.

MYERS: Next column along, this day, 10.00.

LETBY: That's Rebecca Morgan and again I've co-signed at the bottom.

MYERS: Next column, 12.00. Who's dealt with the observations with [Baby P] then?

LETBY: Rebecca Morgan.

MYERS: 14.00?

LETBY: The same, Rebecca Morgan.

MYERS: And then 18.00, which is the time at which mild abdominal distension is identified?

LETBY: That's Rebecca.

MYERS: Right. Identified in the notes by Dr Cooke. Who's completed that?

LETBY: Rebecca Morgan.

MYERS: When we come to 20.00, who's caring so far as the signature is concerned?

LETBY: That was Nurse Ellis, who was on the night shift.

MYERS: That's the observations. Can we look at the fluid chart at tile 24. Again this is also in paper, ladies and gentlemen, for anyone who's following it in paper. Tile 24.

We've seen observations by Student Nurse Morgan around at 8 o'clock, 10 o'clock, 12, 2, 4 and 6 o'clock.

LETBY: Yes.

MYERS: We're going to look again on the fluid chart for who's dealt with the entries for [Baby P] on this day. If we look across the top we can see 08.00. If we just mark that out. We can see the chart on the screens in its entirety. Have you completed the entries for 08.00 on this chart, Ms Letby?

LETBY: I've co-signed a signature at the bottom, but the actual written documentation is Rebecca Morgan.

MYERS: This deals with the feeding of [Baby P], doesn't it?

LETBY: Yes.

MYERS: So who would be feeding [Baby P] with regard to this?

LETBY: Rebecca Morgan, because she's written -- she's completed the chart.

MYERS: Right. And at 10 o'clock, who's completed the chart?

LETBY: That's Rebecca Morgan and I have co-signed for it below her signature.

MYERS: Who's dealt with the feeds for [Baby P] then?

LETBY: Rebecca Morgan.

MYERS: 12 o'clock. Who's signed it and who's done the feeding?

LETBY: Again, that's Rebecca Morgan's writing and I have co-signed it.

MYERS: 14.00, same, please?

LETBY: That's the same. Rebecca has completed the feed and I have co-signed at the bottom.

MYERS: During this period what's the scale of the aspirates that have been obtained?

LETBY: Minimal, enough to just test the NG tube.

MYERS: How do you know they're minimal, is there anything written there that tell us --

LETBY: It's written "trace" in the aspirates column, yes. I can't see the one in the middle but there's four trace aspirates.

MYERS: I think we have got "small vomit" in the middle.

LETBY: (Overspeaking).

MYERS: At 16.00, so 4 pm, who's dealt -- filled the chart and who's done the feeding?

LETBY: Rebecca Morgan.

MYERS: And then 18.00, please. Who's filled the chart and who's done the feeding?

LETBY: That's Rebecca Morgan and it's my signature, I believe, in the bottom.

MYERS: Your signature in the bottom. Whose writing is it where we've got "EBM" and --

LETBY: Rebecca Morgan.

MYERS: We know, sadly, what was happening with [Baby O] at this time. Who was therefore dealing with [Baby P] so far as you can assist us with?

LETBY: Other members of staff.

MYERS: Who was feeding [Baby P]?

LETBY: Rebecca Morgan.

MYERS: We'll return to this chart shortly when we look at what happens as we go into the evening shift. Were you aware of any conditions or any problems with [Baby P] at the end of that shift?

LETBY: No.

MYERS: Were you looking after [Baby P] the following day?

LETBY: Yes.

MYERS: Would you have received an update on his condition when you went to work on the morning of the 24th?

LETBY: Yes.

MYERS: Do you recall now anything that was identified about his condition overnight?

LETBY: Yes, I recall that Sophie Ellis was quite concerned about [Baby P] in view of what had happened to [Baby O] and he had been reviewed several times overnight and had been placed nil by mouth due to some concerns for his abdomen and some aspirates that he was having.

MYERS: Was that anything like the condition he'd been in when you were caring for him, or Rebecca Morgan and you, the day before?

LETBY: No.

MYERS: Would you have read the nursing notes and the relevant charts when you started your shift?

LETBY: Yes.

MYERS: Can we look then, please, at the notes immediately preceding what you dealt with on the 24th and that's Sophie Ellis' note at tile 169 for the period overnight. It's the section in the middle. There are two notes for this shift from Sophie Ellis. The first note, 24 June 2016, 01.31:

"Cares taken over for night shift at 20.00. Safety checks completed and fluid requirements calculated. Nursed in incubator. Philips monitor in situ. Apnoea alarm also now in situ as on caffeine. Observations have been within limits. Did have 1 desat into 80s and 1 brady into high 90s. Self-corrected."

Tell us, when it says "self-corrected", what does that mean the nurse has done or hasn't done?

LETBY: So no intervention has been required, she's observed the baby and they have resolved themselves without intervention.

MYERS: Even with a desaturation into the 80s?

LETBY: Yes.

MYERS: "No intervention required. Does at times have a low-lying HR..."

Meaning?

LETBY: Heart rate.

MYERS: "... between high 90s and 110. SHO Henton aware."

It describes the feeding on DEBM by nasogastric tube:

"15ml 2x12. 14ml part-digested milk aspirate gained at 20.00 feed. Nurse in charge informed. Placed on to tummy (monitoring in situ). Continued with feed.

"00.00 feed, 20ml part-digested milk aspirate gained. Abdo is full but soft. Reg Mayberry informed. Plan to put nil by mouth and start 10% dextrose. Cannula site satisfactory. Blood gas completed at start of shift."

And it has the figures there. Then the addendum at 06.39 by Nurse Ellis:

"Abdo has been soft and non-distended. 25ml of air aspirated by Senior Nursing Practitioner Kate Ward [who we know as Kate Percival-Calderbank]. NGT placed on free drainage."

That's the note so far as the care for the baby is concerned for [Baby P] by Sophie Ellis.

Can we also, with reference to what we're looking at, go to the fluid chart, please, at tile 24. We looked at it a moment ago and we're returning to it now.

We're looking at the right-hand side now for the shift where Sophie Ellis is the designated nurse. We can see, Ms Letby, it was referred to in Sophie Ellis' note, at 20.00 she records, "14ml replaced". Can we see that in the aspirate line?

LETBY: Yes.

MYERS: Is that consistent with the condition of how [Baby P] had been during the course of that day when you and Nurse Morgan had been looking after him?

LETBY: So throughout the day shift for us he had had minimal trace aspirates, so this was a change.

MYERS: If we go to the end of that chart, 24.00, midnight, what happens then by way of aspirate?

LETBY: The aspirate has increased in volume.

MYERS: What have we got, what's taken out?

LETBY: 20ml and that has been discarded.

MYERS: Discarded. If there's been a 14ml aspirate at 20.00 and then 20ml at 24.00, what picture does that paint?

LETBY: That the baby is not digesting the milk.

MYERS: Can you help us, from what we've seen from the notes and what's written in this chart, as to what happened at this point? If you look up above the aspirate recorded.

LETBY: That he went nil by mouth, yes.

MYERS: Again, is that something that would be an aim of treatment for a baby?

LETBY: No, that's a decline.

MYERS: When aspirate has been removed like this, what has the nurse actually done to remove it?

LETBY: They've attached a 10ml syringe to the end of the nasogastric tube and pulled back the plunger.

MYERS: So it's a 10ml syringe and they have pulled back and there's 20ml of aspirate here.

LETBY: She would have to have used two syringes.

MYERS: Right. How would she know when to stop?

LETBY: When you pull back and nothing else comes out, you get resistance. Nothing will come if the stomach is.

MYERS: What about if there is air in the stomach, will that come?

LETBY: Yes.

MYERS: So if you've got a lot of aspirate and you're seeking to pull out whatever's there --

LETBY: The air would come as well.

MYERS: Right. Would you know when to stop and leave just air inside?

LETBY: No.

MYERS: You keep going until when?

LETBY: Until you don't get any resistance on the syringe, there is nothing else to draw back.

MYERS: When do you know to stop? Can you keep pulling stuff out?

LETBY: No.

MYERS: It stops coming out?

LETBY: Yes, once you reach that resistance, that's it, you can't take anything else out.

MYERS: Does that mean air is left in the stomach at that point?

LETBY: No.

MYERS: So if 20ml of milk has been removed, would you expect the stomach to have other items in it at that point?

LETBY: No.

MYERS: Would you expect it to have air in at that point?

LETBY: No, I'd expect it to be empty.

MYERS: Can we move on then, please, to this chart where it continues at tile 237. We can see the bottom. This is going past midnight with care continuing by Nurse Ellis for [Baby P]. By this point, has he stopped receiving feeds?

LETBY: Yes, so he's now receiving 10% dextrose instead of milk.

MYERS: Right. So the feeds row is empty --

LETBY: Yes.

MYERS: -- because he is nil by mouth?

LETBY: That's right.

MYERS: So we can see no output at 01.00. If we just move across to when we get to 04.00, what's happened at that point?

LETBY: From reading the chart, 25ml of air has been aspirated.

MYERS: Right. We may recall this involved Nurse Calderbank-Ward also being asked to assist round about this time in the evidence. Is 25ml of air something you would expect to find if he'd been aspirated as he had been at midnight?

LETBY: No, that's a very large volume of air.

MYERS: Should it be there?

LETBY: No.

MYERS: What about if we move forwards to just before your shift commences? We can see at 07.00 we've got 5ml --

LETBY: Of air and 2ml of milk --

MYERS: Right.

LETBY: -- that's been aspirated.

MYERS: Again, if 25ml of air were aspirated at 04.00, would that process mean more air could be left behind at that point?

LETBY: No.

MYERS: So should there be further air aspirated 3 hours later?

LETBY: No, and there's -- also milk has come back at that point as well.

MYERS: From the charts that we have here, how does the overall picture of [Baby P] appear to be in terms of how he was when you had -- he'd been handed over the night before?

LETBY: There's been a noticeable decline in his health.

MYERS: Let's move then into the day shift of 24 June and the layout is at tiles 257 and 258, Mr Murphy, if you could help us with that, please.

We can see shift leader is unknown, but you are the designated nurse for [Baby P] on this shift.

LETBY: Yes.

MYERS: Student nurse Rebecca Morgan is also present. Was she still with you at this point?

LETBY: Yes.

MYERS: If we scroll down to see the actual layout of the nurseries, please, Mr Murphy. Move to tile 258.

Can you just confirm for us which nursery you were in and who you were caring for?

LETBY: I was in nursery 2 with [Baby P].

MYERS: Also, another baby in there --

LETBY: Yes.

MYERS: -- being looked after by Christopher Booth, Nurse Booth.

LETBY: Yes, that was a sibling of [Baby P].

MYERS: We know that, [Baby R].

LETBY: Yes.

MYERS: When was it that you knew that you'd be caring for [Baby P] on the 24th? Do you recall when you were told?

LETBY: Um... Yes, so the night shift -- the evening shift before, the nurse in charge, Belinda Simcock, had asked me if I would like to continue with [Baby P] the next day as continuity for the parents.

MYERS: And how did you feel about that?

LETBY: I felt that was the right thing to do, that the parents had that level of continuity.

MYERS: The shift began, it's got here, at 7.30. Did it follow the normal start to a shift?

LETBY: Yes.

MYERS: We know that we're going to be looking at an event next that happened round about 9.40 -- I say round about because sometimes the timings aren't absolute precise. I'm saying that neutrally. A little after 9.35. Do you recall this happening on the morning?

LETBY: Yes.

MYERS: Can you describe to us, before we go to any notes, what it is that you recall had happened in that nursery with [Baby P] leading to -- the events leading up to it and then the event itself?

LETBY: I was conducting my safety checks and just general observations round the cot side. I noticed that [Baby P]'s abdomen was quite loopy.

MYERS: What do you mean by loopy?

LETBY: That's when we can see visible loops of bowel. It's like, I can't... I can't describe it. You can just see that the stomach has changed and it's raised. I spoke to the nurse in charge about this and we were going to wait for the doctors to review him. Dr Ukoh then came to review [Baby P] and shortly after that is when he had an apnoea.

MYERS: Right. Are you able to say how soon after Dr Ukoh had reviewed?

LETBY: Very soon. He was still in the nursery at that point.

MYERS: Did Dr Ukoh actually review [Baby P] from what you recall?

LETBY: Yes.

MYERS: He reviewed [Baby P]. And you say he was still in the nursery?

LETBY: He was still in the nursery, yes.

MYERS: Still in the nursery at the time of what?

LETBY: When [Baby P] had an apnoea that needed intervention.

MYERS: And do you recall who else was in the nursery at this point?

LETBY: Potentially Rebecca Morgan from my memory.

MYERS: So there's --

LETBY: I couldn't say for definite.

MYERS: So there's you?

LETBY: Definitely myself and Dr Ukoh.

MYERS: Rebecca Morgan?

LETBY: Yes.

MYERS: Can you remember where Christopher Booth was at this time?

LETBY: No.

MYERS: Do you recall what happened after there was a deterioration? Can you describe it and tell us what happened?

LETBY: [Baby P] was apnoeic, Dr Ukoh went over to [Baby P] and began to use the Neopuff on him, and I went out to call for help from [Dr B], who was on the unit at that point, and the doctors who were in nursery 1 doing the ward round.

MYERS: So you've got Dr Ukoh in the room?

LETBY: Yes, with Rebecca.

MYERS: With Rebecca. You can't remember where Christopher Booth was. [Dr B] was on the unit?

LETBY: She was, yes.

MYERS: Did you say there were other doctors on the unit?

LETBY: Other doctors were in nursery 1 carrying out the ward round.

MYERS: Do you remember whether any other doctors came to assist?

LETBY: I remember [Dr A] came.

MYERS: Right. Did [Dr B] assist?

LETBY: She did, yes.

MYERS: Did a crash call go out?

LETBY: I can't recall that because the doctors were on the unit at the time. I don't recall putting a crash call out.

MYERS: Did [Baby P] stay where he was at this point or was he moved?

LETBY: He stayed in nursery 2. At that point nursery 1 was busy and it was felt that it was safer to keep [Baby P] in nursery 2.

MYERS: Thank you. We'll just have a look at the notes, if we could, regarding this -- what happened that day. Can we go to tile 263, first, Mr Murphy.

We start here then we have to move to another tile to actually complete this entry. Now you've described it to us as best you can from your memory, can you assist us by going through the note that you wrote? Can you see what time you wrote this note?

LETBY: It was started at 21.18 and then finished at 22.00.

MYERS: This is actually on the night of --

LETBY: Yes.

MYERS: -- of the day?

LETBY: Yes.

MYERS: All right. We'll have a look at what happens at that evening went on in due course, but please read the note for us.

LETBY: "Written in retrospect for care given from 08.00. Emergency equipment checked, fluids calculated. [Baby P] nursed in an incubator, observations within normal range. [Baby P] nil by mouth. IV fluids 10% glucose at 90ml/kg running via peripheral line. Line occluding. High pressures. NG tube on free drainage. Trace amount in tube. Abdomen full. Loops visible. Soft to touch."

MYERS: Is that the loops you were telling us about, is that what you were describing?

LETBY: Yes:

"Reg Ukoh arrived to carry out ward round. [Baby P] had an apnoea/brady/desat with mottled appearance requiring facial oxygen and Neopuff for approximately 1 minute. Abdomen becoming distended. Decision made to carry out bloods and gas at approximately 09.30."

MYERS: Can we go to tile 292, which is where this continues, please.

Read through to the end of this section --

LETBY: "Shortly after, acute deterioration. Emergency intubation successful. Resus commenced as documented in medical notes."

MYERS: We'll stop and take the tile down for a moment but we might go back to it. Can you recall how [Baby P] seemed to be to you at this point?

LETBY: At which point, sorry?

MYERS: The point we have reached now, with the care he's been given. He'd been intubated?

LETBY: He'd been intubated, yes.

MYERS: Did he seem to be stable at this point?

LETBY: Yes, he'd improved, yes.

MYERS: Are you involved with the pressures that are set for [Baby P] when he's intubated?

LETBY: I may set the ventilator, but that would be on the guidance of the medical team.

MYERS: And once that happened, was he stable for a period?

LETBY: Yes.

MYERS: We know there's a deterioration at 12.28, it was the second of the events that morning that we've focused on in particular. Do you actually have any independent recollection of what happened leading up to and around that deterioration at 12.28?

LETBY: No, I don't, no.

MYERS: What about moving on from there, the events from 15.15 when, again, there was -- [Baby P] deteriorated? Do you recall that?

LETBY: No.

MYERS: We're going to turn to your note and see what that says and then I'll have some questions to ask you about it. Can we go back to tile 292. To just summarise first, we've got an entry for 11.30. It says:

"CPR for 6 mins."

Is this as part of the resuscitation for the earlier event?

LETBY: Yes.

MYERS: "Peripheral access obtained."

It describes his condition, how he presented:

"Colour and perfusion poor. Mottled and capillary refill 3 to 4 seconds. Nil obtained from NG tube. Abdomen full but soft. Nil urine passed, meconium passed."

Can you tell us the next thing that you document, please?

LETBY: I've documented at 12.28 that there was a further collapse:

"Resus as documented in medical notes. Adrenaline infusion commenced along with dopamine. Needle aspiration for right-sided pneumothorax."

MYERS: I'll ask you to pause there at that point. There's no reference in the notes to anything about a tube dislodging at that time?

LETBY: No.

MYERS: From your recollection, did a tube dislodge?

LETBY: Not from my recollection, no.

MYERS: Was there any issue about a tube dislodging?

LETBY: Not from my memory, no.

MYERS: Did anyone ask about a tube dislodging?

LETBY: No.

MYERS: What you do note is:

"Needle aspiration for right-sided pneumothorax."

LETBY: Yes, I recall that.

MYERS: We know, without doubt, there was a pneumothorax.

LETBY: Yes.

MYERS: Do you have any recollection of when that was first identified? Any independent --

LETBY: After the collapse.

MYERS: Pardon?

LETBY: After the collapse --

MYERS: Yes.

LETBY: -- and the CPR.

MYERS: Outside what we have in the note, can you help us with it?

LETBY: Oh, no.

MYERS: Right. Do you recall who performed the needle aspiration for the right-sided pneumothorax?

LETBY: No.

MYERS: Do you recall what happened after the collapse at 12.28 outside what we have in this note?

LETBY: I just remember there being a general decline throughout the rest of the shift then. It's just a lot of interventions required, more and more.

MYERS: Were you involved in the care for [Baby P] as the day went on?

LETBY: Yes.

MYERS: We can see, if we look at 12.47, it says:

"Adrenaline infusion doubled to..."

And it's got a change in the rate. Can you see that?

LETBY: Yes.

MYERS: I'm not going to go through the mathematics with you, Ms Letby; that's to be dealt with elsewhere and has been already. But were you involved in giving any of the doses of adrenaline that [Baby P] received?

LETBY: I would have to check the charts but I know I did give a lot of medication on this day.

MYERS: You gave medication?

LETBY: Yes.

MYERS: Because in this note you have written down things that you did and the technicalities, haven't you?

LETBY: Yes.

MYERS: But you didn't write the note until that evening, did you?

LETBY: No.

MYERS: So again, I know I've asked you this before with regard to [Baby O], how did you have available the information that you could use to complete this?

LETBY: So notes were made at the time on a piece of paper or paper towel.

MYERS: All right. We can take this note down if you would, please, Mr Murphy.

Notes are made on a piece of paper or towel and then what do you do with those notes?

LETBY: They would then be written up at a later point into the Meditech system and on to the relevant charts.

MYERS: Do you recall at any point as the afternoon moved on any significant aspect of [Baby P]'s colour or discolouration?

LETBY: No.

MYERS: Was this something that the doctors at the Countess of Chester Hospital could deal with, what was happening, from what you saw?

LETBY: [Baby P]'s condition at that time?

MYERS: As the afternoon went on.

LETBY: No, there was an increasing sense of anxiety on the unit and there was a huge sense of relief then when the transport team did arrive.

MYERS: So transport team. Who are they, where are they from?

LETBY: The transport team is an intensive care team from Arrowe Park Hospital and that was led by Dr Oliver Rackham at that time.

MYERS: He gave evidence here, didn't he?

LETBY: Yes.

MYERS: And why were they called, do you know?

LETBY: For extra support for [Baby P] and for transferring him out for tertiary level care, which is what he was needing at this point.

MYERS: Do you recall during the afternoon which doctors were present, which Countess of Chester doctors were present?

LETBY: Yes, [Dr B] throughout, [Dr A], Jessica Burke. I think Dr Cooke was around at points and also Dr Brearey.

MYERS: How was [Dr B] coping with what was taking place as the afternoon went along?

LETBY: She was becoming increasingly agitated and quite stressed about things. She was regularly leaving the unit to go and have a cigarette, which she often does when she's stressed.

MYERS: So she'd go outside the building and then come back in?

LETBY: Yes.

MYERS: You are saying she was stressed, how are you feeling?

LETBY: The same: we were all very anxious, particularly in view of what had happened to [Baby O] the day before.

MYERS: And I don't mean to be indelicate, but what were you anxious about?

LETBY: That there didn't seem to be any clear plan from the doctors. Nobody seemed to know what was happening and very much just wanted the transport team to come and offer their expertise.

MYERS: And why did you need them there?

LETBY: Because of how poorly [Baby P] was and the things that we were offering him weren't working. It was beyond our level of care.

MYERS: Did you speak to [Dr B] during the afternoon as to how you were feeling?

LETBY: Not from my memory.

MYERS: Did you ever voice to her your concerns that maybe [Baby P] wouldn't make it or wouldn't make it out?

LETBY: I can't recall that specific conversation, no.

MYERS: Could you have said something like that?

LETBY: Potentially. I have no recollection.

MYERS: Were you there when [Baby P] died?

LETBY: Yes.

MYERS: Were you involved in giving support to the family as well as you could when that happened?

LETBY: Yes.

MYERS: What did you do?

LETBY: The family were present throughout the afternoon while [Baby P] was declining. Then support was given afterwards in terms of what we could give them -- I'm sorry, what do you mean?

MYERS: What did you do with the family? [Baby P] has passed away. What was your involvement, Ms Letby?

LETBY: In supporting them.

MYERS: Yes. And what did you do for them, do you recall?

LETBY: No.

MYERS: I'm not trying to test your memory unfairly.

LETBY: Sorry, no.

MYERS: We can go to your note in a bit but I am giving you the opportunity to see if you can remember and tell us what you did.

LETBY: I know I dressed [Baby P] and [Baby O] at their request.

MYERS: I know necessarily in the way we're dealing with things in this trial we deal with an event and then another event and another event, a baby and a baby and a baby because we're having to do it that way, but can you convey to us what the atmosphere was like on that unit when a second baby, a second twin, had died like this on 24 June?

MR JUSTICE GOSS: A triplet. Second triplet.

MR MYERS: I apologise.

LETBY: It was a completely flat atmosphere. Everybody was shocked, devastated.

MYERS: You use the word flat, but then you said shocked and devastated.

LETBY: I think the general mood -- you can just tell that the whole unit just was flat generally, there just wasn't -- it wasn't the usual sort of positive atmosphere that we would have.

MYERS: And how did you feel about -- you feel personally about what had happened where [Baby P] was concerned, as you had with [Baby O], his triplet?

LETBY: I was really upset about this. To have it 2 days in a row and to imagine what those parents had gone through to lose two of their babies, it was harrowing.

MYERS: Harrowing?

LETBY: Yeah.

MYERS: Can we look at the note, please, at tile 292. Go across to the right-hand side. Just to see the family communication. Scroll across or, rather, slide across.

I appreciate I was asking you what you'd done to support the parents and I appreciate you're being asked about things that happened a while ago and there's a lot of detail here as we deal with count after count after count.

LETBY: Yes.

MYERS: So in fairness, to assist, let's look at the family communication. What time were you writing this note up?

LETBY: 22.00.

MYERS: What do you note that you did where the family are concerned? And you can read the note out, please, as the easiest way.

LETBY: "Parents present and updated throughout. Aware of how ill [Baby P] was and that transport team were coming to take him to Liverpool Women's Hospital. Baptism offered and accepted. Parents held [Baby P] as he passed away and have spent time with him and sibling [Baby O]. I have dressed [Baby P] at their request and taken photos of [Baby P] and [Baby O] together. Support ++ given to parents and extended family. Time spent on Lavender Suite as a family. Mum discharge and parents have gone to Liverpool Women's Hospital to be with sibling, [Baby R]."

MYERS: All right. Again, we've dealt with this before. Why is it you that's dealing with the family at this point?

LETBY: I'm the designated nurse.

MYERS: And where it makes reference to photographs taken, is that something that does happen as part of the policy?

LETBY: Yes, it's part of the bereavement pathway.

MYERS: Who decides if photographs are to be taken?

LETBY: It's offered to the parents and they would have to consent to those photos.

MYERS: Are you following a policy that's set up to be dealt with in circumstances like this?

LETBY: Yes.

MYERS: The note here is written at 22.00 and we can take that down now, please, Mr Murphy, thank you.

Is there any particular reason why this note comes to be written so late that evening?

LETBY: Obviously it was a busy shift and a lot of the notes needed to be done retrospectively, but I'd also had to go to A&E for a period of time that evening after having a needlestick injury.

MYERS: Let's just scroll back a moment. You said you got a needlestick injury; what needle was that?

LETBY: It was one of the needles that had been used for the intraosseous access on [Baby P].

MYERS: And where had that needle gone?

LETBY: It penetrated through his limb and had come out of the skin.

MYERS: No, so far as you were concerned, where had the needle gone? To you.

LETBY: Sorry, in my finger.

MR JUSTICE GOSS: Why you needed to go to A&E.

LETBY: Sorry, it pricked my finger.

MR MYERS: All right. It's a lot of detail we're going through and we've dealt with three babies this morning that together

took two/three weeks of trial time. We appreciate that, Ms Letby. Just take our time.

You'd hurt your finger?

LETBY: Yes.

MYERS: And that was caring for [Baby P]?

LETBY: Yes.

MYERS: Is that before or after he died?

LETBY: It was afterwards. It was when I was dressing [Baby P] and [Baby O] for the parents.

MYERS: What happens, whatever the circumstances, if you get an injury like that, what do you have to do?

LETBY: There is a pathway that you have to follow. And the first part of that is attending A&E.

MYERS: Is that where you went?

LETBY: It is, yes.

MYERS: And what happens when you get to A&E?

LETBY: You have blood samples taken and boosters, booster vaccinations such as hepatitis.

MYERS: And whilst you were there, is that what was done for you? Is that what was done for you?

LETBY: Yes.

MYERS: How were you whilst you were at A&E?

LETBY: I was unwell when I was there. I fainted.

MYERS: So it's probably difficult to answer, but do you know why you fainted (overspeaking) --

LETBY: The stress of the day. I hadn't eaten, we hadn't taken any breaks. I think the overall enormity of the last 2 days had sort of taken its toll.

MYERS: Yes. Did you return to the unit after you'd been to accident and emergency?

LETBY: Yes, because I still had notes to complete.

MYERS: And did you complete those notes?

LETBY: Yes.

MYERS: We don't need to go through them all again. We saw some messages when we went through the evidence with [Dr A] about enquiries from him to you about how accident and emergency had been.

LETBY: Yes.

MYERS: Is that relating to what you're describing to us?

LETBY: It is.

MYERS: There are also some messages where he had waited to give you a lift home. Can you perhaps take us through that, what was that about?

LETBY: [Dr A] was aware that I'd been unwell in A&E, and that I would be walking home alone that evening, so he offered to give me a lift home.

MYERS: Did he drop you off?

LETBY: He did.

MYERS: Where did he go after that?

LETBY: He went home.

MYERS: I just want to ask you, before we finish at lunchtime, a little bit about some of the material that was found relating to the triplets, [Baby O] and [Baby P], when the police went to the house, to your house. So can we put up on the screen, please, Mr Murphy, first of all, page 22 from those prosecution images.

We've seen this before. This is the Ibiza bag. There are various handover notes or documents found within that. So let's just move forwards to the ones we need to look at. Page 23, please.

This is items spread out on the surface by the police. I would like us to go the handover sheets. The handover sheet for 23 June, Mr Murphy, which I've got down as the first page 24. We've got about seven page 24s, so I'll try and describe them to you.

Are you all right to deal with this, Ms Letby, just before lunchtime?

LETBY: Yes.

MYERS: If we remind ourselves what they are. We've got the handover sheet -- this is the 25th. I am sorry if I said the 25th, I meant the 23rd first of all.

I just want to look at the 23rd and the 24th. The 25th, by the way, which is on the screen, is the day you were carrying for [Baby Q], isn't it, Ms Letby?

LETBY: Yes.

MYERS: We'll deal with that after lunchtime.

(Pause)

If there's a difficulty, I can move on with questions, Mr Murphy. Don't worry.

(Pause)

Whilst we are waiting for this, Ms Letby, I will ask you some questions about it because it's just to have the image of the handover sheet there and we can probably stretch our imaginations to think of it whilst we wait for it to appear.

23 June. You have the handover sheet, which includes on it [Baby P] and [Baby O] --

LETBY: Yes.

MYERS: -- and the various notes on the back of that.

LETBY: Yes.

MYERS: Is that the handover sheet that you would have taken home with you at the end of that shift, if you remember?

LETBY: Yes.

MYERS: You told us earlier on about that.

LETBY: Yes.

MYERS: Then we'll also see, either now or at some other point, that you have the handover sheet for 24 June too.

LETBY: Yes.

MYERS: Which on it has [Baby Q], although you weren't his designated nurse on that occasion, but also, [Baby P] --

LETBY: Yes.

MYERS: -- and [Baby R], who Christopher Booth was looking after.

Can you help us with how it is those notes, and indeed the one we've got on screen, 25 June for [Baby Q], how it is they come to be at home with you?

LETBY: They've come home in my uniform and I have not done anything with them.

MYERS: You described earlier a particular reason why the note on 23 June had come home.

LETBY: Yes, it was kept because I still had notes to do the following day.

MYERS: Right. We know on the backs of these handover sheets there's various handwritten notes.

LETBY: Yes.

MYERS: Are they by you?

LETBY: Yes.

MYERS: What are those handwritten notes of?

LETBY: Events that had happened throughout the day for the babies I was caring for.

MYERS: Are they just for the babies on this indictment or do they include other babies who aren't on the indictment?

LETBY: No, any baby that I was allocated to look after.

MYERS: You have the handover sheets with the notes on the back of them over this period?

LETBY: That's what the handover is for: we would write on the back of the sheet about the babies we were looking after.

MYERS: I wonder, Mr Murphy, if we could actually go to tile 59. Don't worry about the handover sheets for now. I'm sure we can see them again or will do. Can we go to tile 59 in the sequence?

Just something we noticed travelling through the sequence of events. This is 23 June, so the first of the 3 days, the day when you were looking after the triplets, and the day, sadly, when [Baby O] died and it's at 9.55 to [Dr A]:

"I lost my handover sheet. Found it in donor milk freezer! Clearly I should be in Ibiza."

What was going on with that, do you recall?

LETBY: I'd mislaid my handover sheet at that point and I found it in the donor milk freezer, so --

MYERS: Right.

LETBY: We use the handover sheet to document when we take milk out of the freezer and I must have left the sheet in there by accident.

MYERS: That's what that relates to?

LETBY: Yes.

MYERS: I just wanted to ask about that.

Again, I've asked you before about Facebook searches, but if we look at tile 719, we see on 23 June 2017, so a year later from the events we're looking at, a search for "[Surname of Babies O, P & R]" at 23.46. Do you remember that taking place?

LETBY: No.

MYERS: Is there any particular reason why you may have searched for "[Surname of Babies O, P & R]" on this particular date?

LETBY: It was the anniversary and they were on my mind.

MYERS: Were they something that did stay on your mind?

LETBY: Yes.

MYERS: Why was that?

LETBY: It was such a harrowing experience, just to see parents lose two of their children. And to have that happen 2 days running. You don't forget something like that.

MYERS: Can we just see if we can find page 9 from the prosecution images? Hopefully we have a bit more luck with this. Page 9. I'd like to get to this, please. It's something we looked at earlier but perhaps now we've reached this point in the evidence I'd like us to go back to it before lunchtime.

(Pause)

One of the notes, by the way, so you know, that we are going to be looking at that was taken from the handbag in your room when the police attended.

(Pause).

Thank you.

Can you help us with the names that are written at the top there?

LETBY: [Baby P], [Baby O] and [Baby R].

MYERS: Yes. Can we go straight to the passage -- the lines I'd like you to help us with, which we saw earlier, but perhaps this a good time to look at these again. Can you see the word "today"?

LETBY: Yes.

MYERS: We've seen there's actually a script that runs through this at intervals. Can you help to pick this out for us and read this for us now?

LETBY: Yes.

MYERS: That's helpful, start at the top and move down to the second half. Could you read on from "Today is"?

LETBY: "Today is your birthday, but you aren't here and I am so sorry for that. I'm sorry that you couldn't have the chance at life you should have [possibly] and for the pain that your parents must experience every day."

MYERS: Could you carry on? You have to drop a line down to "we tried". We need to go down, thank you.

LETBY: "We tried our best and it wasn't enough. I don't know if many people will think of you today or any day, but I do and I hope I will always remember."

MYERS: Can we just go down a little bit more? Thank you.

LETBY: "Because you should be -- I can't do this any more. I want someone to help me but they can't. So what is the point in asking? Hate my life."

MYERS: Is that how you felt --

LETBY: Yes.

MR MYERS: -- looking back at that? All right.

My Lord, perhaps we could stop there.

MR JUSTICE GOSS: Yes, certainly.

2.10 then, please, members of the jury.

(In the absence of the jury)

MR MYERS: My Lord, we can assist with timings or try to assist with timings, both with the trial but also, may I ask, with regard to timings during the course of evidence. We began with the intention of taking 15-minute breaks and we understand, of course, the interest in moving on as best as we can, but whilst of course I'm not speaking to Ms Letby, there are two particular issues with timing where she's concerned I would like to raise, and we're very grateful to the court for assisting us with this.

This first is that we try to have the 15-minute breaks, if we could have. I know it only seems a small difference but, I have to say, the 10 minutes passes so rapidly.

MR JUSTICE GOSS: Mr Myers, I was only reducing them because I was being called back in in under 15 minutes, so I assumed that 15 minutes wasn't being required. I'm quite content to have 15-minute breaks. That's not a problem.

MR MYERS: We're grateful for that. Thank you.

The other matter is, and this is something I have just been informed of today, for Ms Santolini, who plays an important part in giving support to the defendant in this case, for her to be able to see Ms Letby in the afternoon at the end of court, ideally she needs to see her some time at or soon after 4.15. The reason for that is the transport for Ms Letby to leave normally leaves as we're going towards quarter to 5. So with all the various timings that go on, it reduces the possibility of her receiving the help that she needs.

MR JUSTICE GOSS: I can take this shortly: 4.15 will be the end of the court day.

MR MYERS: We'd be grateful for that. I'll endeavour to make sure we can reach that point to enable that to happen. The other matter --

MR JUSTICE GOSS: Today? You're thinking you might not finish by 4.15 this afternoon?

MR MYERS: Oh no, hopefully I will finish. What I meant is when the day goes along, aware that sometimes evidence has gone on beyond that, certainly I'd endeavour for that not to happen, although in fact it may not be a problem for me today.

Your Lordship also asked for assistance on timings with regard to the trial. I don't know whether now is a good time to discuss this or maybe at the end of the court day.

MR JUSTICE GOSS: Shall we leave it to the end of the court day? I'll bear in mind the end of the court day should be 4.15.

MR MYERS: I'm grateful. That's just information we received today, my Lord, so I report it back.

MR JUSTICE GOSS: That's fine, I understand that. They'll still be pretty full days. Good, thank you very much.

(1.04 pm)

(The short adjournment)

(2.10 pm)

(In the presence of the jury)

MR MYERS: Ms Letby, count 22, [Baby Q]. We are looking now at the third of that sequence of days, 25 June, but we'll start just by looking at [Baby Q]'s details from his birth and if we can go to tile 1, please, Mr Murphy, and have a look inside that tile.

We have 22 June 2016. Born at 04.09. Gestation 31 weeks and 3 days. Weight at birth, 2.076 kilograms. Born to Rebecca and [Father of Baby Q] by caesarean section.

There's one event in the case of [Baby Q] and that's on the morning of 25 June 2015 (sic) when at 9.10 that morning it's recorded that:

"[He] vomited clear fluid nasally and from the mouth."

There was desaturation and bradycardia and he was mottled. There was Neopuffing and suction, which produced...

"Neopuffing, suction and air ++ aspirated from the NGT."

That's the incident that we're dealing with, 9.10 that morning:

"Vomited clear fluid nasally and from mouth. Desat and bradycardia, mottled. Neopuff, suction and then air... aspirated from the NGT."

To put it in context, you may recall that [Baby Q] was settled during the day, began to tire in the evening, and he had an unsettled night, there were continuing concerns the following morning and further concerns identified by [Dr A] during the morning of 26 June. We may recall this concludes [Dr A] making a diagnosis ultimately of probable NEC, for which [Baby Q] was transferred to Alder Hey at 18.20 on 26 June. So that's 6.20 the following day in the afternoon.

He went there on 26 June, he returned back to the Countess of Chester on 28 June, and remained there until he was discharged on 25 July. So in outline those are the events relating to [Baby Q].

Before we actually go to the events of that day, Ms Letby, I'd be grateful, with Mr Murphy's assistance, if we could look at one of the handover sheets that was recovered from the bag that we looked at earlier. This one is a handover sheet dated 28 June with [Baby Q]'s name on it.

just to remind everybody, we looked earlier on at handover sheets, or we tried to look anyway, at handover sheets for 23 June, 24 June and 25 June, which are the dates we've been dealing with on these 3 days in this series of events.

Also recovered from the same bag with them is this one, 28 June. Can you see that clearly, Ms Letby?

LETBY: Yes.

MYERS: As it happens, 28 June is not a date we are concerned with in terms of this indictment or any allegation. Were you designated as [Baby Q]'s nurse?

LETBY: No.

MYERS: Who was designated to look after [Baby Q] on that day?

LETBY: Caroline Bennion.

MYERS: Of course, the redactions, the black lines we see, have been added for the purposes of these proceedings. But when you received this handover sheet would you have been able to see all the names on it?

LETBY: Yes, I would, yes.

MYERS: How many babies had you designated -- are designated to you for this shift?

LETBY: I had three babies in nursery 3.

MYERS: And if it wasn't for confidentiality we would see their names --

LETBY: Yes, you would.

MYERS: -- on that sheet?

LETBY: Yes.

MYERS: No allegation with regard to them and you're not being blamed with regard to them. How is it you come to have a handover sheet when you were designated as their nurse?

LETBY: So we get handover sheet at the start of every shift with every baby's name that's on the unit at that point. That has come home with me.

MYERS: All right. Does this in fact have any connection to [Baby Q] --

LETBY: No, none.

MYERS: -- so far as you're concerned?

LETBY: No.

MYERS: Or any child on this indictment?

LETBY: No.

MYERS: Just reminding us of the timings, you weren't working, were you, between the 16th and 22 June, you were on holiday?

LETBY: That's right.

MYERS: We've dealt this morning -- or we dealt with 15 June and [Baby N] and then with the triplets, [Baby O] and [Baby P], on the 23rd and 24th. How were you feeling by the time you came to work on 25 June?

LETBY: Emotionally drained and just exhausted.

MYERS: We'll have a look at the layout for this shift. On 25 June, tile 87, please. We see there the shift leader is Minna Lappalainen. You're the designated nurse for [Baby Q] and also

on the shift are [Nurse B], Mary Griffith, Nicola Dennison, Rebecca Morgan.

Was Rebecca Morgan still with you as a student nurse at this point?

LETBY: No. So at this point I had expressed that I couldn't give her the time that she needed so she started to work with other members of staff.

MYERS: Can we scroll down to see who you were with? Can you tell us who you were looking after on this day?

LETBY: I was looking after [Baby Q] in nursery 2 and then another baby, BM, in nursery 1.

MYERS: Right. When you're doing that, what do you have to do to be able to observe and look after the babies you're designated to care for?

LETBY: You need to physically be able to be with the baby.

MYERS: If you're in different nurseries what do you have to do?

LETBY: You'd have to split yourself between the nurseries.

MYERS: Right. Do you recall anything about the handover that morning, anything in particular? I'm not suggesting you do, I'm just asking if there is anything about the handover that you do recall?

LETBY: No, there isn't, no.

MYERS: Do you recall what condition [Baby Q] was in when you took the handover?

LETBY: I don't recall there being any significant problems, no.

MYERS: Do you recall who you took the handover from?

LETBY: No.

MYERS: It's Nurse Samantha O'Brien. Again, would you have read the notes from her record and the charts that she'd kept?

LETBY: Yes, I would.

MYERS: Well then, before we turn to what you describe, I'd be grateful if we can look at tile 70 to see the situation with [Baby Q] when you came on duty. Go to tile 70, please, Mr

Murphy. It's the lower part. The right-hand side if we could, please.

This is the note by Nurse O'Brien, first of all at 5.20 in the morning on 25 June:

"Care taken over at 20.00 hours."

That's 20.00 hours on the 24th. It describes checking the emergency equipment, everything working correctly, and the monitors are working correctly and: [Baby Q] is self-ventilating in air, no respiratory distress observed, maintained saturations in high 90s, nursed in humidified incubator 55%. Axilla temp slightly low."

What's axilla temp, by the way?

LETBY: It's the temperature under their arm. It's measured under their arm, in their axilla.

MYERS: Okay, thank you:

"Axilla temp slightly low at start of shift, incubator tempt increased. Accordingly axilla now within normal limits."

It sets out the fluid requirements and how they are to increase this morning:

"Babiven and lipid infusing as prescribed via UVC. Site satisfactory. Feet pink and warm. New lipid syringe put up overnight using sterile ANTT."

What is an ANTT?

LETBY: It's the technique used for sterile medication.

MYERS: "Having trophic feeds of donor EBM, 0.5ml two-hourly due to moderate aspirates. Abdomen is full but soft. Baby passed meconium and urine. Nystatin given as prescribed."

Where it says "trophic feeds of donor EBM 0.5ml two-hourly due to moderate aspirates", what lies behind that as a matter of practice?

LETBY: The trophic feeds are feeds that we give that don't have any nutritional value to the baby, so they are still receiving their full requirement via IV fluids, but we give what we call a trophic amount just to get their digestion system going.

MYERS: When it says "due to moderate aspirates", what's the relevance of that?

LETBY: So at this moment he's got moderate aspirates, which would be an indication that he is not ready to start having milk feeds in any large quantity.

MYERS: Right. Could we look at the bottom. There's a further entry at 7.30 which is at the time of handover, or approaching it:

"Capillary blood gas carried out this AM. Result not as good as previous, however acceptable. Seen by Reg [Dr D]. To continue. U&E and bili done on gas machine [that's bilirubin]. Remains below treatment line."

It mentioned aspirates there. I've got some questions, if you could help me, with some feed charts. Would you have looked at the feed charts when you came on duty?

LETBY: That's part of the checks we do when we come to shift.

MYERS: Can we go then to tile 61 which is the first part of the feed chart we look at.

This chart follows the course over the 23rd up to midnight on the 23rd, so this is midnight on -- I apologise, up to midnight on the 24th. So this is leading -- the midnight before the shift when you came on. Can you see where it says 24.00 on the right-hand side --

LETBY: Yes.

MYERS: -- Ms Letby?

LETBY: Yes.

MYERS: So that's midnight before your shift commences. If we just look -- if we take a line down from 20.00, which is the start of that shift, thank you. We've seen reference to aspirates. Can you see aspirates recorded at that time?

LETBY: Yes.

MYERS: That's 2ml; yes?

LETBY: Yes.

MYERS: What are the size of the trophic feeds that [Baby Q] is receiving?

LETBY: Half a millilitre, 0.5ml.

MYERS: And can we see those recorded as we go along?

LETBY: Yes.

MYERS: And where are they?

LETBY: They're in the feeds box.

MYERS: That's the second --

LETBY: Just above that.

MYERS: -- block up, is it?

LETBY: Yes.

MYERS: When it says "total", how is that totted up?

LETBY: Each time we give a quantity of milk, that is added to the total that was given as all the feeds accumulate together, so in total the baby's had 3.5ml at 8 o'clock in total in that 24-hour period.

MYERS: [Baby Q]'s been receiving 0.5ml, is it every 2 hours?

LETBY: Yes, from 9 o'clock.

MYERS: If we see at 18.00, there is a 2ml aspirate, isn't there?

LETBY: Yes.

MYERS: And at 20.00 there is a 2ml milky aspirate?

LETBY: Yes.

MYERS: Is that something which is to be expected as a standard finding of a baby being fed like this?

LETBY: No, you would hope that the aspirates would be decreasing over time.

MYERS: Right. Can we go past midnight to tile 62. Go into that and follow this through. We look next at 03.00, is there an aspirate produced then?

LETBY: Yes, 3ml.

MYERS: And again, is that something that you would regard as acceptable in a baby like [Baby Q]?

LETBY: No, we would be hoping for the aspirates to be decreasing in size.

MYERS: These are just of 0.5ml feeds?

LETBY: Yes.

MYERS: Is 3ml considered a significant quantity for a baby of this size on these feeds?

LETBY: No, it wouldn't be of great concern, no.

MYERS: It's not the same --

LETBY: It's something to monitor but ideally we would want the least amount of aspirate possible.

MYERS: It's not the same scale as the ones we looked at in the case of [Baby P], the day before, is it?

LETBY: No, this is relative to the amount that he's been given.

MYERS: It's to be monitored?

LETBY: Yes.

MYERS: Is it of any concern at all that he's producing these aspirates?

LETBY: No, and it does say that they're milk aspirates as well so --

MYERS: All right. Do you recall what view you formed of how [Baby Q] was doing when you took over care on the morning of the 24th?

LETBY: When I took over care, sorry?

MYERS: Yes. How did you feel that [Baby Q] was doing when you took over care?

LETBY: I noticed on his observation chart that he was on the cold side and, in view of the aspirates that I'd seen on that document overnight, I decided that I would prefer to have [Baby Q] reviewed by the doctors before feeding him at 9 o'clock.

MYERS: All right. We'll find the obs chart at tile 13. It is in paper as well, but let's put up the obs chart that I'm referring to. I'm going to ask you just to explain what you've just described to us. We've seen the feed charts and the aspirates there and the note by Samantha O'Brien and what she said. We

might need to enlarge the right-hand side on the lower part of this chart but we'll probably need to look at the whole column ultimately.

Can we look at 8 o'clock -- if we just identify 8 o'clock first, Mr Murphy. Thank you. Is that the start of your entries?

LETBY: Yes.

MYERS: So the last four columns?

LETBY: That's mine.

MYERS: That's yours?

LETBY: Yes.

MYERS: 8, 9, 10 and 11 o'clock?

LETBY: Yes.

MYERS: Then if we scroll down, we've got signatures at 8, 9, 10 o'clock?

LETBY: Yes.

MYERS: There isn't one at 11 o'clock?

LETBY: No, but it's my writing on the observations.

MYERS: Right. You mentioned a concern you had. Can you describe to us, now we've got that there, what you mean, please?

LETBY: That [Baby Q] was having a persistently low temperature, so he was nearing into the yellow sections on the day before and overnight, which was requiring quite an increase in his incubator temperature.

MYERS: How do we know it was requiring an increase -- first of all, let's take that in order. Where do you -- so we can be quite, can you use the cursor, if it's possible, to show us where you say there's matters of concern where this temperature is?

LETBY: Initially here (indicating) he's borderline being into the yellow area --

MYERS: Yes.

LETBY: -- and the incubator has been increased each time to try and bring that temperature up.

MYERS: We can see that's -- just so we can keep a note of that, that's at 12 o'clock -- sorry, well, 12.25, 13.20 and 16.00 on the day before.

LETBY: Yes, it's then improved and it's within normal limits and then overnight it has dipped almost to the yellow again on two occasions requiring an increase in incubator temperature.

MYERS: So you're now looking at the times at 20.30 --

LETBY: Yes.

MYERS: -- the evening before and 03.00 in the morning?

LETBY: Yes. And we can see the incubator temperature is recorded here and it's gone from 30 degrees up to 32 degrees.

MYERS: Of the previous ones, the ones we have looked at, the first five, that's not you that's made those entries, is it?

LETBY: No.

MYERS: So that's what you've seen there. Can you take us across to 8 o'clock and your entry for 8 o'clock. What does that tell us?

LETBY: At 8 o'clock here his temperature again is borderline being in the yellow area despite having the incubator turned up by an extra 2 degrees over the preceding hours, so that is a cause for concern.

MYERS: All right so overall what were the issues that you wanted to raise?

LETBY: I was a little bit concerned that he'd had an ongoing borderline temperature that wasn't responding to an increase in the temperature of the incubator. He'd also had some aspirates overnight and I was aware that his blood gas that had been taken that morning hadn't been as good as previously.

MYERS: Right. So going back to where you were as you were telling us about this, what did you decide should happen as a result of that?

LETBY: I felt that I should not feed [Baby Q] until the doctors had reviewed him.

MYERS: Would the doctors be due to review him?

LETBY: Yes, the doctors came on to the unit around 9 o'clock to start doing their ward rounds.

MYERS: That's a regular event, is it?

LETBY: It is, yes.

MYERS: So what did you plan to do then?

LETBY: I would ask them to come to see [Baby Q] before I did any feeds or cares for him.

MYERS: Now, as we approach that time, we're talking about [Baby Q] here, were you with him constantly from the start of the handover up to the time of the incident at about 9.10?

LETBY: No.

MYERS: Where did you go?

LETBY: So I was caring for another baby in intensive care, in nursery 1.

MYERS: Is that baby B that we've seen?

LETBY: Yes.

MYERS: She's one of the babies that you were designated to look after; is that correct?

LETBY: Yes.

MYERS: So if you've got to deal with that, what did you do to make allowance for the fact you were going to do that?

LETBY: So in order for me to go to my baby in nursery 1, I would have to make sure that somebody was present in nursery 2 to be able to keep an eye on [Baby Q] for me.

MYERS: Can we put tile 87 back up so we can just see who was where, please. This is the image of the nursery so we can keep track of what you're describing, Ms Letby.

Thank you.

So you've been in nursery 2 with [Baby Q]?

LETBY: Yes.

MYERS: Who else was in there with you?

LETBY: Mary Griffith.

MYERS: And where else did you need to be for other observations or care?

LETBY: I needed to go to my baby in nursery 1, who was intensive care.

MYERS: Right. Who else is in nursery 1?

LETBY: [Nurse B].

MYERS: So you having to do that, what did you do? Tell us about it.

LETBY: In this event you wouldn't leave a high dependency nursery unattended, so knowing that I had to leave, I made sure that Mary Griffith and Minna Lappalainen were aware that I was going into nursery 1 and that I was leaving nursery 2.

MYERS: Did you go to nursery 1?

LETBY: Yes.

MYERS: Was there anybody else who could see what was taking place at this time or would have noticed who was going where?

LETBY: Minna Lappalainen was sat at the nurses' station --

MYERS: Right.

LETBY: -- and the doctors were starting to carry out the ward round in nursery 1.

MYERS: Again, anything unusual about you asking the nurse that was already in nursery 2 to continue looking after a baby there in your absence?

LETBY: No, that's standard practice. The same as -- Mary was split between nurseries 3 and 4 and she would have had to have done the same process for her babies.

MYERS: So, approximately, at what time would you estimate you went to nursery 1?

LETBY: Shortly after 9 o'clock.

MYERS: And when you got there, how was the baby that you were looking after?

LETBY: I don't recall specifically.

MYERS: Do you recall anything that you were involved in when you went to nursery 1? As a matter of free recollection do you recall anything?

LETBY: I know the doctors were doing the ward round. I'm not sure if they'd started on this baby or another baby on the unit. I think I may have been assisting [Nurse B] with some medications.

MYERS: I'm going to ask if we could just look in the neonatal review for this event and go to page 3 of it. I'd be grateful if we could put that on the screen, Mr Murphy.

Can we enlarge the section from tiles 53 just to the bottom, please? It should be the final one of the neonatal reviews, page 3 of 7, from the second file.

So we've got you in with [Baby Q] at 09.00, Ms Letby. Can you see that --

LETBY: Yes.

MYERS: -- at line 55? We know you'd conducted observations at 8 o'clock, we just looked at those, and you conducted observations also at 9 o'clock, did you?

LETBY: Yes.

MYERS: You tell us that you had then gone, some time around then, to nursery 1?

LETBY: Yes.

MYERS: What does the neonatal -- we can see actually for nursery 1 at line 59, there's some entry made on a chart for baby BM, although no name is recorded. Can you see that --

LETBY: Yes.

MYERS: -- at line 59? Do you have any recollection whether that involves you or not? Don't guess.

LETBY: I couldn't say without actually seeing the chart, no.

MYERS: All right. Let's move to where we do have you identified. Go to line 62, which is a format we're familiar with. 62 and 63 are a pair we now understand. What's happening there?

LETBY: Here myself and [Nurse B] are administering medication to baby JA, which I believe is a baby in nursery 1.

MYERS: It's one of the babies [Nurse B] is looking after. So you assist [Nurse B] in that regard at about 9.04?

LETBY: Yes.

MYERS: Did you remain in nursery 1 for any length of time after that or not?

LETBY: Um... I don't think I was in the nursery for a long time, but I was in there for a few minutes, yes, doing this.

MYERS: All right. What was the next thing that happened so far as we're concerned in this allegation?

LETBY: I could hear something going on outside in the nurseries, so I came out of nursery 1.

MYERS: So can you describe to us what it was that happened when you came out of nursery 1?

LETBY: I could hear that something was going on outside of nursery 1, so I went out through the door and, as I walked out, I could see down the corridor to nursery 2 and I could see that Minna and Mary Griffith were with [Baby Q], so I immediately went over.

MYERS: We can take the neonatal review down. You immediately went over to where?

LETBY: I went to [Baby Q]'s cot side.

MYERS: We'll come to the note you made shortly. But do you have a recollection yourself, as in unaided, as to what took place?

LETBY: Now I recall that I was informed that he had vomited, but by the time I had got there the vomit had ceased, there was no vomit.

MYERS: Who informed you that he'd vomited?

LETBY: Minna Lappalainen and she'd said it was mucousy.

MYERS: She said it was what, sorry?

LETBY: Mucousy, very mucousy.

MYERS: Was Nurse Griffith present when that happened, when you were informed of that?

LETBY: Yes.

MYERS: How was [Baby Q] at the time you were informed of that?

LETBY: He was still receiving a little bit of pressure from the Neopuff, but otherwise he'd recovered.

MYERS: Did you have any involvement from your recollection in the steps taken to assist [Baby Q]?

LETBY: No.

MYERS: I'm going to ask to look at the note you made next, Ms Letby, which is tile 143.

This is a note at 12.53 that day, 25 June. I'm not going to read all of it immediately. Perhaps could you read from the start of this to the point we're now dealing with?

LETBY: "Written for care given from 08.00 to present. Emergency equipment checked, fluids calculated. [Baby Q] nursed in an incubator with humidity. Observations as charted. Temperature low, incubator increased x2. Tachycardic, active and alert."

MYERS: Pausing there, when you say "temperature low", does that refer to -- what does that refer to that we've already seen?

LETBY: It refers to the readings that we were looking at previously on the obs chart.

MYERS: Right:

"Temperature low. Incubator increased x2."

Please carry on from "tachycardic" then.

LETBY: "Active and alert. IV fluids 120ml/kg Babiven and lipid via triple lumen UVC. Lower limbs pink and warm. Abdomen soft and non-distended."

MYERS: Read the next section, please.

LETBY: "09.10. [Baby Q] attended to by Staff Nurse Lappalainen. He had vomited clear fluid nasally and from mouth. Desaturation and bradycardia, mottled ++. Neopuff and suction applied. Reg [Dr A] attended. Air ++ aspirated from NG tube."

MYERS: And he was then transferred to nursery 1 and placed on CPAP?

LETBY: Yes.

MYERS: Just whilst we still have this note here, can you help us with -- as we look at the part that says:

"9.10. [Baby Q] attended to by S/N Lappalainen..."

Can you tell us which items there are things that were told to you and things that you saw, if there's any distinction?

LETBY: This whole passage was what was fed back to me, it's what I was informed of.

MYERS: Right. Can we go to the apnoea chart at tile 101, this is completed by Nurse Lappalainen. Again, this isn't you that's made the note, but I'll go over it with you and then I can ask you the questions about it. 25 June 2016, 9.10:

"No apnoea. Brady."

So heart rate down to 98:

"Desaturation 68%."

And a question mark under "fit":

"Duration: 3 minutes intermittently."

And Nurse Lappalainen entered this:

"Baby found to be very mucousy. Clear mucous from nasopharynx. Oropharynx: removed clear fluid +++. Oxygen via Neopuff given post-suctioning. [Dr A] emergency called to attend. NGT used to aspirate stomach by Nurse L Letby."

Do you see that?

LETBY: Yes.

MYERS: Just going through some of the items here, where it describes:

"Baby found to be very mucousy. Clear mucous from nasopharynx. Oropharynx: removed clear fluid +++."

Is that how it was described to you in those sort of terms?

LETBY: Yes.

MYERS: Was there any other type of vomit ever described to you?

LETBY: No.

MYERS: So only ever as some sort of clear fluid?

LETBY: Yes, and that was he was very mucousy, that was the term that was used, mucousy.

MYERS: Right. And after clear fluid it makes reference to oxygen being given via Neopuff. Did you have any involvement in that?

LETBY: No.

MYERS: [Dr A] is called. It then says:

"NGT used to aspirate stomach by Nurse Letby."

Do you recall that?

LETBY: No.

MYERS: Could I ask you, if that's in the note, is it something you take issue with? Are you saying you didn't do it or it's just not something you recall?

LETBY: I can't say. I don't have any specific memory of that.

MYERS: All right. But it's in the note that Nurse Lappalainen put there?

LETBY: Yes.

MYERS: Your note -- one moment.

(Pause)

If we could just go back to tile 143. We can see where Nurse Lappalainen's note ends. If we just enlarge the section we were looking at before. Your note describes:

"Vomited clear fluid nasally and from mouth, desaturation and bradycardia, mottled ++."

It says:

"Neopuff and suction applied. Registrar [Dr A] attended. [Then] air ++ aspirated from NG tube."

Where has that information come from, air ++?

LETBY: That's what I was informed of.

MYERS: We have "air ++" in your note after the section saying that Neopuff and suction had been applied?

LETBY: Yes.

MYERS: We've seen where Nurse Lappalainen refers to you aspirating the NGT.

LETBY: Yes.

MYERS: Are you involved, from your recollection, in any of what we see in this note?

LETBY: No.

MYERS: You say this is what was reported to you?

LETBY: Yes.

MYERS: In any event, we have it there and we have the order set out there.

Did you continue to care for [Baby Q] after he was moved to nursery 1?

LETBY: Yes.

MYERS: We have looked at so many different events with babies in this case, Ms Letby, and a large number compressed into a period of time with you. But in the course of events, without undermining it, how big an event is what happened to [Baby Q] in terms of how it stands out with what happens on the unit in the course of what goes on there in a day?

LETBY: This wasn't a significant event. This is something that we do deal with on a routine basis.

MYERS: By significant, do you mean it's not important?

LETBY: Well, not that it's not important, but it doesn't require a level of intervention that is high.

MYERS: Did this stand out at the time to you, first of all, as an event that was especially serious, and I mean that in a medical way, not emotionally for people involved, for [Baby Q]'s parents, but in the clinical way (inaudible) we understand what I mean?

LETBY: Clinically, no. He needed minimal intervention.

MYERS: And certainly until we come to the evening did it seem to lead to any further complication initially?

LETBY: No.

MYERS: In the course of that day did [Baby Q] have any further collapse?

LETBY: No.

MYERS: We know, it's in your note, that by evening he'd become tired.

LETBY: Yes.

MYERS: We had that in the note from [Dr A]. Are you aware that he was intubated that evening?

LETBY: Yes.

MYERS: Can we just go down -- if we scroll down, please, in the note, in fact, to the addendum at the bottom of the page, 20.13. It actually has the timing there and then content across the page. So it's 20.13. We can see an addendum that you entered at that time, Ms Letby. Can you read this for us, please?

LETBY: "Respiratory rate declining, 15 to 19 breaths per minute, and intermittent pauses in breathing. Blood gas stable but on downward trend and [Baby Q] appearing tired. Oxygen requirement developing. Discussed with Consultant Gibbs and decision made to electively intubate. Drugs given as prescribed: 2x 100mcg/kg morphine boluses given as active ++. Uneventful intubation: size 3 ET tube at 19.25, 8 centimetres at the lips, clear bilateral air entry and chest movement. CMV 18/5, rate 40. Inspiratory time 0.4. Oxygen reducing on ventilator. 40 micrograms per kilogram morphine commenced via UVC 2nd lumen. 3ml urine passed, equivalent to 0.1ml/kg/hour, and 10ml/kg bolus given at 19.50. Care handed over to Staff Nurse Davies."

MYERS: Thank you. In between [Baby Q] appearing tired with a higher requirement for oxygen, which led to intubation towards the end of the shift, and the incident at 9.10, had there been any other significant deterioration in his condition?

LETBY: No, the only change was that he was now needing CPAP.

MYERS: Right.

LETBY: But he remained stable on CPAP throughout the day.

MYERS: And that was during the day?

LETBY: Yes.

MYERS: And any other significant deterioration by way of vomiting or desaturations or anything like that?

LETBY: No, none.

MYERS: We know in the case of [Baby Q] that he was transferred the next day to Alder Hey, as I described when we just began to look at the evidence relating to him, and he was there for a couple of days before returning to the Countess of Chester.

After [Baby Q] returned, did you continue to care for him on occasion; do you remember?

LETBY: No.

MYERS: All right.

LETBY: I don't believe so, no.

MYERS: Well, I'm just going to ask if we can put up the note at exhibit page 24465 to assist with this, Ms Letby. No one expects you to be able to remember dates everywhere.

Are you all right?

LETBY: Yes.

MYERS: This is 29 June at 20.46. So about quarter to 9 in the evening. A note by you for [Baby Q]. I just identify it because, do you agree, that indicates you're his designated nurse on that occasion?

LETBY: Yes, that's right.

MYERS: Yes. Would you have any recollection of that but for the note?

LETBY: No.

MYERS: And also could we look, please, at the note at page 24467? I'm not going to the detail because it isn't the detail that's relevant. So far as we understand nothing is alleged with this, it's the date and the time.

Again this is 30 June now, 16.03. Why is it that you're writing up the note for [Baby Q] on this occasion?

LETBY: I'm his designated nurse.

MYERS: As his designated nurse, what's your role with respect to him?

LETBY: I'd be responsible for his care throughout that shift.

MYERS: Is that what you did?

LETBY: Yes.

MYERS: All right, thank you, Mr Murphy. We can take that down.

That was just looking at continuing care with you and [Baby Q]. We know that -- we've heard in the evidence after the event with [Baby Q], Dr Gibbs was making enquiries. I'm going to ask if we can put up tile 240, please.

We see that tile no -- there's a message from you to Dr Gibbs (sic). This is back on the day --

MR JUSTICE GOSS: [Dr A].

MR MYERS: Sorry, [Dr A]. Dr Gibbs it's about, but it's you to [Dr A]. Thank you, my Lord.

It's 22.45 on the night of 25 June 2016. So this is the night of the day we've been looking at. Your message is:

"Do I need to be worried about what Dr Gibbs was asking?"

Can we just look, please, at [Dr A]'s reply to you on the next tile, 241. The answer you got was:

"No."

From [Dr A]. And then that was followed, 4 minutes later at tile 242, from [Dr A] again saying:

"He was asking to make sure that normal procedures were being carried out."

There's some more messages on this which we're going to turn to next, but just starting here, what was it you were asking about when you said at the start of those messages:

"Do I need to be worried about what Dr Gibbs was asking"?

LETBY: I'd become aware during the shift that Dr Gibbs had been making enquiries as to who was present in the nursery when [Baby Q] had this episode.

MYERS: What would there be to be worried about that?

LETBY: I was worried that -- um, that I shouldn't have left him in the nursery.

MYERS: All right. We'll go to tile 246 next, please, if we could, Mr Murphy. [Dr A] says to you:

"What exactly did he ask?"

We'll go through these relatively rapidly. Tile 247 your response at 23.01:

"I walked into equipment room and he was asking Mary who was present in room and how quickly someone had gone to him as I wasn't in the room."

That's followed at 248:

"He asked who was there. I said I had popped out of room but Mary was in room and Minna at the desk."

Again, what is the issue you thought was concerning Dr Gibbs? What was he checking on?

LETBY: Whether [Baby Q] had been left unattended.

MYERS: Can we go to tile 251, please, which is [Dr A] to you at 23.08:

"All he was doing was checking that there wasn't a delay and that a room had been left empty. Was he HDU level because of UVC? There's nothing to worry about."

And your response at tile 252:

"Okay. I was worried because I wasn't with him at the time but Mary was in room and Minna outside. I had B in 1. ITU because of UVC."

When you said:

"I was worried because I wasn't with him at the time but Mary was in room and Minna outside."

Again, what criticism were you seeking to meet when you said that?

LETBY: I was concerned that Dr Gibbs was implying that I shouldn't have left the nursery or that [Baby Q] had been left unattended.

MYERS: And had [Baby Q] had been left unattended?

LETBY: No.

MYERS: Who had been in charge of him?

LETBY: Mary Griffith and also Minna Lappalainen knew that I was leaving the nursery.

MYERS: We looked a few moments ago at two further occasions when you cared for [Baby Q] and the second of those was 30 June. Did you work in the unit again after 30 June, Ms Letby?

LETBY: No.

MYERS: I'm going to move to the period that follows this and just remind us just where we are with the shift pattern as it ends. Let's just look at this to have the dates in mind. Can we just look at the shift pattern, page 33229.

We've got the months of June and July here. In June for the 23rd, the 24th and the 25th, that deals with the events we've been looking at today, doesn't it?

LETBY: Yes.

MYERS: The 28th, 29th and the 30th, is that you working in the unit?

LETBY: Yes.

MYERS: And we can see it here, but again did you work in that unit again after 30 June?

LETBY: No.

MYERS: We pick it up on 1 July. Can you just tell us, what was happening over the week or so in your life -- the week or so following 30 June?

LETBY: I was on a family holiday.

MYERS: Is that the time off followed by the annual leave?

LETBY: Yes.

MYERS: Do you recall when it was that you found you wouldn't be going back on the unit at least at this point? Do you recall when that was?

LETBY: Yes, it was the day before I was due to go back to work.

MYERS: Right. And looking at this --

LETBY: Sorry.

MYERS: It's a little bit small, I appreciate. I see you squinting to see it there. Is it the last day of your annual leave? Do you remember which day you were due to go back to work?

LETBY: No, I don't recall without looking.

MYERS: But would it be shortly after your return from annual leave?

LETBY: Yes.

MYERS: So shortly after that is when you found you wouldn't be going back, at least for the time being?

LETBY: I found out the day before I was due to return to work that there was going to be a meeting with Eirian Powell, yes.

MYERS: All right. Well, we'll put this to one side, we've seen the patterns there and the dates, and just work through some of the material that applies after this.

Do you remember, we've been given by the prosecution something called an post-indictment schedule of messages? We looked at it at the end of the case. It was produced and introduced by the prosecution and we may see, maybe, more of that in due course. At this stage I just want to look at some of it at this point.

Can we go to tile 18, first of all, please. What I'll do, where there is a sequence, unless it's necessary to stop, just to make it run a little bit more smoothly, we'll go through the relevant tiles and we can all see who sent what to who, unless it's necessary for me to point out exactly who sent what to who, and I can ask you whatever questions I need to coming out of them. We're going to look at tiles 18 to 20 first of all.

We've got -- we can see [Dr A] to you:

"did you manage some sleep?"

I should say, this is 27 June just to get this in context, so this is a couple of days after the day with [Baby Q]:

"Did you manage some sleep? Back on NNU, just about to do J drugs and Badger. N is very well. They want to send [Initial of Baby Q] back as a medical NEC. Not sure if the unit is open for transfers. Few managers/medical director around this morning."

Where it says, "They want to send [Initial of Baby Q] back", do you know who "they" is that he is referring to?

LETBY: Alder Hey Hospital.

MYERS: They want to send him back?

LETBY: Yes.

MYERS: And "medical NEC". Can we go to tile 19. You reply:

"Yes, got some sleep. Did you? Good news about both. Hope they don't rush [Initial of Baby Q] back."

Why were you hoping they didn't rush [Initial of Baby Q] back? That's [Baby Q].

LETBY: We'd experienced over the months that quite a few babies would go to Alder Hey and be brought back very quickly.

MYERS: Have we dealt with any of them in the course --

LETBY: Yes.

MYERS: -- well, in this trial? Who's that?

LETBY: [Baby I] and [Baby G].

MYERS: Was that Alder Hey in their case? Are you thinking of other tertiary units when you say that?

LETBY: Um... No, that was the case for Alder Hey and other tertiary units.

MYERS: Right. So you're talking about Alder Hey and other tertiary units?

LETBY: Yes.

MYERS: We know that both [Baby G] and [Baby I] did move between the Countess of Chester Hospital and tertiary units.

LETBY: Yes.

MYERS: Tile 20, please. [Dr A] says:

"Got about 3 hours. Coffee is good. It was odd, he's only been there for 14 hours. I think this is a sign of how AH [is] going to be."

And then he said:

"They are so short of beds that they can only accommodate emergency patients. It's not good holistic care and it's rubbish for his parents."

When he said, "They are so short of beds", who is he referring to, "they"?

LETBY: He's referring to Alder Hey.

MYERS: So what is the reason as to why it is that [Baby Q] came back as quickly as he did from what you understood here?

LETBY: That at that time they were short of beds and they were only looking after patients on an emergency basis, which [Baby Q] no longer was --

MYERS: Thank you.

LETBY: -- so they needed to send him back.

MYERS: We'll go next, please, to tile 24. This is the next day, 27 June, and it's a message from you to [Nurse E]. If we look at 24 through to 29. At 12.52 in the afternoon you say:

"I reckon there's going to be big meetings et cetera about what's gone on with unit being closed, lack of staff, et cetera."

If we just pause there, what are you talking about when you send that message to [Nurse E]?

LETBY: So at that point the unit had been busy for a long time with poor staffing and the unit was also closed because we were full at that time.

MYERS: Does that happen sometimes or did that happen sometimes?

LETBY: That we'd have to close the unit?

MYERS: Yes.

LETBY: Yes.

MR JUSTICE GOSS: Sorry, when you say close the unit --

LETBY: It means that we are full, we can no longer take any admissions.

MR JUSTICE GOSS: Exactly. You're not closing the unit as such, you are still operating the unit --

LETBY: It's closed to admissions --

MR JUSTICE GOSS: -- but there's no room for any new admissions?

LETBY: That's right.

MR MYERS: So closed to new admissions.

LETBY: Yes, and we would look then at transferring babies out to make room.

MYERS: Because there's the maternity -- child and maternity department at the Countess of Chester Hospital?

LETBY: Yes.

MYERS: And what is the arrangement meant to be to ensure that babies with difficulties at the time of birth can be cared for properly? What should the arrangement be?

LETBY: We need to make sure that we have relevant space and staffing on the unit to take any baby that might come through.

MYERS: All right. Thank you. We'll move to tile 25, please, from [Nurse E]:

"Yeah, Eirian came in this morning. Got no hello and haven't seen her in ages."

26, again from [Nurse E]:

"Was asking why girls were saying unit short and staffing fine."

What does that mean, "Asking why girls were saying unit short and staffing fine"? Do you know what that means?

LETBY: I think she was questioning why people were saying that the unit was short staffed; to her the staffing was fine.

MYERS: That's Eirian?

LETBY: Eirian, yes.

MYERS: Line 27 -- tile 27:

"Caroline B said that although can hope today got an MRI and something else going on, et cetera."

Then 28 from [Nurse E] to you:

"Don't think she realises how horrific it gets as rarely when she's in. Very flippant and flits through."

What does she mean "how horrific it gets"? What did you understand that to be a reference to, "how horrific it gets"?

LETBY: How horrific the daily tasks are that we do on the clinical job.

MYERS: Tile 29, please, from you back to [Nurse E]:

"Bloody stupid with all that's happened. We're way over capacity and its skill mix too."

What's that a reference to?

LETBY: That's referring to the babies that we had on that unit and who was able to care for them at that time.

MYERS: Was that adequate?

LETBY: No.

MYERS: Was it unusual over this period for it to be inadequate?

LETBY: It was an ongoing issue.

MYERS: If we go to tile 58 next, please. There's a message from you to [Dr A] at 17.41 on 27 June saying:

"Eirian has just phoned telling me not to come in tonight and do days instead. I asked if there was a problem and she said no, just trying to protect me a bit and we can have a chat about it tomorrow, but now I'm worried."

What were you worried about?

LETBY: That Eirian had phoned me last minute like that, asking me to change my shift.

MYERS: And why would that be a worry?

LETBY: Because it would be unusual to do that, to cancel a shift when I was about to go in that night.

MYERS: Were you aware of any particular problem?

LETBY: No.

MYERS: Can we go to paragraph 59 -- sorry, tile 59, please. You add:

"E just phoned [this is to [Nurse E] now, sorry] telling me to do days this week and not go in tonight as 'trying to protect me'."

Is that something she had said, Eirian, that she'd been trying to protect you?

LETBY: Yes, and I didn't know what it was she was trying to protect me from.

MYERS: So did you understand what was going on potentially elsewhere at this point?

LETBY: No, I didn't.

MYERS: At tile 60, [Nurse E] says:

"What's that mean?"

And at tile 61, you respond:

"I don't know. Asked if there was a problem and she said, no, just trying to protect me as had a difficult run just before the holidays, less people on nights et cetera and we can have a chat et cetera tomorrow ."

62, please:

"But I'm worried I'm in trouble or something."

And was there anything, first of all, that was worrying you that you could be in trouble for?

LETBY: No.

MYERS: Why were you worried then, some people might ask? Why would you worry?

LETBY: I was worried because Eirian was making a change to my shifts, I'd asked her if there was a problem, she said no, but it seemed an unusual thing to do.

MYERS: Let's just look at the next few tiles, tile 63, please. From [Nurse E] to you:

"Don't worry. How can you be in trouble? You haven't done anything wrong."

Followed at tile 64:

"Just very unfortunate."

And tile 65, perhaps you could read this to save my voice for a moment. What do you reply?

LETBY: "I know, but worrying in case they think I missed something or whatever. Why leave it till now to ring?"

MYERS: Does that help you with the question of what was worrying you?

LETBY: Yes, I think I was worried that potentially I had missed something, that there was an issue of some sort.

MYERS: How much did you want to get things right when you were at work?

LETBY: That is the aim, that is what you go to work to do, to do your best.

MYERS: How much did being good at what you did matter to you?

LETBY: It was everything. It was my life, my job.

MYERS: Can we go to tile 107, please. Moving forwards to later that night. This is at 23.29. We can see it says:

"SMS outgoing."

No name is recorded, so it's something on your phone, recovered from your phone. It's got:

"Death Datix x2. Datix. No bicarb delay in IO access."

What does IO stand for there?

LETBY: Intraosseous.

MYERS: "Sign out FFP on Meditech and pink chart"?

LETBY: That's fresh frozen plasma, a blood product.

MYERS: Perhaps if you read and explain what this means and then I'm going to ask you what this was doing on your phone.

LETBY: This is a list of things that I still needed to do when I next went back into work.

MYERS: All right. Let's just finish it off if we could. So can you read it through please, Ms Letby?

LETBY: I've got:

"J charts obs. Fluids in sluice. Sign drugs. Sign Curosurf out. Traffic light drug compatibility. Inotropes and no policy for panc. Delay in people doing drugs."

MYERS: So can you explain in a little bit more detail what were you (overspeaking) --

LETBY: This is referring to the days with [Baby O] and [Baby P] and things that were still outstanding that I needed to do.

MYERS: Right. Did do you all those things?

LETBY: I can't recall from memory now, no.

MYERS: Is this a message you sent anywhere or not?

LETBY: No.

MYERS: Whose benefit was it for?

LETBY: It was myself. It was a list for myself.

MYERS: Okay. Can we go next please to tile 131. We've moved to 5 July, so this is now the period after you've been having annual leave or at about that time; is that correct?

LETBY: Yes.

MYERS: And we saw that in the chart a moment ago. 14.15, [Nurse E] to you:

"I only found out yest about the business with J's UVC."

Do you know who J is referring to at that point?

LETBY: Yes.

MYERS: Who is that, is it --

LETBY: A baby that's not on the indictment.

MYERS: Your reply at tile 132, please -- perhaps if you read your replies for the time being.

LETBY: "Really? I thought they were going to take it straight out. Did he still have it in?"

MYERS: [Nurse E] at tile 135 replies, "Yes". At tile 136:

"[Dr A] came in chatting to me at the start of last night's shift and I said A needs LL soon as UVC been in nearly 2 weeks and he said something about J's already being changed and I said it hadn't and he told me about the open port."

And then this at tile 137, please.

LETBY: "Jeez, well, that was on Thursday. [Dr A] didn't have time to look for access in the evening so said to label it and not use port overnight and they would sort it out the next day. Abby knew."

MYERS: At tile 136 [Nurse E] replies to you:

"I handed over to Abby this morn and she said she knew nothing about it being changed and why would it be."

137, please.

LETBY: "Bloody hell. Thanks goodness I did a Datix."

MYERS: 140 -- sorry, 138:

"Did you? Good."

At 139, [Nurse E] to you:

"Well when that's gets looked into they'll see it never got changed."

And then 140, please.

LETBY: "I told her about it that night. Yes, because thought it's a massive infection risk and risk of air embolism. Don't know how long it had been like that."

MYERS: Can we look at the next tile, come back to that in a moment, [Nurse E] to you:

"He has been persistently tachycardic now and tachypnoeic, feeds slow to increase as having few vomits, larger asps so asked for review last night."

Then tile 142:

"Jess and Tony not bothered as CRP lower than 1 on weekly bloods."

You're talking about a baby in that sequence that you say isn't a baby on this indictment; is that correct?

LETBY: That's right.

MYERS: That's the first thing. Can we go back to tile 140, please, where you send this message to [Nurse E]:

"I told her about it that night. Yes, because thought it's a massive infection risk and risk of air embolism. Don't know how long it had been like that."

What was it that you were talking about there and identifying?

LETBY: So this baby had a UVC in situ and one of the ports on it was open, it did not have a bung on it, which meant it was just open to the air, which is against normal practice.

MYERS: And is that a matter of, when you say practice, is that a matter of standard practice?

LETBY: No. There should be a bung on it at all times.

MYERS: And how familiar are nurses with the risk of air embolism if there isn't a bung on something like that?

LETBY: It's something that nurses would be well aware of.

MYERS: And how would they get that information, how would they know?

LETBY: It's part of your training when you learn how to access lines and give fluids and drugs.

MYERS: Is there anything unusual in that knowledge so far as a nurse's training is concerned?

LETBY: No, it'd be expected.

MYERS: And in terms of a potential risk with a line that is open, is it something that's unusual or something that you're trained to be on the lookout for?

LETBY: This is hat we're trained to look out for?

MYERS: So why was it something that came to mind on this situation then given all that of that when you were talking about this with [Nurse E]?

LETBY: Because the issue hadn't been addressed by other nursing staff.

MYERS: Can we move forwards, please, to tile 177.

LETBY: Yes.

MYERS: Now there are a series of messages here from [Dr A] about "just had the email"; can you see that?

LETBY: Yes.

MYERS: And there's an exchange between him and you about that. But to cut through this, in case we focus upon it at any point, what email is he talking about?

LETBY: At this point [Dr A] was applying for a consultancy post at Alder Hey Children's Hospital.

MYERS: Right. And that's something that he informed you about?

LETBY: Yes.

MYERS: Thank you. Can we go next then, please, to tile 226. This is on 15 July at 11.16. We've looked at it earlier, we're not going to read all of this again. This relates to your move to another part of the hospital, doesn't it?

LETBY: Yes.

MYERS: But to remind us, we're coming to the conclusion of this, is this a move that you had wanted to make?

LETBY: No, it was a move that was forced upon me.

MYERS: And why were you told that you were being moved?

LETBY: So that I could redo my competencies.

MYERS: And how you did you feel about that?

LETBY: I wasn't happy.

MYERS: At this point were you given any other reason as to why it was you were being moved?

LETBY: No.

MYERS: This is on 15 July. Were you aware that on 7 July the unit had been redesignated from a level 2 to a level 1?

LETBY: Yes.

MYERS: Did you know that at this time?

LETBY: Yes.

MYERS: And did you have any idea of some of the things that were being said that lay behind reasons for removing you from the unit?

LETBY: Not at this point, no.

MYERS: Can we go to tile 263, please. Before we do, apologies, can we go to tile 253, Mr Murphy? This is a message now -- we've got to 8 August, we've moved on. It's 11.25 in the morning, it's you to [Nurse E]:

"Tony phoned. He's going to speak to Karen and insist on the review being no later than 1st week of September, but said he definitely wouldn't advise pushing to get back to unit until it's taken place. Asked about social things and he said it's up to me but would advise not speaking with anyone in case any of them are involved with the review process. Thinks I should keep head down and ride it out and can take further once over. Feel a bit like I'm being shoved in a corner and forgotten about by the trust. It's my life and career."

Can you just tell us simply what is the review you're talking about there?

LETBY: The competency review.

MYERS: And who is the Tony?

LETBY: Tony is a representative from the Royal College of Nursing, the union that I was part of.

MYERS: All right. Can we go to 254 next, please. You to [Nurse E]. Perhaps you could read this.

LETBY: "He's not been given any information about the evidence he asked for, which is good. He's not sure what the external people are going to look at in relation to me but we are in the process now, so have to ride it out."

MYERS: And the next tile, please, [Nurse E] to you at 11.28:

"Okay, well, just have to take his advice then I suppose."

11.28, an emoji -- the next one, an emoji from [Nurse E] to you.

LETBY: "Still can't believe this has happened."

MYERS: Next tile, please.

LETBY: "It's making me feel like I should hide away by saying not to speak to anyone and going on for months, et cetera. I haven't done anything wrong."

MYERS: How is this beginning to make you feel, the way this was going? We're at 8 August now.

LETBY: It was really hurtful. I was being completely isolated and expected to lie about things that were going on.

MYERS: You were expected to do what, sorry?

LETBY: To lie -- so I had to pretend that I wanted to leave the unit and work in a different area.

MYERS: Right. Can we go to tile 263 with that in mind, please? We saw this when Eirian Powell gave evidence and when this was put into evidence by the prosecution and it sets out what it is that you're due to be doing as someone who is seconded to the Risk and Patient Safety office. It's from Eirian Powell on 9 August. I just want to look at the messages that follow this, please, tile 264. What do you say to [Nurse E]?

LETBY: "Oh my God, she's sent email about secondments."

MYERS: Tile 265. Emojis from [Nurse E]. Tile 266:

"Email is on fire [from her]."

267 from you to [Nurse E].

LETBY: "Bloody hell, fuming."

MYERS: What do you say at tile 268, in conclusion on this issue?

LETBY: "I'm in email and makes it sound like my choice."

MYERS: And had this got anything to do with your choice?

LETBY: No, not at all.

MYERS: Did you know at this point some of the more serious criticisms that were being made about you in terms of blaming you for things had had happened on the unit and, in particular, the deaths of children?

LETBY: No.

MYERS: Could we go to tile 272, 1 September 2016, meeting with review panel. 16.00. Hayley Cooper also present. What was the purpose of that meeting?

LETBY: The trust had an external review carried out into --

MYERS: I'm not going to ask you for any details, but a review, and that's what that related to?

LETBY: Yes.

MYERS: So that's an external review with the trust?

LETBY: Yes.

MYERS: And then can we go, please, to the next tile, tile 273, registration of grievance procedure. And who was registering a grievance procedure?

LETBY: Myself.

MYERS: This is in September 2016?

LETBY: Yes.

MYERS: And is this in the light of your removal from the unit, if I put it that way?

LETBY: Yes.

MYERS: Now, by this point, how were you feeling? It's been a couple of months now of this building up. How were you feeling?

LETBY: At this point I just -- I didn't know what to do. It was having -- it was having a massive impact on all aspects of my life.

MYERS: How were you feeling, if it's possible to describe it, emotionally?

LETBY: It was emotionally very difficult, I was very lonely, I was worried. I didn't know what was going on.

MR MYERS: There's only a short area of evidence I'd like to deal with, my Lord, it'll probably take about 15 or 20 minutes, but I wonder if we could take a break at this point and then I can deal with that.

MR JUSTICE GOSS: Of course, yes.

MR MYERS: Thank you.

MR JUSTICE GOSS: We'll have a 15-minute break now.

(3.19 pm)

(A short break)

(3.33 pm)

MR MYERS: Mr Murphy, can we put up page 48 from the prosecution images? It's one of the notes we've had, that we haven't looked at yet actually. There's a front and a back to this, so we'll have to enlarge it. We're not going to look at everything on this.

Just to assist you, this was recovered by the police from a blue folder in the desk at Mostyn Lodge. So where is Mostyn Lodge?

LETBY: That's the office that I'd been redeployed to.

MYERS: And that's where you were working, is it --

LETBY: Yes.

MYERS: -- over the period after you'd been --

LETBY: Up until my arrest.

MYERS: Up until your arrest. All right.

Take time to look at this. I'm going to ask you, do you remember when it was that you wrote this or parts of it?

LETBY: No.

MYERS: Would it all have been written on one occasion?

LETBY: No.

MYERS: Is it a standard piece of paperwork that you might have in the office where you worked?

LETBY: It is, yes, it's a work form.

MYERS: Before we look at any of the entries, why have you written all over it like this?

LETBY: That's what I do with paper, I write a lot of things down.

MYERS: If we perhaps look at the top half. We might have to turn the top half round. Is that your signature written in various places?

LETBY: Yes.

MYERS: Is that something you would do repeatedly?

LETBY: Yes, it's just doodlings.

MYERS: Would this have been written -- certainly this has been written at the a time that you'd been removed from the unit. We know that, don't we?

LETBY: Yes.

MYERS: Is it written at a time when you were aware what was being said about you, the type of blame that was pointed your way?

LETBY: I couldn't say at this point.

MYERS: Might it help if we read on with the document?

LETBY: Yes.

MYERS: Can we just turn that round 180 degrees so we can see the upside down writing at the top. We can see repeated "Everything is manageable"; can you see that?

LETBY: Yes.

MYERS: We've got it written three times on the left-hand side underneath the table and it's written across on the right-hand side too; yes?

LETBY: Yes.

MYERS: Can you help us? Why are you writing "everything is manageable"?

LETBY: It was something that a lady in the occupational health department that I was under, that was something she used to always tell me. It was something that resonated with me. She would always say, "Everything is manageable".

MYERS: Right. You've written "love" and love hearts all over it. Why were you writing that?

LETBY: That's just doodling, it's...

MYERS: Right. Can we turn it round and look at what's on the lower half of this form now? I'm not looking at everything, it's there if anyone wants to look at other details. Just enlarge the lower half, please, Mr Murphy.

When we look at this, we can see various names, we can see Minna Lappalainen; can you see that?

LETBY: Yes.

MYERS: On the left. We see Minna written several times. We know -- we can see Karen Rees.

LETBY: Yes.

MYERS: Can you remind us who Karen Rees is?

LETBY: Karen Rees was the director of nursing.

MYERS: Right. We can see that underneath the type print that says "the above request", the name is there several times. If we look across on the right-hand side we can see the words "paid" and "unpaid" with a line round them and underneath that we can see you have put your name, L Letby and we can also see [Dr A], can you see that, and [Dr A] under that? Why are you writing not just your own name but the names of these other people on this piece of paper?

LETBY: They were important people to me at that time. So I had very limited contact/support network at that time and these people were the main people that I could talk to.

MYERS: Right. Can you help us with what's written at an angle -- if we look at that table, the square or the rectangle, rather, in the central upper part of the page. You have names written down the left-hand side. Then you have "Lucy" written at the bottom corner and under it there's something written there. Can you help us with what that says?

LETBY: Is it this here (indicating)?

MYERS: That's it, yes. What does that say?

LETBY: Um... Can it go any bigger? Sorry, I can't...

(Pause)

I'm not sure. I can see it says "much longer I know".

MYERS: All right. Just whilst we've got that, under it does it then say, "I can't do this anymore"?

LETBY: Yes.

MYERS: What does that mean, what is it you can't do anymore when we look at that note?

LETBY: It was I can't do this, it was fighting for my life, really, fighting for my career, my job, everything.

MYERS: If we pull out, can we have a look at this again, this section here, a little bit further down? If we just have a look at the lower part and enlarge it. Thank you. Why are you writing -- can you see above the blue it says, "Please help"?

LETBY: Yes.

MYERS: "Help me", under it. Why have you written that?

LETBY: I wanted somebody to help me.

MYERS: What was going on?

LETBY: At this point, I'd lost everything. I was in a job that I didn't want to be in, I was isolated from friends, I was being forced to lie about things and I just warned somebody to help me.

MYERS: Had you done anything, as far as you knew, to merit that happening to you?

LETBY: No, that's why I couldn't understand how all this was happening to me.

MYERS: Can we go over the page, please? Turn it round so the -- that's it, so the love hearts are that way, they're the wrong way round. Is this something you've written on perhaps on more than one occasion, Ms Letby?

LETBY: Yes.

MYERS: Do you know whether at this point you understood the things that were being said about you so far as harming children was concerned?

LETBY: From the content, yes.

MYERS: How was that making you feel? You talked about the job and how you couldn't do the job. How did it feel when you discovered what was being said about the children and being blamed --

LETBY: It was devastating to have to have that allegation upon you.

MYERS: Had you done it?

LETBY: No.

MYERS: What's it feel like to be told you've done it if you haven't?

LETBY: It's beyond comprehension. I just could not understand how it was happening.

MYERS: Could you cope with it?

LETBY: No.

MYERS: If we look down at the bottom, right in the centre there's some text. I'm going to ask to enlarge that and ask if you could read that for us, please. What do you write there?

LETBY: "I really can't do this anymore. I just want life to be as it was. I want to be happy in the job that I loved with a team who I felt a part of. Really, I don't belong anywhere. I'm a problem to those who do know me and it would be much easier for everyone if I just went away. I wish I could give myself a break and just go away from [something]."

MYERS: All right. Had you done anything to hurt anybody?

LETBY: No.

MYERS: Can we just move up the screen, please? Go back there. There's a bit with a box round it. Can we have a look at that, please? Can we just enlarge that, please? What do you say there?

LETBY: "Please help me."

I've also written:

"[Dr A], love, you were my best friend."

MYERS: Why did you say -- it says elsewhere around here, "Please help me". Why were you saying "please help me"?

LETBY: Because I just felt so on my own, I wanted somebody to help me.

MYERS: Anywhere do you accept that you have deliberately hurt babies?

LETBY: No.

MYERS: For all of the material that's put out there, is that something you ever did?

LETBY: No.

MYERS: Is there any truth in the allegation that you deliberately harmed babies?

LETBY: No.

MYERS: Or intended to kill them?

LETBY: No.

MYERS: Or the allegation of air being used intravenously; would you do that?

LETBY: No.

MYERS: Forced into babies' abdomens; have you ever done that?

LETBY: No.

MYERS: Or if the blood analysis is accurate, that you are responsible for giving them insulin when they shouldn't have it; have you done that?

LETBY: No. I only ever did my best.

MR MYERS: All right. Thank you for dealing with that, Ms Letby. It's been a lot of questions from me there, there will be some more questions now.

MR JUSTICE GOSS: Mr Johnson.

Cross-examination by MR JOHNSON

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

LETBY: I have cried when talking about some of the babies.

JOHNSON: That's your answer, is it?

LETBY: Yes.

JOHNSON: All right. You've been in the witness box now for 5 days. As you have thought about what you have said, have you thought that there's anything that you'd like to change?

LETBY: I don't know what you mean.

JOHNSON: Right. Okay. You started on 2 May. Do you remember that?

LETBY: Yes.

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

LETBY: No.

JOHNSON: No. Anything that you said a few days later that you'd like to change?

LETBY: Not from what I can recall now, no.

JOHNSON: And anything over the last 3 days that you have said that you would like to change?

LETBY: No.

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

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

JOHNSON: All right. Now, some time ago now, you created a document called a defence statement; do you remember that?

LETBY: Yes.

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

LETBY: Yes.

JOHNSON: But I'd like you to take it, I'm going to give it to you in paper format and, if you haven't got a copy, you're free to remove it from this room if you want to, if you want to look at it, because I will be asking you questions about it.

LETBY: Okay.

JOHNSON: So I'll ask Mr Stansfield just to give you a copy of that, please.

(Handed)

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

LETBY: Yes.

JOHNSON: It runs to 28 pages; is that right?

LETBY: Yes.

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

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

Is that what it says?

LETBY: Yes.

JOHNSON: And was that true?

LETBY: Yes.

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

LETBY: I can't recall the definitive dates of when I received everything from November 20.

JOHNSON: All right. Well, you were arrested in November 2020; that's right, isn't it?

LETBY: Yes.

JOHNSON: And a lot of, or a good proportion of, the prosecution documents were served in the very early part of 2021; do you remember that?

LETBY: Yes.

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

LETBY: Yes.

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

LETBY: Yes.

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

LETBY: Yes.

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

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

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

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

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

LETBY: It was accurate at that time, yes.

JOHNSON: Yes. So let's take an example and you can explain it. Did you in your police interviews ever suggest that Dr Ravi Jayaram is a liar who was inventing seeing you standing over [Baby K] on 17 February?

LETBY: No.

JOHNSON: When was the first time you said that, Lucy Letby?

LETBY: I can't say. I would not know a definitive date.

JOHNSON: I'm going to suggest a date to you. Yesterday.

(Pause)

Do you accept my suggestion?

LETBY: I never accepted in police interviews that what Dr Jayaram said actually happened.

JOHNSON: No. If you'd concentrate on the question, please. I'm suggesting to you that the first time you said Dr Jayaram is making it up was yesterday.

LETBY: I don't think I said yesterday that he was making it up.

JOHNSON: You did. You said you were never standing over [Baby K].

LETBY: Yes.

JOHNSON: So it follows, doesn't it, that you are saying Dr Ravi Jayaram has deliberately misled this jury?

LETBY: Yes.

JOHNSON: Yes. So when was the first time you said that, Lucy Letby?

LETBY: If I'm accepting what you say, it would be yesterday.

JOHNSON: Well, you contradict what I'm saying if you will.

LETBY: I can't say without going through everything I've ever said at what point that has been said.

JOHNSON: Well, we will come to it as we go through the cases, but I'm going to suggest to you, for your consideration, that when Dr Jayaram was cross-examined by Mr Myers on your behalf, that suggestion was never made. Do you accept that or do you reject it?

LETBY: I can't recall the specific questions that were asked at that time.

JOHNSON: No, but you remember -- none of us can. But you remember the gist of the questions, don't you?

LETBY: Yes.

JOHNSON: Was Mr Myers suggesting to Dr Jayaram that he never saw you standing over [Baby K]?

LETBY: I can't comment on that without looking.

JOHNSON: Can't or won't?

LETBY: It's very difficult to recall everything that everybody has said during a seven-month trial.

JOHNSON: It is. And in due course, I will remind you, don't worry. If I get it wrong, I'm sure Mr Myers will correct me. But I am suggesting to you, Lucy Letby, that you are lying now, claiming that you don't remember.

LETBY: No, I'm not lying.

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

LETBY: Yes.

JOHNSON: Can you read paragraphs 203 and 204, please?

LETBY: "I have dealt with certain items that were taken from my house by the police in the paragraphs above.

"204. I did not deliberately take any item from the hospital with the intention of keeping it."

JOHNSON: 202?

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

JOHNSON: What did you tell the jury this morning about the handover sheet from 25 June?

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

JOHNSON: Yes. That you deliberately kept it.

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

JOHNSON: Read the words for the jury.

LETBY: Which one?

JOHNSON: 202.

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

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

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

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

LETBY: Yes.

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

LETBY: Yes, the sheets have come home with me, yes.

JOHNSON: No, you take them home, don't you?

LETBY: Yes.

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

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

JOHNSON: Well, this one was, wasn't it?

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

JOHNSON: Let's deal with your addresses, if we can, before we finish for today. Because when we come to look at some of these handover sheets, as we will, we need to understand where you were living and when you were living there. Okay?

LETBY: Yes.

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

LETBY: Okay.

JOHNSON: So that's the purpose. So let's look at the facts. You were a student between the academic years 08/09, 09/10, 10/11; is that fair?

LETBY: Yes.

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

LETBY: Yes.

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

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

JOHNSON: Sure, well, a three-year course, I think you said?

LETBY: Yes, but -- yes.

JOHNSON: What, you work -- you study for 12 months a year, do you?

LETBY: Yes.

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

LETBY: No.

JOHNSON: All right. And you, what, qualified in -- when in 2011, at the end?

LETBY: September.

JOHNSON: September 11, okay. For those 3 years, were you living in student accommodation in Chester?

LETBY: Yes.

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

LETBY: Yes.

JOHNSON: Was it university accommodation?

LETBY: Yes.

JOHNSON: Did it change each academic year?

LETBY: Yes.

JOHNSON: The academic year, as you've just inferred, at least, is October to September or September to September?

LETBY: Yes.

JOHNSON: All right. So when you'd got to starting work in October 2011, where did you live?

LETBY: At that point I wasn't employed, I began my employment in January 2012.

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

LETBY: Yes.

JOHNSON: And in that time were you living in Chester or were you living back in Hereford?

LETBY: I was at my parents' address in Hereford.

JOHNSON: Did all of your belongings follow you from Chester to Hereford?

LETBY: Yes.

JOHNSON: So you started in January 12. Were you living in Ash House from the beginning?

LETBY: Yes.

JOHNSON: Did you remain in Ash House until 15 March 2014?

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

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

LETBY: Okay.

JOHNSON: That's when you moved into a flat in Chester?

LETBY: Yes.

JOHNSON: A flat of one of your colleagues?

LETBY: Yes.

JOHNSON: She was not living there when you were living there; is that right?

LETBY: No.

JOHNSON: It isn't right?

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

JOHNSON: And you remained there until 1 June 2015?

LETBY: Yes.

JOHNSON: So if anyone's keeping a note, 15 March 2014 to 1 June 2015.

On 1 June 15, you moved back into Ash House; is that right?

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

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

LETBY: Yes.

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

LETBY: Yes.

JOHNSON: You got the keys on the 18th?

LETBY: Yes.

JOHNSON: And on 5 April, you moved into number 41 Westbourne Road?

LETBY: Yes.

JOHNSON: Something you described yesterday as a massive life moment?

LETBY: Yes.

MR JOHNSON: My Lord, I'm happy to continue if you'd like me to fill some more time?

MR JUSTICE GOSS: Well, if it's not inconvenient.

MR JOHNSON: It's not inconvenient at all.

MR JUSTICE GOSS: But we must finish by quarter past.

MR JOHNSON: We will.

I'd like to deal with your uniforms in which these handover sheets came home with you, all right, so that the jury understand what the system is.

Who provides the uniforms?

LETBY: The hospital.

JOHNSON: Who launders the uniforms?

LETBY: The staff that wear them, so myself.

JOHNSON: Yes. And how many uniforms are you provided with?

LETBY: I can't recall specifically. Maybe three.

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

LETBY: Yes.

JOHNSON: If you had three, it would follow, wouldn't it, that if you were working in blocks of 3 days, as generally you did, not always, but generally, you'd use each uniform in succession?

LETBY: Yes.

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

LETBY: Yes.

JOHNSON: What did you do with the contents of the pockets?

LETBY: They were put aside in random places in my house.

JOHNSON: Such as? The random places. Which random places?

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

JOHNSON: We'll come back to the handover sheets a bit later.

So far as the computerised records are concerned, I want to ask you about those, okay?

LETBY: Okay.

JOHNSON: These are the medication administration timestamped computerised records that I'm talking about.

LETBY: Okay.

JOHNSON: Do you understand what it is I'm talking about?

LETBY: Yes.

JOHNSON: There are, generally speaking, two people who contribute to those documents, aren't there --

LETBY: Yes.

JOHNSON: -- from a nursing point of view? The first contributor is somebody who is categorised as the user; that's what the system calls them.

LETBY: Yes.

JOHNSON: And the second is the co-signer?

LETBY: Yes.

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

LETBY: Yes.

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

LETBY: That's right.

JOHNSON: But does it tell us who created the original record?

LETBY: Do you mean who prescribed the drug?

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

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

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

LETBY: Yes.

JOHNSON: So the system creates the time, records the time at which this is being done; is that right?

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

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

LETBY: Either of the nursing staff that have been giving that medication.

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

LETBY: No, not necessarily.

JOHNSON: Well, you tell us then how it works.

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

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

LETBY: No, it could be either member of staff.

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

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

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

LETBY: That's inputted by staff.

JOHNSON: Yes. But which of the two, the user --

LETBY: It could be either.

JOHNSON: -- or the co-signer?

LETBY: It could be either.

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

LETBY: Yes.

JOHNSON: And what does that process involve?

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

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

LETBY: What -- I don't understand.

JOHNSON: What do you tell them about paperwork and their responsibilities?

LETBY: I... I don't follow.

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

LETBY: Students don't usually have a handover sheet. They aren't given documentation because they are students.

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

LETBY: Discard it in the confidential waste.

JOHNSON: Yes. Why?

LETBY: That's normal practice.

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

LETBY: No, at times it's not, no.

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

LETBY: That's over many years though.

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

LETBY: With handover sheets?

JOHNSON: Yes.

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

JOHNSON: No, there are times you have taken them home.

LETBY: Not with intent. Not with the intent of keeping them.

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

LETBY: Return it. That's a hypothetical situation.

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

LETBY: Yes.

JOHNSON: Why didn't you do that with the handover sheets?

LETBY: It's a different context.

JOHNSON: Why?

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

JOHNSON: But they have a lot of information on them, don't they?

LETBY: They do.

JOHNSON: Whose information?

LETBY: Babies on the unit.

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

LETBY: To keep it confidential.

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

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

JOHNSON: Are you interested in the policy?

LETBY: I... I don't understand.

JOHNSON: Have you ever been interested in the policy on managing personal sensitive data?

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

JOHNSON: You're not bothered, are you?

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

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

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

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

LETBY: My parents, but they would not enter my room.

JOHNSON: They're not held in confidence though, are they?

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

JOHNSON: Do you obey the rules when it suits you?

LETBY: No.

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

LETBY: No.

MR JOHNSON: My Lord, that may be a convenient point.

MR MYERS: My Lord, before we rise, I have been invited to correct anything if it's said and it's not accurate. I hope I don't have to do that very much, but it's important to emphasise that when Dr Jayaram was cross-examined, and this is a point that was taken, his credibility was not called into account. It was put to him repeatedly, it's in the transcript for 28

February, pages 133 to 134, that he hadn't recorded or acted in the ways I set out because it didn't happen as he told us or told the police. That he didn't refer to the dislodgement because he didn't suspect the defendant of that at the time. That we do not accept the accuracy or the truth of any allegation against the defendant. He was asked if he had sought to distract from the shortcomings on his care, at least in part, by creating an issue against Lucy Letby, and he was asked if he was seeking to bolster suspicion against her by additional details after the event.

If matters are going to be put to Ms Letby that things weren't dealt with with the witness, and if I'm invited to correct it, then I will. The word "liar" may not have been used, but all those particulars were put to Dr Jayaram so it's important I emphasise that.

MR JUSTICE GOSS: I haven't looked at the transcript, but I will look at the transcript. It was not put, as I recall, directly to him there was never a time when she was standing by the, I can't remember if it's a cot or Resuscitaire.

MR JOHNSON: What was put, and I have checked it, is that it was accepted that she was standing over the baby but she wasn't seen to be doing anything. But we will come to the detail, don't worry.

MR JUSTICE GOSS: Yes. It will be done carefully, obviously, precisely what is put. There we are.

We're going to be finishing at 4.15 every day. It may be -- we'll be at 10.30 again tomorrow. Have you been given the updated dates of non-sitting days, which incorporate the 12th and 13th, about which I told you, and I can't remember if I told you about Friday the 16th? I'm afraid that's another day off. Otherwise, if there's not a day there, that's a sitting day if it's a weekday. All right? Thank you very much indeed.

I can't give you any further information for your employers' letters. That will be dealt with tomorrow. I will tell you tomorrow and you'll receive the appropriate documents tomorrow. Is that all right? Thank you. I know that that's important. Thank you very much. Please remember your responsibilities: no research and no communication by any means.

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: That's the matter that we put off from the beginning of the day. I don't know what assistance can be given.

It's really for the jury's benefit. You may or may not appreciate, one hadn't -- the one who had to put things off, and he put it off as late as possible, anticipating the case would have finished and it hasn't. What I want to try and do is give them the worst case scenario in terms of length so far as their duty service is concerned.

MR MYERS: I have discussed this briefly with Mr Johnson. I find myself in the invidious position of the person setting out the dates we can assist with -- and this is an estimate, my Lord, plainly.

MR JUSTICE GOSS: Of course. It's inevitably an estimate. Things happen -- unexpected things happen as well, but it has to be an informed estimate, insofar as it can be informed.

MR MYERS: And without any further delays, factoring in the dates that we have, the cross-examination of Ms Letby may run for maybe a week or so, but I don't wish to trespass on where my learned friend goes with that, so that's not meant to be absolutely precise. At the conclusion of that, we would require a day with Ms Letby because there are matters we have to consider and we'll request that formally when I get there, I don't assume we would receive it, but just to help at this point with the blueprint of timing.

MR JUSTICE GOSS: Yes.

MR MYERS: Thereafter, the question of defence evidence arises and that will either be very short or, if any expert evidence were called -- and that is a matter inevitably under consideration.

MR JUSTICE GOSS: That won't be known for some time.

MR MYERS: Yes. That can't be confirmed until we've spoken to Ms Letby.

MR JUSTICE GOSS: I understand. No need to explain it all.

MR MYERS: Again, speaking with Mr Johnson and trying to estimate this as well as we can, that may be anything from 7 to 8 days, maybe a little more than a week and a half of court time.

At the conclusion of that, we anticipate there may be legal issues to consider, which might take a day or so, and then, once any matters there have been resolved, if your Lordship so decides, the first part of the summing-up, which may not be lengthy.

MR JUSTICE GOSS: I've already said I shall give a split summing-up.

MR MYERS: For both prosecution and defence, it is very difficult to estimate the length of closing submissions. It's a lengthy case with a lot of detail. It may well be for both it's in the region of 4 days apiece, I should say, not between the two. It may be less or it may be a little more. But when one considers the number of counts that are all in fact different in many ways, that is the likely length, so 4 days with the prosecution, 4 days with the defence.

Your Lordship's summing-up, I wouldn't presume to estimate the length of it, your Lordship knows that, but we took maybe 5 days, but it may be longer than that.

MR JUSTICE GOSS: I would hope it will be 5 days or fewer.

MR MYERS: Five days or fewer.

MR JUSTICE GOSS: But if it is fewer, probably only by 1 day. I would say probably 4 days.

MR MYERS: Well, trying to work out the timing across the sitting days and the non-sitting days, that means if the defence case does not extend far beyond Ms Letby's evidence, the conclusion of the summing-up would be round about 5 July. If there is more defence evidence to call of any length, it may be a week or so later than that. But it would seem that it would be unlikely the jury will go out before 5 July if those timings are correct. We can revisit this and I can make sure that our mathematics are correct, but that seems to be where we are.

If matters go -- that's the quickest. The longer would be about 12 July, I should say. The 5th therefore is the shortest, 12 July is the longer one, depending on the nature of the defence case.

MR JUSTICE GOSS: Yes. Potentially up to 14 July if the defence evidence -- other evidence -- is 7 days rather than 5 days. So realistically -- and the 14th is a Friday, so I'm going to say up to 14 July, potentially. That's on current information and not anticipating any further enforced days of non-sitting.

MR MYERS: We'll seek to assist by reviewing this as we go along. I'm trying to assist as much as we can there.

MR JUSTICE GOSS: I know you will, both of you. It's just really for them and their employers as much as anything else and others who are concerned with length of the trial. All right. Thank you very much indeed. That's it for today. Thank you very much.

As the jury know, once we get to the conclusion and summing-up and they begin their deliberations, no one knows how long that is going to be. So I will give them as much detail as they need to know without saying any more than I need to say. Thank you very much indeed. I hope that's sufficient time for Ms Letby to see --

MR MYERS: We'll try and work with that.

MR JUSTICE GOSS: I'll rise now.

(4.22 pm)

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