I would like to move next to the next counts on this indictment, 5 and 6, the counts relating to [Babies E & F]. That's where we go, ladies and gentlemen.
We will deal with them and look at them in the order we have them in the indictment. Count 5 is [Baby E], and we will deal with [Baby E] first and what relates to [Baby E], and then we'll turn to [Baby F].
[Baby E]. Again, just to remind us, can we put up tile 4, please? We'll go into that, please, Mr Murphy, and actually into the page behind that if we may. Thank you.
[Baby E] and [Baby F], born on 29 July 2015. So we've moved on a little more than a month from where we were with [Baby D].
A. Yes.

Q. We're into July, towards the end of July. [Baby E] born at 17.53, gestation 29 weeks and 5 days. [Baby E] was 1.327 kilograms when born. That was a caesarean delivery. He was the first of the two twins. Can we go to tile 5, please, just to have a little closer look at the conditions connected with [Baby E] at the time of birth. Just go into that.
Scroll down, please, on to the second page behind this tile, Mr Murphy.
Listed here, Dr Beech records the conditions, the birth conditions, with regard to [Baby E]:
"MCDA twins."
Which we have learnt, though we may not remember immediately, is monochorionic diamniotic, single placenta but their own sacs:
"Reverse end-diastolic flow. Intrauterine growth restricted."
It says oligohydramnios, which means too little amniotic fluid, just to remind us, so there are various matters raised there.
Now, that's the position when [Baby E] was born on 29 July 2015. Count 5 that we're looking at deals with events on the night of 3 August and running over just into the early hours of 4 August, so let's just remind ourselves of that and then we'll turn to your evidence on this, Ms Letby.
Just a summary, and then we'll look at the note.
During the evening of 3 August 2015, during that night shift, [Baby E] bled from his mouth at various points. We'll look at that shortly.
At 23.40, there was a serious desaturation and the bleeding continued and there was a period of resuscitative care and response to the bleeding and the problems that [Baby E] was experiencing, but sadly he died in the early hours the following morning.
Were you the designated nurse for [Baby E], Ms Letby?
A. I was, yes,

Q. And you made a note or notes at the conclusion of that, didn't you?
A. Yes.

Q. So let's have a look at those and other documents you

made, and then we can look at the events and what you say about them.
Could we go to tile 206, please, Mr Murphy? We'll start with the lower right-hand section, please. We need to enlarge that a little bit for those following on the screens. This is an entry at 04.31 on 4 August 2015, so after [Baby E] had died that morning:
"Written in retrospect for care given from 20.00. Emergency equipment checked. Fluids calculated. [Baby E] nursed in an incubator with humidity. IV fluids, Babiven and lipid via long line."
And the insulin that [Baby E] received via the long line:
"Prior to 21.00 feed, 16ml mucky, slightly bile-stained aspirate obtained and discarded. Abdomen soft and non-distended. SHO informed. To omit feed. "At 22.00 large vomit of fresh blood. 14ml fresh blood aspirate obtained from NG tube.
Registrar Harkness attended. Blood gas satisfactory. Blood sugar 10.7mmol. Metronidazole and IV ranitidine commenced and given. Sodium chloride bolus given. Mean BP and observations stable. [Baby E] handling well and active. NG tube on free drainage.
"Further 13ml blood obtained by 23.00. Beginning to desaturate and perfusion poor. Oxygen given via Neopuff initially in 24% incubator oxygen. Toes becoming white and [Baby E] cool to touch. Registrar Harkness present throughout.
"[Baby E] began to decline. 23.40, became bradycardic. Purple band of discolouration over abdomen. Perfusion poor. Capillary refill time 3 secs. Emergency intubation successful and placed on ventilator; see medical notes. Required 100% oxygen. Saturations 80%."
It's got the ventilator details:
"Further saline bolus and morphine bolus given. Second peripheral line sited and used to administer drugs. [Dr C] arrived.
"At 00.36, acute deterioration. Resus commenced as documented: x5 adrenaline, x2 sodium bicarbonate, x1 glucose bolus (inaudible) x1 sodium chloride bolus, x1 20ml/kg o negative blood.
"01.01. Chest compressions no longer required. Further decline. Resus recommenced 01.15 and discontinued at 01.23 when [Baby E] was given to parents.
"[Baby E] was actively bleeding ++ from mouth and nose throughout the resus. 6ml blood was obtained from NG tube."
Then perhaps if we just scroll down, there's an amendment at 05.37 that morning with regard to insulin and a morphine bolus, but then this below that, please, can we look at the bottom entry on the left, below the ones we can see?
4 August 2015, 04.51 under the family communication section:
"Mummy was present at start of shift attending to cares. Visited again approx 22.00. Aware that we had obtained blood from his NG tube and were starting some

different medications to treat this. She was updated by Reg Harkness and contained [Baby E]. Informed her that we would contact her if any changes. Once [Baby E] began to deteriorate, midwifery staff were contacted."
Pausing there, I'd like to keep the note open and go to the fluid chart, just to ask you about that, please, Ms Letby. The fluid chart -- I'm going to ask if we look at it in paper, ladies and gentlemen, because then we can compare some numbers. So we'll leave this on the screen, if we may, and the fluid chart is in jury bundle 2, and you'll find it behind divider 5, ladies and gentlemen. The one we need to go to has got the red reference J2720 in the bottom right corner and it might be the last piece of paper in that section, actually, behind divider 5.
A. Would it be possible to have another iPad? This one's gone off.
(Pause)

Q. As we look at this chart, I wonder, Mr Murphy, if we could go back to the first page of the notes. If we scroll up, it's the lower right-hand section of the page where we started on the screens.
We'll go over this in some detail as we go along, Ms Letby, but before we do let me just look at some of the figures we have here. Can you see the paper chart in jury bundle 2?
A. I've got it on the iPad.

Q. All right, you've got that. If anyone is following it on the iPad and flitting between the two, it's tile 38 if you want to flit between the two, but it might be easier to have one on paper and one on the iPad.
If we look on the paper chart, can you assist us?
If you look at 21.00 on the right-hand side, can you see that?
A. Yes.

Q. We've looked at this a few times, so you know where to go. What does the entry for 21.00 contain? I'm looking in the lower part of the chart, up from the initials and the five or six rows above it. Tell us what that has in it.
A. This is in relation to feeds, enteral feeds. So it says "omitted" in the box, which means that the milk feed was not given, and below that is the aspirate that was obtained at that time.

Q. Right. What's the aspirate that was obtained?
A. "16ml mucky."

Q. Is that what's written in on the chart in paper?
A. Yes.

Q. Whose initials are they at the bottom?
A. Mine.

Q. If we look across at your note on the screen, can you tell us if that appears in the note?
A. Yes.

Q. What does it say in the note?
A. "16ml mucky, slightly bile-stained aspirate.'

Q. Before that it says, "Prior to 21.00 feed"?
A. Yes.

Q. So those two things refer to the same thing; is that right?
A. The aspirate was obtained prior to giving the milk feed and the feed was omitted as a result of the aspirate.

Q. If you look on in the note, the next item in the note after it says the aspirate was obtained and discarded it says:
"Abdomen soft and non-distended. SHO informed to omit feed."
Then:
"At 22.00 large vomit of fresh blood: 14ml fresh blood aspirate obtained from NG tube."
That's what it says in the note. Can you go across to the fluid chart and tell us what we have on there for 22.00?
A. So for 22.00 we have a 15ml aspirate of fresh blood.

Q. Right. So we've got at 22.00, coming down, "15ml aspirate fresh blood"; yes?
A. Yes.

Q. Can we all see that, ladies and gentlemen? Do you know whose the initials are at the bottom of that?
A. Belinda Simcock.

Q. Pausing there, that says "15ml fresh blood" on the chart doesn't it?
A. Yes.

Q. Looking in the note it says "14ml fresh blood"?
A. Yes.

Q. What's the explanation for that discrepancy, if that's what it is?
A. That's an error on typing. I believe what we've written on the paper chart would be the most accurate reflection.

Q. So where it says 14ml in the notes it should say 15?
A. Yes.

Q. That's your error?
A. Yes.

Q. Is there any reference to vomit for 22.00 on the paper chart?
A. There isn't, no.

Q. Would you normally write down if there was a vomit?
A. Ideally, yes.

Q. And any reason why you didn't write that down?
A. No.

Q. Can you help us with the initials at the bottom of that on the paper chart?
A. So I haven't made these readings at the 22.00 hours.

Q. When you say these readings, which ones are you talking about?
A. Um.. So all of them other than the "15ml fresh blood" is my writing. The rest of it is not.

Q. Which is your writing?
A. The "15ml fresh blood" in the 22.00.

Q. Right. And the rest in that column?
A. That's not my writing.

Q. Right. We'll come to a bit more of your account of what happened in a moment, but I just want to deal with what's on these charts before we do so. Can we scroll down on the note on the screen, please, Mr Murphy. On the screen as we look at that, it charts what happened from a little before 23.00 and onwards. If we look across at the fluid balance chart, can you see there's an entry for 24.00?
A. Yes.

Q. Can you help us, who made the entry on the paper chart, what I'm calling the paper chart --
A. Myself

Q. -- chart 2720, that's you?
A. Yes.

Q. I'm interested again in the readings in the lower part of the chart dealing with aspirates. Can you tell us what you've noted at that time if it's possible?
A. 6ml blood.

Q. 6ml blood on the chart there?
A. Yes.

Q. That specific reading doesn't appear in the note, does it?
A. No.

Q. Is there any reason why that specific reading doesn't appear in the note?
A. Again, that's just an oversight on documentation.

Q. Once we get past 24.00 and we go into 4 August, was there continued blood from [Baby E] --
A. Yes.

Q. -- at various intervals?
A. Yes.

Q. I just want to go, now we've been over those documents, to a bit more about what happened on that shift and things we've heard about in the evidence.
Could we go to tile 115, please. Can we go into the tile behind that? Can you help us with what -- we can see this is the layout for the evening, but you just tell us what that reminds us or tells you of what the layout was for the responsibilities that evening in nursery 1.
A. So [Baby E] and [Baby F] were the two babies in nursery 1 and I was their allocated nurse.

Q. Did you remain the nurse caring for [Baby E] and [Baby F] throughout the whole of the shift?
A. No.

Q. Did that change?
A. Yes, so as [Baby E]'s needs increased, Belinda Simcock took over the care of [Baby F].

Q. Right. That's Belinda Williamson now?
A. Yes

Q. Belinda Simcock is in nursery there with CE. Was Belinda Simcock a band 6?
A. Yes.

Q. She took over with [Baby F], you say, as the evening went on?
A. She did, yes, and she assisted me with [Baby E].

Q. Right. Are you able to tell us who those initials were on the chart at 24.00?
A. That's Belinda Simcock.

Q. As she was then?
A. Yes.

Q. I want to ask you a little more about what we've seen on that paper chart, the fluid chart. We might have it in front of us, ladies and gentlemen, in paper, or if it's not there, I'm going to ask Mr Murphy if he could put up tile 38 on the screen so we can see it there if that helps. Just go into that so we can see it. It's the bottom right-hand corner we're looking at in particular, Mr Murphy. Thank you.
We've seen from your notes, Ms Letby, that [Baby E] was due a feed at 21.00.
A. Yes.

Q. Did he get a feed?
A. No.

Q. So talk us through, assisted by this, what happened and what leads to the entry "16ml mucky".
A. So prior to any nasogastric feed we would aspirate the NG tube to test the position of the tube. Obviously, here where I have aspirated I've got a large volume of

mucky bile-stained aspirate back, which is abnormal. Therefore the feed has been omitted, which would be usual practice: you would not feed a baby that's had a large aspirate that's mucky.

Q. Looking at this chart did he receive no other feeds during that evening?
A. Not by me, no.

Q. And not recorded here?
A. No.

Q. Having obtained an aspirate like that, did you do anything with it or as a result of that?
A. Yes. So I believe I showed it to Belinda Simcock and we informed the SHO.

Q. Why would you have shown it to Belinda Simcock?
A. Because it's an abnormal finding and as a band 5 I would escalate that to a band 6.

Q. Right. Was the SHO informed?
A. Yes.

Q. Who did that?
A. I don't recall.

Q. Do you know which doctor in particular was informed?
A. The SHO.

Q. Do you know the name of that doctor?
A. No, I don't.

Q. Do you recall from your own knowledge anything that was said to the doctor?
A. Yes. The aspirate was described and the advice given was to omit the feed.

Q. Was it described by you, do you mean?
A. I don't recall who spoke to the doctor.

Q. Do you know in what way the doctor was informed, by which I mean by someone personally or --
A. No, telephone. Telephone, I believe.

Q. By telephone you believe. When you say you believe, is that because you remember it or because it's what you think? Help with us that.
A. No, I do have recollection that we telephoned using the phone in nursery 1 but I couldn't say if that was me or Belinda.

Q. Did a doctor come to the unit as a result of being informed about the mucky aspirate?
A. No.

Q. You may have said this, but I want to be clear. Was there any advice given or conduct or course to be taken

given to you or Belinda by the doctor?
A. Yes, to omit that feed.

Q. Did a doctor attend at any point as we carry on that evening?
A. Yes, later on when I got the fresh blood.

Q. What time are you talking about when you say "later on when I got the fresh blood"?
A. 22.00.

Q. Are you saying a doctor did attend then?
A. The registrar came, yes,

Q. Do you remember which registrar that was?
A. Dr Harkness.

Q. In the note where you're dealing with 22.00, you describe a vomit of fresh blood:
"14ml of fresh blood aspirate obtained from NG tube."
And you go on to say directly:
"Registrar Harkness attended."
Is 22.00 -- why do you pick the time 22.00 as the time Registrar Harkness attended?
A. Because that's when the fresh blood was noted.

Q. Can you be precise about the exact time David Harkness came on to the unit?
A. No.

Q. Do you know whether he came on to the unit for any reason other than concerns about fresh blood with [Baby E]?
A. I don't recall.

Q. Did he come to the unit just for [Baby E] or was he there for any other reason from what you know? I'm not asking you to guess.
A. I'm not sure.

Q. We've heard evidence from [Baby E]'s mother, [Mother of Babies E & F], and she's described events when she came to the unit and she describes that being at 21.00 that evening. So we'll go through this step-by-step, but where [Mother of Babies E & F] is concerned do you recall her coming to the unit that evening?
A. Yes.

Q. What time or times do you recall [Mother of Babies E & F] coming to the unit?
A. So I remember [Mother of Babies E & F] was present when I took handover, she then left the unit and, from my memory, she came back down around 22.00.

Q. Right. How precise are you in that timing?
A. I've written approximately in my notes, but I would say around 22.00 is accurate.

Q. So we can follow which note you're referring to, can we put up tile 206, please. We'll go to that and it's the second page behind the notes, Mr Murphy.
Scroll down to where it says "family communication" in the bottom left section, please. Thank you.
In the family communication we looked at earlier it says:
"Mummy was present at start of shift attending to cares. Visited again approximately 22.00. Aware that we had obtained blood from his NG tube and were starting some different medications to treat this."
So when you referred to what you recall and what you noted, is that what you're referring to?
A. It is, yes.

Q. Right. We can take that down, please, Mr Murphy.
I just wanted to be clear about that.
[Mother of Babies E & F] says that when she came down -- I summarise, forgive me, but these two things come from her evidence -- that [Baby E] was screaming and that there was fresh blood around his mouth. Let's just deal with that. Do you recall [Baby E] screaming, using that word, whilst you were caring for him at any point that evening?
A. No.

Q. In particular, do you recall him screaming at 21.00 hours?
A. No.

Q. Or for that matter, 22.00 hours?
A. No.

Q. Was he screaming at that time?
A. No, he was unsettled at some points but he was not screaming.

Q. From your experience, if you're on the nursery, in the neonatal unit, and there's screaming, loud screaming, from a nursery, might you expect to hear that if you're elsewhere on the unit?
A. Yes.

Q. Did [Baby E] have blood round his mouth when his mum came down?
A. Not from my recollection, no.

Q. Could we put up, please, the diagram which we saw and which [Mother of Babies E & F] drew at J2434, please? This is a diagram that [Mother of Babies E & F] had drawn for the police and the area where she says there was blood is marked we can see hatched on the figure's face. Do you see that?
A. Yes.

Q. Was there blood like that when [Mother of Babies E & F] came down round about 21.00, she says, 22.00 you say?
A. Not that I recall, no.

Q. What do you recall about what happened when [Mother of Babies

E & F] came down?
A. When she came down, [Baby E] was unsettled and she offered containment holding for [Baby E], and shortly after that was when Dr Harkness arrived to review him and she was informed that we'd had some blood back from the NG tube and we were starting some medication to treat that.

Q. I'm going to ask you just a repeat a few things with your voice a little louder please. You described her coming down and you made reference to Dr Harkness. Could you repeat what you were saying about that, please?
A. Dr Harkness was there when [Mother of Babies E & F] came down and she was updated by Dr Harkness about the blood that we had found and the medications that we were then starting to treat that.

Q. Do you recall why she'd come down?
A. I don't recall specifically, no.

Q. Did she have anything with her when she came down to the neonatal unit?
A. I think she'd brought breast milk down.

Q. Expressed breast milk?
A. Yes.

Q. Do you recall any conversation about a tube irritating [Baby E] or his throat?
A. No, I don't, no.

Q. Did you or anybody send [Mother of Babies E & F] away, in other words tell her to go?
A. No, that's not something we would do on the unit; parents are welcome 24/7.

Q. From your recollection, was there blood on [Baby E]'s mouth around 21.00?
A. No.

Q. There were various descriptions given of the blood in the evidence and I'm not going to go through all of those, I don't need to, but that's the question I want to ask you: was there blood of any description around his mouth at 21.00?
A. No.

Q. What time do you say there would have first been blood in association with [Baby E] that evening?
A. 22.00.

Q. 22.00. Which nursery was this in?
A. Nursery 1.

Q. How common is it for nurses who don't have a baby in nursery 1 to come into nursery 1?
A. Very common. It's where a lot of the medications are kept and a lot of equipment is kept.

Q. I just want to -- we'll have a break shortly with his Lordship's leave. But I'd just like to look in the neonatal review, please, for [Baby E], at page 2, line 33. Maybe Mr Murphy can assist us by putting this on the screen.
(Pause)
For those of us with paper copies, could we look down at page 2. It's just the last couple of lines I'd be grateful if we go to. Line 33, in fact.
We can see that there. We've been looking at what [Mother of Babies E & F] said took place at about 21.00 hours. Do you recall if you were looking after both twins that evening?
A. I was, yes.

Q. Both in nursery 1?
A. Yes.

Q. What's happening at 21.13 in nursery 1? Can you help with us that?
A. Myself and Caroline Oakley are giving medication to [Baby F].

Q. Right. If we go over the page, please, to page 3, lines 34 and 35, 21.13. What's happening then?
A. This is a continuation of medication being given to [Baby F] by myself and Caroline Oakley.

Q. In the same nursery as [Baby E]?
A. Yes.

Q. Did Caroline Oakley make any comment about blood on [Baby E]'s face?
A. No.

Q. Or [Baby E] screaming or anything like that at this point?
A. No.

Q. Or any active bleed ongoing?
A. No.
MR MYERS: Thank you, Mr Murphy, for getting us there. My Lord, I wonder if that's a time when we could stop for a break.
MR JUSTICE GOSS: Certainly. About 15 minutes. Thank you.
(3.11 pm)
(A short break)
(3.23 pm)
(In the presence of the jury)
MR MYERS: Ms Letby, I would like next your assistance for us to look at a passage from the interview -- the second interview dealing with [Baby E]. So if we put the neonatal review to one side or out of the way and, ladies and gentlemen, if we can find the interview bundle, interview bundle 1, and go to the [Baby E] section and go behind divider 2 this time, the second of the interviews, and to page 28. There's a section there I would like to ask you about. So I'll read it through

but stop to ask you questions as we go along.
We're going to start just over halfway down the page where the officer says:
Question: Okay, a statement's been obtained, Lucy, from [Mother of Babies E and F], the mother of [Baby E] She's given us an account of this night, 3 August 2015 going into the 4th. She says:
"I expressed some milk and took it to the neonatal ward at around 9 pm.
"Tell me what you remember about [Mother of Babies E & F] arriving in the ward at around 9 o'clock, Lucy.
And you said:
"Answer: I can't remember, I'd have to look at what I documented."
And you are provided with your note and the officer says:
Question: So you do recall her arriving on the ward at 9 o'clock?
"Answer: No, not that specific time, no."
So at this point what time do you understand the officer is asking you about?
A. About 21.00.

Q. Yes, 9 o'clock?
A. Yes.

Q. The officer says:
Question: Okay, do you recall [Mother of Babies E & F]?
"Answer: Yes.
Question: The mother of [Baby E] was she? Do you recall if she was expressing milk?
"Answer: I don't remember.
Question: Is it common for mothers to express milk and bring --
"Answer: Yes.
Question: She goes on to say
"When I arrived [Baby E] was crying and really upset, he had blood coming out of his mouth.
"Do you recall that, Lucy?"
And what's your response?
A. "No".

Q. And by no, what are you saying no to, what suggestion?
A. That [Mother of Babies E & F] arrived at 21.00 to find [Baby E] crying with blood coming out of his mouth.

Q. Right. And you said, no, it wasn't happening like that?
A. That's right.

Q. What's the officer's next question to you?
A. "Well, tell me about the blood around [Baby E]'s mouth at this time."

Q. Have you actually said there was blood coming out of [Baby E]'s mouth around this time?
A. No.

Q. You say:

"Answer: I can't remember what time specifically I saw blood or didn't see blood, I don't remember it."
The officer says:
Question: Okay, so from your notes in your previous interview you commented that [Baby E] had a large amount of fresh blood at 10 o'clock on 3 August I'll give you a copy, if you just have to look at your notes there Lucy
"Answer: Yeah.
Question: -- can you see there at 10 o'clock that you discussed in your first interview"
MR JUSTICE GOSS: It does say actually "vomit", not "a large amount of blood", "a large vomit".
MR MYERS: Sorry, "a large vomit of fresh blood".
Thank you, my Lord:
Question: I'll give you a copy if you just have a look at your notes there, Lucy
"Answer: Yeah.
"Question: Can you see there at 10 o'clock that you discussed in your first interview and you put that the mum is visiting again at 10 o'clock.
"Answer: Yeah.
Question: You can see that where you have documented that in your notes?
"Answer: Yeah, yeah.
Question: Do you recall [Mother of Babies E & F] visiting now that you have had chance to look at your notes?
"Answer: Yeah, I remember she came down."
Just to be clear, were you at any point accepting that [Baby E] had blood in his mouth when [Mother of Babies E & F] came down?
A. No.

Q. Go over the page. You're asked to give details so far as you can remember of what happened when [Mother of Babies E & F] came down. That's what we have for the large part of that page. But I want to go down and pick up the questioning where the officer says:
Question: Just confirm the time you've put down there, Lucy, for us that that's happened. This is when you've updated the registrar. You say 22.00
"Answer: Okay.
Question: Do you recall, Lucy, when [Mother of Babies E & F] attended the ward that [Baby E] had blood on him?"
And what's your answer?
A. "No, I don't remember."

Q. Yes. In particular have you agreed at any point that he had blood on him at 21.00?
A. No.

Q. Have you ever suggested he had blood on him at 21.00?
A. No.

Q. The officer says:
Question: Do you have any recollection of [Mother of Babies E & F] arriving and seeing [Baby E], her son, crying and being really upset?
"Answer: I can't remember what [Baby E] was like when she visited.
"Question: Do you recall any conversation with [Mother of Babies E

& F] about the blood around [Baby E]'s mouth, Lucy?
"Answer: Not from my memory now, no." "
Yes, that's what you say, isn't it?
A. Yes.

Q. And have you at any point accepted that there was blood around [Baby E]'s mouth, that you were talking about that with [Mother of Babies E & F]?
A. No.

Q. You were asked questions about the containment technique and the next but one question down:
'Question: She said that you said to her it would just be his feed -- his feeding tube irritating his throat and the registrar would be along to see him soon. Do you agree you said that to her, Lucy?"
And what was your response?
A. Sorry, where are we?

Q. You see in the margin it says 00.20.48, and you were asked: 'Question: Do you agree that you'd said the feeding tube is irritating his mouth?"
A. No, I don't recall ever saying that.

Q. You say, "I don't remember saying that"?
A. No.

Q. I was going to ask you, is that something you recall ever saying?
A. No.

Q. You were asked about:
Question: You told her to go back upstairs; do you recall that?
And your response?
A. No.

Q. And had you told her to go back upstairs?
A. No.

Q. I want to ask about this:
"Question: She says you told her it would just be his feeding tube irritating his throat. Explain to me what made you believe it was his feeding tube?" Have you ever accepted in this interview that it was his feeding tube --
A. No.

Q. -- that you talked about or said anything about it?
A. No.

Q. I would like to move, please, to page 34. I'm looking five lines up from the bottom of page 34, Ms Letby, where the officer says:
Question: Okay, from the evidence, Lucy, that we've read out to you, you were at [Baby E]'s cot side when his mum [Mother of Babies E & F]'s walked in and when he had blood around his mouth; do you agree with that?"
And what do you say?

A. From [Mother of Babies E and F]'s recollection, yes.

Q. Have you ever said he had blood around his mouth when his mum attended?
A. No, I haven't, no.

Q. So what are you relying on there when the police are asking you that question?
A. The accuracy of [Mother of Babies E & F]'s recollection.

Q. You're asked:
"Question: Do you agree, having spent time looking at them, that the time on your notes is incorrect?"
What do you say?
A. "Yes, I've written an approximation of 22.00."

Q. To be clear, when was it that you say you first saw blood?
A. 22.00.

Q. Is that the same time as when [Mother of Babies E & F] says she came down at 21.00?
A. No.

Q. If we go down a bit further down that page:
"Question: Did you make any attempts to clean up the blood?"
This is after questioning about Registrar Harkness, but first of all, did you make any attempts, Ms Letby, to clean up blood after [Mother of Babies E & F] had come down?
A. Not that I recall, no.

Q. Was there any point up to 22.00 when you made any attempts to clean up blood?
A. No, there wasn't blood before that point.

Q. You say:
"Answer: I don't remember, but I don't think I would have left him with blood in his mouth."
A. That's right.

Q. The officer says:
Question: Why didn't you escalate it then, Lucy, like you said that you would have done?"
And go over the page, you say:
"Answer: I don't remember that, I don't know whether I did escalate it or not. I thought Belinda Simcock was involved at some point but I don't know at what point I escalated or what I was escalating."
From your recollection what are the occasions that evening when you did raise an issue, either yourself or through someone else, about [Baby E]'s condition?
A. First time was at 21.00.

Q. Was there another time?
A. Yes, at 22.00.

Q. At 21.00, did that have anything to do with blood?

A. No.

Q. What was 21.00 in relation to?
A. It was in relation to the large mucky aspirate that I'd had back. That did not have blood in it.

Q. Can we go over the page, please, to page 37. Just looking down at the final questions on this. The bottom of page 37, please. The officer's been asking you questions about the mucky aspirate and the SHO being informed, by your account, and that you said you'd been told to omit the feed. Then the last question by the officer on that page, returning to what we've been looking at:
Question: Can you explain to me, Lucy, why the bleed which [Mother of Babies E and F], [Baby E]'s mum, witnessed was ignored?"
Have you ever said in this interview that there was a bleed on [Baby E] when his mum had come down?
A. No.

Q. And have you ever accepted that you ignored a bleed?
A. No.

Q. And did you ignore a bleed?
A. No, I didn't.

Q. Did anyone on that unit raise with you the fact that [Baby E] was bleeding and you were doing nothing about it?
A. No.

Q. Other members of staff?
A. No.

Q. Caroline Oakley, for example?
A. No.

Q. Over the page, please, to page 38. Questions about the bleed again and what happened with [Mother of Babies E & F]. I want to get down to the final question at the bottom of the page which stands out alone, it doesn't follow from anything else so I can go straight there. The officer says:
Question: Is there any explanation you can give Lucy, as to why the bleed witnessed by [Mother of Babies E & F] was never recorded and why you didn't take any immediate action to seek help from anyone?"
Do you see that?
A. Yes.

Q. So far as you recall and record, was there a bleed witnessed by [Mother of Babies E & F]?
A. No.

Q. In particular, was there a bleed at 21.00?
A. No.

Q. Did you fail to record a bleed?
A. No.

Q. Did you ignore it?
A. No.

Q. What did you do when eventually there was, on your account, a bleed?
A. I contacted the registrar and escalated to Belinda Simcock.

Q. Which registrar was that?
A. Dr Harkness.

Q. Thank you for dealing with that.
Do you recall after Dr Harkness had come, I'm not asking minute by minute, but do you recall the way in which events went from that time on, from about 22.00 on in general terms?
A. Yes.

Q. Could we put up tile 38, please, which is the fluid chart. Thank you. Just go behind that again to look at the chart down in the bottom right-hand corner, please.
When we come to the record here it says "15ml fresh blood". What was your opinion when you saw that?
A. That was very concerning.

Q. Right. It's something you routinely encountered on the unit, something like that?
A. No.

Q. Between the 15ml of fresh blood and what's recorded here as "6ml blood" at 24.00, to the best of your recollection was there any further blood at that stage between those two times or do we just have what's recorded?
A. No, just what's recorded, I think.

Q. In your note you have said that:
"At 23.40, [Baby E] began to decline, became bradycardic and there was a purple band of discolouration over the abdomen and perfusion was poor."
A. Yes.

Q. Can you describe in any more detail what it was that you saw in terms of discolouration?
A. So [Baby E]'s stomach was becoming more and more distended and with that distension, there was a red sort of horizontal banding across his abdomen.

Q. Can you actually, if you can recall, show us what the mean by horizontal banding across his abdomen?
A.
It was just
It was just across where his umbilical cord was, just around that area --

Q. All right.

A.
:
just a line.

Q. Was the colour anywhere else?
A. No.

Q. Spreading anywhere else?
A. No, it was just on the abdomen.

Q. It was just on the abdomen. Was the colour moving round other parts of the body?
A. No, it wasn't, no.

Q. Did you have any opinion as to what that was?
A. I wondered if he was bleeding into his abdomen and his abdomen was becoming distended with the discolouration.

Q. The note says:
"[Baby E] began to decline. 23.40, became bradycardic, purple band of discolouration over abdomen."
Is that the order in which events went and the order in which you saw the discolouration?
A. Yes.

Q. Do you recall how long that discolouration lasted for?
A. It stayed there throughout.

Q. Go to your notes, please, at tile 206. It's the note on the second page. If we can enlarge the upper part of that, please, Mr Murphy.
We can see what I have just referred to about, "[Baby E] began to decline at 23.40"; can you see that?
A. Yes.

Q. And the description that you gave. We've got the reference to [Dr c] arriving and then, 00.36, acute deterioration.
A. Yes.

Q. Can you describe to us, beyond what we see in the notes, what happened in terms of [Baby E]'s deterioration or are you unable to do so?
A. At this point he had been intubated and he just declined from there, his observations declined and he was actively bleeding.

Q. When you say "actively bleeding", that might mean different things to different people. Can you help us understand what you mean by actively bleeding?
A. So there was blood coming into the free drainage pot that was on the NG tube.

Q. What's that, an open -- what is a free drainage pot or the tube or the pot on the free drainage tube?
A. It's a small pot that's connected to the end of the NG tube so when volume comes out you can see it then

filling the pot.

Q. And that was just coming out, was it?
A. It was.

Q. As events moved on, did [Baby E] bleed any more than that?
A. Yes, he was bleeding from his mouth and his nose.

Q. Were chest compressions performed upon him?
A. Yes.

Q. What happened when that took place?
A. He was actively bleeding from his mouth and nose.

Q. Did you assist during the resuscitation?
A. Yes,

Q. Were his parents there?
A. Yes.

Q. Is this something you wanted to happen?
A. No.

Q. Had you done something to make this happen?
A. No.

Q. Were you there when [Baby E] died?
A. Yes.

Q. Did you have any part to play in what happened after [Baby E] died?
A. Yes.

Q. What did you do?
A. As designated nurse it was my role to care for [Baby E] and for the parents after his death.

Q. Did you do that to the best of your ability?
A. I did, yes.

Q. What sort of things did you do?
A. I bathed [Baby E].

Q. All right. Did he have clothes?
A. No, he didn't have clothes at that point, so I found him a gown from the unit to be dressed in.

Q. We know that sometimes photographs are taken; did that happen?
A. Yes.

Q. Did his family want that?
A. Yes.

Q. What about handprints and footprints?
A. Yes.

Q. Did you do that?

A. Yes,

Q. Did you have any help with it?
A. Yes.

Q. Who helped you?
A. Belinda Simcock.

Q. Were [Baby F] or [Baby E] ever given a teddy bear or a cuddly toy or anything like that?
A. The memory boxes that we make come with two small teddy bears, one was given to [Baby E] and one given to [Baby F].

Q. Were any photographs taken of that?
A. Yes.

Q. Who took those photographs?
A. I did.

Q. Were they set up or staged in any particular way?
A. No.

Q. Who wanted the photographs taking?
A. The parents.

Q. You'd looked after [Baby E] on this evening. Did you continue to look after [Baby F] afterwards?
A. On this night?

Q. Going forwards after this night.
A. Yes.

Q. Was there anything considered -- did anyone consider it strange that you should look after [Baby F] after you'd been looking after [Baby E]?
A. No.

Q. How did you feel about what had happened to [Baby E]?
A. I found [Baby E]'s death very traumatic. I'd never seen a baby bleed in that way before.