

MR MYERS: Ms Letby, I'm going to turn to count 4 on the indictment, which is the case of [Baby D]. Can we put up tile 7, please, Mr Murphy. Can we look at the tile just directly behind that, please?

We see [Baby D], Ms Letby, born on 20 June 2015, 16.01, 37 weeks and 1 day, 3.130 kilograms, caesarean section. We may recall, I'll just remind us now, we had it established in agreed fact 22, that there had been a spontaneous rupture of the membranes 60 hours before birth in the case of [Baby D].

Could we turn to tile 19, please, for her condition very soon after birth?

This is a note by Dr Rylance and it's just the central part we are going to look at.

It's got "BM 4.2" underlined in the margin.

Then it says this:

"First baby. Uncomplicated pregnancy. No known GBS. Well in labour. Apgars 8 and 9. Initial poor colour. 12 mins age, in dad's arms, lost colour, floppy. Five rescue breaths and 2 mins IPPV. Reviewed by SHO. On arrival, good respiratory effort."

Then it says:

"Started grunting in theatre. Reviewed at 1.5 hours by SHO. Grunting but otherwise obs okay and examined normally. Bleeped again as midwife not happy with her colour and lack of response to vit K. Poor feeding. Brought to unit for screen. On arrival to NNU, looked dusky, poor respiratory, initial sats 48%. Poor respiratory effort.

Around 19.30 [then it's got] transferred into incubator." And the treatment after that.

She was then stabilised after that.

But that's just the period immediately after the birth and the reference to what happened when she was 12 minutes of age, something we heard about in the evidence.

So that is the situation with [Baby D], Ms Letby, around the time of birth.

The actual events that we look at, we count four on this indictment, and there were three elements to it -- I'll just remind us of this and then we'll come to the note shortly in evidence. We're looking at the early hours of the morning of 22 June 2015.

At 01.30, there is a collapse with [Baby D] and discolouration noted. And there was a recovery from that.

An hour and a half later, 03.00, there was a collapse and some discolouration, noted to be less than the first time, and there was recovery from that. Then at 03.45, that same morning, 22 June, there was a collapse, no discolouration noted on that occasion,

but sadly [Baby D] did not recover and she died at about 04.25 that morning.

So that's just to outline the case with [Baby D].
I just want to start with what your memory was of
this when you were first questioned about it, Ms
Letby, and therefore could we just look inside
the interview bundle, please, ladies and
gentlemen, to the
[Baby D] interview, behind the first tab for
[Baby D].

it says:

"Question: Do you remember [Baby D] at all?"

Can you see that?

A. Yes.

Q. Over the page, you say, "No".

You confirm that you'd had a copy of the relevant
notes and charts.

Your attention was drawn to the signature on one
of them, the officer says:

"Question: Right, you're the first signature on
those. From that do you presume that you then
administered --"

There was a prescription chart. You said yes.

There's a bit of summary, then the officers says:

"Question: Is there anything you can tell us
about what happened to [Baby D]?"

And you said:

"Answer: I don't really remember [Baby D]."

That was the position at the time of that
police interview.

A. Yes.

Q. Is that the case, that but for charts and
the like that had been identified, it's not
something you remember?

A. No.

Q. We'll go straight to the shift we're looking
at, which is the evening shift from the 21st
into 22 June, and let's look at the layout.
It's at tile 168, please, Mr Murphy.

Thank you. Go behind that.

We can see, looking at that, particularly with
the nursing staff, the shift leader was [Nurse
C]. Caroline Oakley was the designated nurse and
you were also on duty, with Kathryn
Percival-Calderbank, as she is now, and Elizabeth
Marshall.

If we scroll down, we can see who is where so far
as the layout is set up. We can see that [Baby D]
was in nursery 1 with Caroline Oakley, and you
were also in nursery 1 with babies MRE and JE.
What I would like to ask you about first is
something in the evening of 21 June and it relates to
evidence from [Baby D]'s mother, [Mother of Baby D].
[Mother of Baby D] gives a description of seeing a
nurse that she says was you in the neonatal unit at 7
pm on 21 June.

Do you remember that in [Mother of Baby D]'s

evidence?

A. I do, yes.

Q. She says that she also saw you at some point during the collapse of [Baby D] on the morning of the 22nd, but she said in her evidence that she'd been in the unit at 7 pm on 21 June, that someone she identified as you -- and these are the words that was used:

"She had seen hovering around [Baby D] not doing much and had a clipboard with notes on it and said [Baby D] was fine."

And she said she was clear this was at 7 pm or 19.00 hours because she had looked at the clock and she recognised the person she says is you from images on the media.

Do you remember that in the evidence?

A. Yes.

Q. So far as you can recall, did you see [Mother of Baby D] and speak to her at that time on 21 June?

A. No.

Q. Would you have been, so far as you can recall, on the unit at 19.00 hours on 21 June?

A. No.

Q. We see that you're on the evening shift.

What time would you expect to come in for that shift?

A. So the usual behaviour for me would be any time after 7 o'clock, I would enter the unit and get ready for the shift, but I wouldn't be in the clinical nurseries necessarily at that time.

Q. Right. Could we look at tile 163, please?

Just go behind that. This is swipe data, the first time your name appears in this period, and it's for 19.26 on 21 June. We can see it's "maternity neonatal entrance doors in".

Can you help us with what that might correspond with, that swipe data at 19.26 that evening?

A. So that would reflect me swiping on to the neonatal unit at that time through the main entrance doors.

Q. What would you be going in for at that time?

A. To prepare for my shift.

Q. Could we go to tile 159, please? We're just going to have a look at that. This is a text message from your phone to someone called Charlotte James at 19.15 that evening, so 11 minutes before the swipe data that we saw. At that time you send a message saying: "I'm just about to leave for a night shift so no problem. Hope all is okay."

It might be clear, but what are you talking about when you say that?

A. So this was in reference to me at this time, I was living in the staff accommodation on site at the hospital, Charlotte James was somebody that I lived with at that point, and she'd asked me something about that evening and I'm telling her I'm just about to leave for a night shift.

Q. So where would you be when you sent that so far as you can tell?

A. At Ash House.

Q. Yes. Would you have been on the unit?

A. No.

Q. Would you have been on the unit at 19.00?

A. No.

Q. Where are you heading to at 19.15?

A. I'm about to leave my house and go over to the unit.

Q. In the ordinary course of events, who would be responsible for [Baby G] before your shift commenced?

A. You said [Baby G].

Q. Sorry, for [Baby D], I apologise. Who would be responsible for [Baby D] before your shift commenced?

A. Whoever the designated nurse was on the day shift.

Q. Yes. Can we go to tile 96, please. Have a look at that, please. This is from that morning, 07.30 to 08.00, handover.

Who's the designated nurse?

A. Kate Bissell.

Q. And for how long would Kate Bissell, in the ordinary course of events, be looking after [Baby D]?

A. Until 20.00.

Q. Can we put up tile 147, please, which is some notes by Kate Bissell.

Enlarge those, please. We don't need to read all the content, but when we see at the top there,

21.06, "At 17.03 KB", what's happening at 17.03?

A. Kate Bissell is logged into the computer system and is documenting on [Baby D]'s care notes.

Q. Just scroll down to the entry below that, please.

21/06/15 at 19.45 now. What's happening there?

A. So again, Nurse Bissell has logged on to the

system at 19.45 and is entering notes into [Baby D]'s system, care system.

Q. Can we look at tile 27, please, which is one of the intensive care charts. Actually go into the chart, please, Mr Murphy. Thank you. This is 21 June. [Mother of Baby D] was talking about a time at 19.00 on 21 June. If we look across to the right-hand side, can you see the timing for 18.30, the far most column on the right?

A. Yes.

Q. That's the observations for [Baby D] at 18.30 on 21 June. Can we scroll down to see whose initials are there, please? We might need to enlarge it down at the bottom right. The initials that are there at the bottom right, are they your initials?

A. They're not, no.

Q. Do you recognise whose initials that would be?

A. They look like Kate Bissell's.

Q. All right. Could we go to the chart that follows this at tile 164, please. Just go into that, please. We can see on the left-hand side - can you see there's an entry by someone at 19.30 :

A. Yes.

Q. -- for [Baby D]? So we've seen Kate Bissell at 18.30. Can you see -- let's see which initials are there for 19.30.

A. Again, I would say that's Kate Bissell.

Q. Are they your initials?

A. They're not, no.

Q. Right. So we've seen Kate Bissell's initials on charts at 18.30, 19.30, nursing notes by her, and that she was the designated nurse for [Baby D]. To the best of your recollection, were you even on the unit, in fact, from 19.00 -- from what you have seen, were you on the unit at 19.00 that evening?

A. No.

Q. All right. Thank you. We can take that down, please, Mr Murphy. I want to move then to what happens later in the shift when we come to events with [Baby D] and the deteriorations that took place. The starting point -- let's have a look at Caroline Oakley's note, which sets out what happened, and then we can go through what you have to say, Ms Letby. Can we put up tile 228, please? Thank you. We'll go to the actual note. There's quite a lot

of detail here, but let's have a look at it because it's a while since we've seen it. It's the right-hand side going up to the top, thank you, Mr Murphy.

This is 22 June 2015 at 04.46. CO, is that in all probability Caroline Oakley?

A. Yes.

Q. Yes, it is, right. This is 20 minutes after [Baby D] has died. It's written in retrospect for care given from 20.00 to present:

"Handover taken. Equipment, alarm limits and IV fluids checked and satisfactory. UVC in situ for sampling only as low lying. X2 peripheral lines in situ right and left hands. Lower limbs dusky and feet bruised. Doctors aware. Feet cool to slightly warm. Observations satisfactory. [Baby D] nursed on N CPAP in air. Antibiotics given as prescribed. Reviewed by Dr Brunton. Commence feeds and increase as tolerated.

EBM and consented to donor EBM. Bloods/gas taken from UVC by Dr Brunton. Gases at 23.52 and 01.14 satisfactory. Bilirubin below treatment line.

Repeat CRP 6.

"01.30. Called to nursery by Staff Nurse Percival-Ward and Staff Nurse Letby. [Baby D] had desaturated to 70s, required oral suction as was bubbly and had lost colour. Discolouration to skin observed, trunks, legs, arms, chin. Dr Brunton called to review. Saturations 100% and O2 weaned to air. Observations satisfactory. Dr Newby called in to review. Fluids increased to 90ml/kg/day. Cefotaxime commenced. Benzylpenicillin increased to TDS and Na infusion commenced as Na 127."

Can you help us with what Na infusion means?

A. It's a sodium infusion. Na is sodium.

Q. "Saline bolus as prescribed. Discolourations resolved. AXR [abdominal X-ray] taken and satisfactory. Continue supportive treatment, maintain UVC. Decision to speak to parents later as [Baby D] stable and doctors required on paed. Repeat gas good.

"03.00. [Baby D] crying and desaturated again to 70s. Commenced on 100% O2 via CPAP and picked up well but skin discoloured again, but less than previously. Dr Brunton called to review. Taken off N CPAP. Further fluid bolus and gas 1 hour. Cares attended to. Passed urine +++ and passed meconium. Observations satisfactory. [Baby D] settled and handling well.

"03.45. Monitor alarming. [Baby D] desaturated and then became apnoeic. Called Staff Nurse Letby to help. Stimulation given with no effect. Bagging via Neopuff at 3.52. SHO on unit and called to help. Dr Brunton crash called and

resus commenced as per medical notes."

We can see beneath that, very sadly, the entry at 06.08, we can see it on the screen:

"CPR stopped at 04.21 and time of death 04.25."

Scroll back up a little bit, please. We see at 01.30:

"Called to nursery by Staff Nurse Percival-Ward [who we know is Percival-Calderbank now] and Staff Nurse Letby."

Do you have any particular recollection of that taking place?

A. No, I don't, no.

Q. Do you know what you had been doing leading up to that?

A. No.

Q. Do you know which nursery you would have been in?

A. No, I have no memory of this event.

Q. We saw that you had two babies you were designated to in nursery 1.

A. Yes.

Q. In the ordinary course of events, which nursery would you expect to be in if you had babies in nursery 1?

A. So predominantly in nursery 1.

Q. Right. Let's have a look in the neonatal review just to see if that assists with what took place around about these times. We're going to look in the neonatal review. If we perhaps just start with midnight, which is line 80. Can you help us with what you were doing?

A. I can't read that.

Q. I apologise. Let's enlarge line 80 a little bit more.

It's quite small. Thank you.

I'll read it into the record, what we see there:

" 22 June, midnight, 00.00, MRE."

And there's two entries for 00.00, the IC observations and neonatal fluid balance, and your name against those.

A. Yes.

Q. So if MRE is in nursery 1, is that where you'd be --

A. Yes.

Q. -- doing those? If we just pull out now and look at the chart, the blues and yellows. We can see blue and yellow are separate, Ms Letby, until we get to line 116, so perhaps let's go there and enlarge that.

Line 116, 01.25, there's an infusion that commences at that time, and if we look across we'll see that's you and Caroline Oakley with [Baby D].

A. Yes.

Q. Do you recall that taking place?

A. No, I don't, no.

Q. And do you have any recollection of how it was, at 01.30, Caroline Oakley was called to the nursery by you and Nurse Percival-Calderbank?

A. No.

Q. We've seen nurses assisting one another with medications and with help on the unit.

A. Yes.

Q. Is that something which would happen commonly?

A. Yes, particularly if two nurses are both working in nursery 1 in the same nursery.

Q. But in addition to assisting Nurse Oakley with this, what other types of tasks would you have been doing in nursery 1 on this evening?

A. So I would have been caring for the babies that I was allocated to and helping anybody else on the unit that needed any assistance with their medications. There's also jobs to do at night that we have to do, equipment checks and various things.

Q. If we go back one page, please, to page 2, an example of what you were describing. Lines 64 and 65 on page 2 down at the bottom. This is 23.43, prescriptions for the baby EB. If we just see who's involved with that. That's Kathryn Percival-Ward and you?

A. Yes.

Q. You said you were helping other nurses where necessary with what they were doing?

A. Yes.

Q. Is that quite commonplace?

A. Yes, you have to have two nurses so inevitably there will be times when we have to work together.

Q. And you were in nursery 1?

A. Yes.

Q. So you agree you assisted Caroline Oakley at 01.25 with an infusion for [Baby D]?

A. Yes.

Q. Do you recall any detail of [Baby D] desaturating

and what happened?

A. No.

Q. Do you recall any of the detail of what happened with the collapse about an hour and a half later at 03.00?

A. No.

Q. We're still with the neonatal review, so let's have a look at page 4, just to see events so far as that assists leading up to that. If we go, please -- we're looking at lines 155 to 162. Pausing first, as we look at that we can see you're involved with various tasks in between the time of the two collapses; is that right?

A. Yes.

Q. Can we look at lines, first of all, 142 to 145, in fact?

JE is one of the babies you were designated to look after.

A. Yes.

Q. What we're looking at here is an entry or entries at 02.18 for JE, prescriptions. And who's dealing with them, can you see that?

A. Yes, myself and Caroline Oakley.

Q. Right. So you had assisted Caroline Oakley earlier with [Baby D]?

A. Yes.

Q. Is this in the same nursery?

A. Yes.

Q. And so what's happening here?

A. Caroline is now doing the same for me.

Q. All right. If we pull out, please, and go down next to lines 155 and 156. Thank you. The time now is 02.39, same morning. Can you help us with what's happening here? This is [Baby D]. What's happening?

A. Again, myself and Caroline Oakley are checking and giving medication for [Baby D].

Q. And then line 159, please. What's happening there, Ms Letby?

A. So that's an infusion being started by myself and Caroline Oakley for [Baby D].

Q. Is it possible in any way to tell who took what part with an infusion that takes place

A. It's not, no. The order of signature doesn't have any relevance to who administered.

Q. All right. That's at 02.40. Could we look at lines 161 and 162, please? This is about 15 minutes before the collapse at 03.00. What's happening here?

A. So again that's myself and Caroline Oakley giving medication to [Baby D].

Q. Right. Do you have any recollection of what was taking place outside what we're looking at on this chart?

A. No, none at all.

Q. And do you remember anything of the circumstances of the deterioration that [Baby D] experienced about 15 minutes after that?

A. No. I have some vague recollection of her resuscitation based on reviewing the notes, but

Q. But in your --

A. -- not independently.

Q. -- mind now, thinking back, do you have any recollection of what took place round about 3 o'clock?

A. I don't, no.

Q. Let's just carry on through to the final collapse. We can see what you're recorded as doing,

Ms Letby, if we go to line 166, first of all. This is at 3 o'clock. An entry on the chart for MRE, who's one of your babies, in nursery 1. That actually coincides with the same time that [Baby D] is recorded as having a collapse at 03.00. You don't recall any detail of that?

A. No.

Q. All right. Can we go next to tile 174. Keep in mind the third and final collapse is at 03.45. At tile 174, we've got activity at 03.20 in respect of [Baby D]. Can you help us with what that is as far as you can tell from this chart?

A. So myself and Caroline Oakley have started an infusion at 03.20.

Q. There's no further involvement with you and [Baby D] before the collapse at 03.45 that we have recorded?

A. No.

Q. Do you recall what took place leading up to the collapse at 03.45?

A. No.

Q. Do you have a recollection of being in nursery 1 at the time that [Baby D] collapsed at that

time?

A. No.

Q. Or of Caroline Oakley calling for you to assist with what had happened?

A. I've no memory of that, no.

Q. I just want to check a couple of items from the police interview if you'd help us with this. If you have the interviews there, ladies and gentlemen, can we go to interview 1, please, page 2. Down at the bottom of page 2 we can see four lines up the officer asked you:

"Question: Do you remember who the designated nurse was for instance?"

This is talking about [Baby D], and you said no:

"Question: Or which nursery she was in?"

"Answer: No, I believe she was in nursery 1, yes."

"Question: What makes you think that?"

"Answer: Because I remember drawing up the medications in there and I think I did draw up some medications in there."

Do you have recollection of that much, drawing up any medications?

A. Yes.

Q. You were asked:

"Question: Why would you be involved with the care of [Baby D] if you were not the designated nurse?"

"Answer: Because two people are needed to administer drugs."

"Question: You were involved with the care somewhat but you can't remember being asked to help?"

"Answer: No."

"Question: Or being approached by another nurse?"

"Answer: No."

Given how often it is that you say nurses may call for help, is there any reason for it to stand out if a nurse has asked you to give him or her help?

A. No.

Q. There's no insensitivity intended in the way we deal with this, but so far as your recollections are concerned with [Baby D], is there anything else you recall that bears upon what happened to her?

A. No.

Q. Or any further involvement than what we've looked at in these charts?

A. No.