Q. I'm going to turn to [Baby F] and again I do so understanding what we're dealing with here. I'll pause a moment.

(Pause)

We'll look at [Baby F]'s birth details. In many ways, of course, they reflect [Baby E]'s because the lads were twins, but I'm going to ask Mr Murphy if we could look at some of the matters in the exhibits relating to Baby E], which is on a different part of the system -- sorry, to [Baby F], my apologies. To [Baby F].

We remind ourselves about the details for [Baby F].

That's at tile 3, please, Mr Murphy.

Are you all right to carry on, Ms Letby?

A. Yes.

Q. All right. Thank you.

Date of birth, of course, 29 June. [Baby F] was the second twin and the time of birth is 17.54 and [Baby F] was 1.434 kilograms in weight.

Can we look at tile 3, a little bit -- just a little bit further down. I can see in the writing, "Issues in pregnancy". Just so we have this, we see IUGR; is that intrauterine growth restriction?

A. Yes.

Q. TTTS, is that --

A. Twin-to-twin transfusion syndrome.

Q. That's where identical twins share a placenta; is that right?

A. Yes.

Q. There may be issues with the blood flow between them?

A. That's right.

Q. Then mild -- we can see the first matter, "Mild polyhydramnios"; do you know what that means?

A. Too much amniotic fluid.

Q. Around the baby during pregnancy?

A. Yes.

Q. All right. With [Baby F], count 6 on this indictment, we're looking at issues in relation to his blood sugar, his blood glucose in particular, and insulin. Are you okay to carry on?

A. Yes.

Q. Just by way of summary, so we're all in the right place for this, we'll have a look at the chart in a moment to remind ourselves, but what we have is from 5 August 2015, from about 01.55 until about 19.00 that same day, there were issues with [Baby F]'s blood glucose, it was too low, persistently low.

A. Yes.

Q. And you understand what this is to do with, don't you --

A. Yes.

Q. -- the allegation?

A. Yes.

Q. There was an analysis of a blood sample that was taken at 17.56 on the 5th, so later into that day. That returned the following reading: c-peptide, 4,657 picomoles per litre -- I'll start again: insulin, 4,657 picomoles per litre; C-peptide, 169 picomoles. Insulin, 4,657, C-peptide, 169. And as we've heard from the experts, that ratio is way out.

A. Yes.

Q. The insulin is far higher than it should be for that level of C-peptide. And you understand that allegation, don't you?

A. Yes.

Q. The first thing we'll do is just to remind ourselves from the chart what it is that happened. Then I'll ask you to talk us through some of the exhibits as far as we can this afternoon, Ms Letby; all right?

A. Yes.

Q. Let's take time to look at the chart and remind ourselves what that showed. Apologies for my voice, but it's just to remind us what we dealt with.
Can we go to divider 6, please, in jury bundle 2, ladies and gentlemen. Ms Letby, have you got a copy of that, jury bundle 2? Have a look at that, please.
If we go to the back or towards the back of that, ladies and gentlemen, you might remember there's a chart which we have from Professor Hindmarsh that looks like this (indicating). I'm holding it up. It's the table of blood glucose readings.

A. I don't have a copy.

(Pause)

Q. J3146. Sorry, I4261.

(Pause)

MR JUSTICE GOSS: I know exactly what you're referring to when it's held up, but it's not in that section.

MR MYERS: The only other place I could think it is is in [Baby M]'s section.

MR JUSTICE GOSS: It's jury bundle 1.

MR MYERS: Ms Letby, can you see it on the screen?

A. Yes.

Q. So we've either got it in paper behind divider 6 in jury bundle 1 or on the screens. This is just to refresh our memories about what we have.
Let's go from 5 August 2015 at 01.54. We're not going to go to all the individual tiles. 01.54, which is about 30 minutes or so after a TPN bag is hung that we're going to go and have a look at. Blood glucose is at 0.8. What would the normal range of blood glucose be for a neonate, Ms Letby?

A. Between 2 and 2.5, more than that.

Q. So certainly 0.8 is low?

A. Yes.

Q. At 02.55, the blood glucose is 2.3, is that still low?

A. I can't remember whether it's more than 2 or more than 2.5 in the protocol at that time.

Q. All right. 04.02, it's 1.9; that's low?

A. It is, yes.

Q. At 5 o'clock we have a reading of 2.9.

A. That's within normal range.

Q. Yes. But we'll see when we come to look at it in the evidence, that followed something that had happened with dextrose.

MR JUSTICE GOSS: At 04.20.

MR MYERS: Your Lordship's there, yes.

MR JUSTICE GOSS: I've written it down: 10% dextrose, 3ml at 04.20. That's what Professor Hindmarsh said would account for the rise.

MR MYERS: We'll go back to that, but that's right. That's what happens there. In fact, for that matter, there's a 10% dextrose just before the rise or the figure at 02.55. We'll have a look at that as well.

MR JUSTICE GOSS: Yes, at 02.05, there was a previous one.

MR MYERS: Thank you, my Lord.
08.09, 1.7. 10 o'clock on the 5th, down to 1.3. It says:

"Off intravenous fluid administration as cannula problems."
You might remember there was an issue with the cannula tissuing and a change of TPN and we'll come to that. That was a little later.
11.46, 1.4. That's still low, isn't it?

A. Yes.

Q. 12.00, 2.4. We know some time around there, there's a bag change, but we'll go to the documents in due course. 14.00, 1.9. 16.00, 1.9. 18.00, 1.9. Those are all low, aren't they?

A. Yes.

Q. At 18.55, nothing directly next to that, though there's a tile. The TPN was stopped then at 18.55,n the TPN was stopped and in fact a dextrose solution was run and at 19.00 the blood glucose is up to 2.5.

A. Yes.

Q. That's back into the normal range, isn't it?

A. Yes.

Q. And 21.17, 4.1. That's normal, isn't it?

A. Yes.

Q. Right. Before we come to look at your part in [Baby F]'s care, let me ask you this, Ms Letby: did you administer insulin to [Baby F]?

A. No.

Q. Did you interfere with any of the TPN bags so that could happen?

A. No, I didn't.

Q. Do you know why the insulin/C-peptide ratio was as high as it was for [Baby F] when that sample was taken at 17.56?

A. No.

Q. If [Baby F] did receive insulin he should not have received, does that have anything to do with you?

A. No, it doesn't.

Q. Do you have any idea how that will have happened if that is what has happened?

A. No.

Q. Can we just look at the layout, please, for the shift where that first TPN bag that's followed by the 0.8 blood glucose reading is hung? That's at tile 100. Let's see who's on that shift at the start of this. This is on the [Baby F] sequence, tile 100. Shift leader, Belinda Simcock. In terms of nursing staff, this is. Designated nurse, [Nurse A]. She's looking after [Baby F] that night; is that right?

A. Yes.

Q. Do you have any independent recollection of that night outside the records and charts that we have?

A. Not really, no.

Q. Right. You were on the shift, so is Sophie Ellis, so were Valerie Thomas and Cheryl Cuthbertson-Taylor. Can we have a look at the layout of who was where? That's at tile 101.
This is the evening after the early morning with [Baby E], isn't it?

A. Yes.

Q. And you and [Nurse A] are both working in nursery 2?

A. Yes.

Q. Do you recall whether you'd cared for [Baby F] at other times in the period before this whilst he'd been on the neonatal unit?

A. The night that [Baby E] died.

Q. All right. As we've heard before, this isn't a memory test.

MR JUSTICE GOSS: She's already said she was the designated nurse for both of them to begin with.

MR MYERS: Yes, on that night.

MR JUSTICE GOSS: [Baby E] and [Baby F]. But when [Baby E] became ill, she relinquished that role.

MR MYERS: So certainly the night before you played a part?

A. Yes.

Q. You were looking after [Baby F]?

A. In the early part of the shift, yes.

Q. Can we go back, actually, to the intensive care chart at page 3200. J3200. This isn't in the sequence, but just to have a look at your care with [Baby F]. Thank you. We're going to look at 3200 into 3201. This is an intensive care chart for [Baby F] on 1 August 2015. Just look down at 20.00 hours on that chart. Just enlarge down in the bottom right-hand corner, please. This isn't in our materials at this point up to now because it hasn't been on the dates we're looking at, but let's look at this now.
So for the evening shift of 1 August at 20.00, who is performing the various cares for [Baby F]?

A. That's myself.

Q. 20.00, 21.00?

A. Yes.

Q. 22?

A. Yes.

Q. 23?

A. Yes.

Q. 24?

A. Yes.

Q. Are you caring for him?

A. Yes.

Q. Did you want him to be all right?

A. Yes.

Q. Looking after him?

A. Yes.

Q. Can we go over the page, please, to 3201, which continues into the early hours of the morning of 2 August. At 01.00 whose signature is that?

A. They're my signatures.

Q. Where do we see your signature running through until?

A. The last one is at 07.00.

Q. Right. So that covers the period, in fact, of the evening shift, the night shift from the 1st into 2 August?

A. Yes.

Q. That would be you looking after [Baby F]; yes?

A. Yes.

Q. And if we scroll down a little further down on this chart, let's pick it up again now going into the evening shift of the 2nd because that was the morning on the 2nd. Can we scroll down to the lower part of the chart, please, Mr Murphy?
If we pick it up again -- you're there until 07.00 with [Baby F], and now at 20.00 who's that looking after him on the IC care chart on the 2nd?

A. That's myself again.

Q. Right. Can we just go over to page 3202? Carry on through the night of that shift into the following morning into 3 August. Who is that caring for him until 07.00, the end of that shift?

A. Again, that's myself.

Q. As you said and his Lordship reminded us, on the night of the 3rd into the 4th, you were also caring for the twins, so you were caring for [Baby F] then?

A. Yes.

Q. And we then dealt with the events into the 5th with the blood glucose, we're going to come back to that. Before we do, could we go, please, to page 3008?
Could we look at the left-hand side, please, Mr Murphy, first? 11.57. You understand the allegation, Ms Letby, is that on or around 5 August you tried to kill [Baby F]. You understand that's the allegation?

A. Yes.

Q. This is a note by you at 11.57 on 8 August written for care of [Baby F]. How did you want him to be as you were looking after him on this occasion?

A. I wanted him to be well.

Q. How did you want him to be?

A. What do you mean, sorry?

Q. Did you want to care for him?

A. Yes.

Q. Did you want to hurt him?

A. No.

Q. Did you do anything to, I hate to put it indelicately, try and finish off anything that had been started anywhere else --

A. No.

Q. -- which is one of the themes in the allegation you are facing?

A. No.

Q. Is that something you would do, go back and finish it?

A. No.

Q. Are you doing that here?

A. No.

Q. You cared for him on 8 August, we see that in the note there. Can we go to 9 August, please, at page 3013? This is a note at 15.30 on 9 August:

"Written for care given from 07.45 to present. Emergency equipment checked." Who's written this note, Ms Letby?

A. That's me.

Q. "Fluids calculated. [Baby F] nursed in an incubator with humidity. Observations within normal range. Remains on Optiflow. Flow reduced."

You describe that:

"In air, well tolerated. Continues with two-hourly feeds."

Who would have been feeding him?

A. Me.

Q. "EBM via nasogastric tube [that's expressed breast milk]. Minimal aspirates obtained. Abdomen appears full but soft. Urine passed and watery milk stool. Handling well. Medications given as prescribed via long line."

It describes the Babiven infusion and then just below that 15.33:

"No further changes [at 19.54, apologies]. On Optiflow. Prongs positional, manages well when not in situ."

Can we just go below that to the bottom of the page.

You read that out for us, Ms Letby, what it is you're doing here on the family communication, 15.33.

A. You want me to read that out?

Q. Yes, please.

A. I've written:

"Parents resident on unit. Daddy has carried out cares this morning. Parents have been home for a few hours to make funeral arrangements for sibling, [Baby E].

Now on unit with other family members."

Q. And the note finishes over the page if we could, please. Scroll down, I'd be grateful, Mr Murphy, to the next page.

Could you finish that, Ms Letby?

A. "Parents carried out cares and both had cuddles with [Baby F], happy that he has opened both eyes for the first time today."

Q. All right. [Baby F] was discharged from the neonatal unit to another hospital on 13 August; yes?

A. Yes.

Q. Did you do anything in this period we're looking at, let's move on from 5 August, anything to hurt [Baby F]?

A. No.

Q. Or would you have wanted that?

A. No.

Q. When you did have anything to do with him, what was your aim?

A. For him -- to care for him, to get him well enough to go home.

MR MYERS: What I'd do next, if I could, is to turn now to what's on the TPN prescriptions and the signatures, but I wonder whether, my Lord, this is an appropriate point to stop and to turn to that on Monday (sic) morning because there's quite a lot of detail in them as we go through the bags.

(10.30 am)

(In the presence of the jury)

MS LUCY LETBY (continued)

Examination-in-chief by MR MYERS (continued)

MR MYERS: Ms Letby, you were last giving evidence on 5 May, we're now the 15th. I just want to bring us up to speed. There have been delays for good reason, delays that are unavoidable, but over this period you've been waiting to continue, haven't you?

A. Yes.

Q. All right.
And just so everyone can understand the position, you haven't spoken with your legal representatives over the period we've been waiting, have you?

A. No.

Q. That of course includes me. Just so we all understand, in the normal course of events, and this is no different, a witness isn't allowed to speak with legal representatives once they start to give evidence. Certainly a defendant doesn't in Ms Letby's position. So we're picking up really where we finished 10 days ago, aren't we; yes?

A. Yes.

Q. All right. So just tune in and get comfortable, if it's at all possible where you're sitting, Ms Letby, to do that, all right? I want you to listen carefully, but we'll take this steadily as we get going again, all right? Are you listening to me?

A. Yes.

Q. I'm going to bring us back to where we were with [Baby F], which is count 6, ladies and gentlemen, and we were looking at that when we were last here.[Baby F], of course, was the twin of [Baby E]. All right? Born on 29 June 2015 at 17.54, 29 weeks and 5 days' gestation, and he weighed 1.434 kilograms. We're not going to go over everything that we looked at when we dealt with [Baby F], but what I am going to do is just remind ourselves, and I'll ask you if you can look at this too, ladies and gentlemen, of that chart with the blood sugars so we know what we're dealing with.

We should know where that is now as we had a practice run at this on the 5th. It should be behind divider 5 in jury bundle 1, so I'm going to ask if you can follow what we're looking at, Ms Letby. I know it's me talking to start with just to bring us back to where we were.

(Pause)

In [Baby F]'s case, Ms Letby, as we all know, from about 1.54 am on 5 August, he had low blood glucose and that continued through until about 19.00 hours that day. Just to remind us, we'll look at the chart, a sample of blood taken at 17.56 that day returned an insulin reading of 4,657 picomoles per litre and a C-peptide of 169 picomoles per litre. You will remember, and the jury will remember, that that ratio is out. That's far too high insulin for naturally occurring insulin, we're told, and therefore that's what we're looking at.

Let's just look at the chart, Ms Letby, if you just look at that with me, please. Let's look from 5 August to remind ourselves of the figures. At 01.54 in the morning, blood glucose was at 0.8, which as we know is a low reading.
Just dealing with what's on the chart, at 02.55 it was at 2.3, but we know, and we'll return to this, there had been a bolus of dextrose given to [Baby F] in between those two readings. At 04.02, it was down to 1.9. At 5 o'clock in the morning it was up to 2.9, but again there had been a bolus of dextrose given in between those readings.

At
08.09, 1.7, which is low again. 10 o'clock, 1.3.
11.46, 1.4. 12 o'clock, 2.4. At 14.00 it was 1.9 --
these are low -- and at 16.00, 1.9, 18.00, 1.9.
The TPN was stopped at 18.55 and dextrose simply was
run through. At 19.00 it was up to 2.5, the blood
glucose. At 21.17, 4.1.

So we're going to look at what happens with the bags as far as you can tell us, Ms Letby, over this period.
I should say [Baby F], we established this also, received care from you before this period and also, if you remember, afterwards. You looked after him on other dates, didn't you?

A. Yes.

Q. All right. Let's have a look at the bags. I'm going to ask if we can put on the screen, please, tile 17. This is a chart for the TPN bags that we don't have in paper, ladies and gentlemen, but it's where the TPN bags start when we're following them with [Baby F]. If we can open that, thank you.
I'm going to ask if we can take a look at the whole document first so we know what we're dealing with and then we can go and look at the detail.
So this is the sheet we're looking at and it starts with 1 August and if we keep in mind that 5 August is the date that we are focusing on.

Let's have a look at the first entry, if we could, for day 4, please, Mr Murphy. And you take a look, Ms Letby.
Take a moment to have a look there.
This is dated 1 August. First of all, can we see your signature anywhere in this section of the form?

A. Yes, for the lipid.

Q. For the lipid. Does the mouse work, the one that's just by you there? Do you want to see how you get on with that? Point to where your signature is. That's your signature? Thanks, Ms Letby.
Are you able to tell us in summary what you signed for, what this represents on 1 August?

A. So that is starting a lipid infusion.

Q. And we know that because across on the left-hand side it's got "lipid" on that line, hasn't it?

A. Yes.

Q. What time did that lipid infusion start that you signed for?

A. 00.20 on the 2nd.

Q. So that's what we have on the next to last column on the right-hand side?

A. Yes.

Q. And we can see, going right of that, it says "3 August 15, 00.10"; what does that tell us?

A. That's the time that that infusion was taken down and discarded.

Q. So would that box be filled in when that infusion is taken down?

A. Yes, only once it's been taken down.

Q. So what does that tell us about when it was taken down then when we look at that box?

A. It was taken down at 00.10 hours on the 3rd and that's because lipid only lasts 24 hours.

Q. All right. Yours isn't the only signature in the box. Why is there someone else who signed?

A. Because myself and the other signature are the ones that have drawn up that lipid and commenced it (overspeaking) need two signatures.

Q. Right, two signatures. Going left of there, we've got the date, we know that, 2 August, and then a signature. Who is it that signs the box where it says "prescribed by"? Whose role --

A. That's the doctor who's written the prescription.

Q. Thank you. That lipid was started at 00.20 on 2 August. Was there already a TPN bag up at that point?

A. Yes, there was.

Q. How do we know there was already a TPN bag up at that point?

A. The column above is referencing the TPN and it says a continuing 48-hour bag.

Q. Is that your writing?

A. It is, yes.

Q. Was that 48-hour bag eventually changed?

A. Yes. So if we look on the end column it was changed at the same time as the lipid syringe on 03/08.

Q. Right, at 00.10. Is there a significance in these timings round about midnight when it comes to the changing of bags or syringes?

A. Midnight is the time that we tend to change our fluids. So that's standard practice for it to be around midnight.

Q. So that's why we tend to see times around midnight for this?

A. That's right, yes.

Q. Thank you very much. If we move down, please, Mr Murphy, to what's down as day 5, 2 August 2015. Thank you. We can see days 5 and 6, as they're put here.
Let's look at 2 August. Have you signed for anything on the Babiven line for 2 August?

A. Yes.

Q. What have you signed for?

A. I've signed for the Babiven and for the lipid syringe.

Q. And somebody else has co-signed with you?

A. Yes.

Q. What happened with the TPN, the Babiven? What are you signing to show?

A. I'm signing to show that a new bag of TPN has been commenced on 3/8 at 00/10.

Q. Does that follow on from the one that was above it that we saw that finished --

A. Yes.

Q. -- on 3 August? So this is continuing?

A. This is a new bag. So it's following -- the bag was taken down in the box we've just looked at and this is the new TPN and new lipid.

Q. And that's what those two entries refer to, TPN and then lipid?

A. Yes.

Q. So both starting now on 3 August at 00.10?

A. Yes.

Q. How long is a TPN bag meant to last for?

A. TPN bags last 48-hourly (sic).

Q. And the lipid, is that meant to last a particular time?

A. 24.

Q. So that's what's going on on 2 August. Looking below that, someone's entered something in error and scrubbed that out; is that correct?

A. Yes.

Q. So the next item we come to is at day 6, which is at tile 147 and we do have this in paper if you want to follow it, ladies and gentlemen. I'll let you know when I suggest we definitely need to go there, but if you want to follow it, it's in paper form in divider 6 of jury bundle, but we're putting it up on the screen. And that's divider 6 of jury bundle 2, but it's on the screen in any event.

Looking at day 6 then, 3 August 2015, we know that on the 2nd, just after midnight, you'd signed for a bag of TPN that was hung up. So what's happening on the TPN line for 3 August?

A. This bag is now 24 hours old which means it doesn't need changing so I'm signing to say it's a continuing bag that's running.

Q. So that's your signature where it says "given by"; is that correct?

A. Yes.

Q. But you've not actually given anything as it happens at that point?

A. No, that's why it's a single signature because nothing new has been started. It's me confirming that the bag is the same bag that was running the day before.

Q. Is that why it says "Continuing 48-hour bag"?

A. Yes.

Q. And the column on the right-hand side that says "Time and date finished", what's that telling us?

A. So that's the time that this TPN bag was discontinued.

Q. Right, thank you. Are you able to help us with what's happened where it says on the next line down, day 7, the next box down, 4 August 2015, can you help us with what's happened where we see various things but then a line put through it?

A. So that is -- the first prescription has been crossed through and re-prescribed by the doctor because in the top box the baby's receiving milk but in the bottom column it isn't, so the prescription's had to be changed.

Q. Can you explain what you mean by that a little more? You can use the mouse if you need to point things out to us.

A. This signature here (indicating) is myself and another nurse to say that a TPN bag was started on 05/08 at 00.25 and lipid was not required because the baby was receiving enteral feeds, which we can see in the enteral column here. So what we notice in the prescription below is the baby is no longer having milk feeds, therefore lipid is needed to be prescribed and therefore it has had to be crossed through above and rewritten on the next prescription.

Q. The one that's crossed out was done on the basis that the baby would receive -- that [Baby F] would receive an enteral milk feed?

A. Yes, and therefore did not require lipid --

Q. Right.

A. -- which is why it says "not required", but something has changed and he is now requiring lipid, which means the prescription needs to be rewritten.

Q. So what we have at day 7 on the bottom that we can see, without the line through it, is the prescription that was actually followed; is that right?

A. Yes.

Q. Let's look at that one. We can see signatures and we can see a time on the right-hand side, the box to the right for the TPN and it says 00.25 -- what does that say, what's the date?

A. The 5th.

Q. 5 August 2015. Can you tell us, first of all, what's happened there?

A. A new TPN bag has been started.

Q. When was that TPN bag hung?

A. On the 5th at 00.25.

Q. Did that replace the one that had been there in fact --

A. It's the same bag. So the TPN bag is the same in both, it's the same bag in both of these prescriptions.

Q. Right.

A. It's just that the bottom, this one here (indicating), is now a lipid infusion that's starting at a later time of 3 am.

Q. So where we see the time starting at 00.25 for 5 August, that corresponded with the entry at the top --

A. Yes, it does.

Q. -- if we just look at the top of this page, for where it says "Time and date finished".

A. Yes.

Q. If we just look at the top right-hand box again, can you see there, ladies and gentlemen, that bag was timed as finished at 00.25 on 5 August. So this bag replaced that?

A. Yes.

Q. Let's scroll down again to day 7, please. How many nurses were involved in hanging that bag?

A. Two.

Q. That's why there's two signatures?

A. That's right.

Q. And underneath that, can you tell us what's happening where it's got a reference to lipid?

A. In which one, sorry?

Q. On the same -- on 4 August 2015 we can see a line for lipid. Could you just tell us what that tells us when you --

A. The one that's crossed through?

Q. No, the one for day 7 that isn't crossed through.

A. So that is two signatures to start a lipid syringe. It's not my signature but it's two members of staff who have started a lipid infusion at 03.00.

Q. I'm going to ask if we can go next -- pause for a moment because, of course, we know from the chart we looked at earlier that at 01.54, so an hour and 25 minutes after this bag had been hung, [Baby F]'s blood glucose had dropped to 0.8.

A. Yes.

Q. You're aware of that, Ms Letby?

A. Yes.

Q. When you gave evidence last time I asked you about what's been said with regard to the insulin and since we're dealing with it now I'll ask you again: is there anything that you did or that you know of that accounts for a drop in blood sugar at that time?

A. No.

Q. When we looked at the chart we saw that between 1.54 and 2.55, if you have the chart you can refer back to it, ladies and gentlemen, there was an increase in the blood sugar in fact. Let's just look at how that happens. Could we put up tile 139, please, Mr Murphy?

Scroll down, please, to 5 August, down towards the bottom. We can see at 2.55 the blood sugar has increased to 2.3. Can you see that, Ms Letby?

A. Yes.

Q. I'm going to show you another tile and then ask you a question about it. That's the change in blood sugar. Can we look at tile 191 next, which is a prescription. If we look four lines down, can you see we have an entry at 2.05 on 5 August?

A. Yes.

Q. Can you tell us what's happened there, please?

A. That is a 10% dextrose bolus that has been given, so 3ml of dextrose.

Q. We know the blood sugar has risen by 2.55 --

A. Yes.

Q. -- when we looked at the blood glucose.

A. Yes.

Q. We know, also recorded, that increase of blood glucose between 4.02 and 5 o'clock in the morning from 1.9 to 2.9. Looking at this chart, can you see anything that could account for why it is that the blood glucose increases for [Baby F] between 4.02 and 5 o'clock that morning?

A. Yes. So he's received another dextrose bolus at 04.20.

Q. Could you move the cursor, if you would, so we can see where you're talking about? All right. Thank you. So are you identifying the line for us, Ms Letby? It'll respond now or should do.

A. No, it's not.

(Pause)

Here at 04.20 (indicating).

Q. Right. So that's a dextrose bolus that's received by [Baby F] between the readings at 4.02 and 5 o'clock?

A. Yes.

Q. When the blood glucose increases?

A. Yes.

Q. Had you been working the night shift on this particular day or night?

A. Yes.

Q. So what time would your shift had ended?

A. 8 am.

Q. Right. Would you have concluded on the unit at that time?

A. Around that time, depending on when I finished handover, but yes, around that time.

Q. Just keeping that in mind, can we please go next to tile 261, which we also have in paper, ladies and gentlemen, at page 3144 for anyone who's following it in paper.
I'd like us to look at the entry for day 8, the top box, for 5 August 2015. Just make sure we can all see that. Were you responsible for the care of [Baby F] at this time when we come to 5 August?

A. No, I wasn't.

Q. By "this time" I'm looking at an entry that says 12.00; can you see that?

A. Yes.

Q. We can all see that. Your shift had concluded that morning?

A. That's right.

Q. Looking at what we can actually see for the TPN bag, which is the top line that says "Babiven", can you tell us what has happened at or about 12.00 on this particular day?

A. Yes, so at midday on the 5th a new bag of TPN and lipid has been prescribed and signed for by two nurses.

Q. Right. So the two nurses are in the column headed "Given by"; is that right?

A. Yes.

Q. That's not your signature on any of them?

A. No.

Q. And the time that this was started?

A. That's 12 midday on the 5th.

Q. It's got in brackets something that says "new long line"?

A. Yes.

Q. By way of reminding us all, the ladies and gentlemen of the jury may recall, than [Baby F]'s line had been identified as tissuing during that morning.

A. Yes.

Q. This is just reminding us of the evidence. The TPN was stopped for a period and Nurse Shelley Tomlins told us how the line and the bag were changed.

A. Yes.

Q. If a line tissues and it's necessary to change the bag, what would you change as part of that procedure?

A. Standard practice is that everything would be discarded and you would start again with everything: new fluids, lines, everything would be new.

Q. And you say that's standard, why is that standard practice?

A. Because the TPN is sterile, so the moment that you disconnect it from a line or stop it running, it's therefore no longer sterile. So practice is that once you've broken that line, you've disconnected it or you have to stop it, you would discard that and start again.

Q. We've heard the evidence about how that happened from the nurses dealing with this.

A. Yes.

Q. If we just look for a moment -- and I'll ask Mr Murphy to take us to tile 200 -- at the entry on the left-hand side for 11.00 or thereabouts. We can see the timing and see what's been signed for down at the bottom in the text.
It's got here a signature at the bottom of "SAT".

A. Yes.

Q. Do you know whose initials they are?

A. That's Shelley Tomlins.

Q. Shelley Tomlins?

A. Yes.

Q. And what has she signed that has happened at this time?

A. A new long line has been inserted into [Baby F] at this point.

Q. And that's together with the change of TPN?

A. Yes.

Q. We know that even after that, the blood glucose levels remain low?

A. Yes.

Q. And they remain low until about 7 o'clock that evening. Do you know why they remain low even after there has been a line and bag change?

A. No.

Q. But at this point is this the same bag that you had hung up at midnight or just after midnight that morning?

A. No, it isn't.

Q. And is it the same line?

A. It's not, no.

Q. We can take that down, Mr Murphy, thank you.
We've seen how on a later date or dates you continued to care for [Baby F] when you were back on the unit --

A. Yes.

Q. -- is that correct? And no issues are identified then --

A. No.

Q. -- that you're asked for account for?
I just want to ask you something about Facebook searches at this point. We saw from the schedule that between June 2015 and June 2016, there are 2,381 Facebook searches conducted.

A. Yes.

Q. Just to remind us, you'd looked for [Mother of Babies E & F] nine times between 6 August 2015 and 10 January 2016.

A. Yes.

Q. And [Father of Babies E & F] on one occasion in October 2015. Why did you search for [Mother of Babies E & F] or put her details into Facebook?

A. Searching people on Facebook is something I would do. Quite often [Mother of Babies E & F] was on my mind following [Baby E] and [Baby F]. If somebody came into my mind, that's what I would do, I'd just search their name.

Q. Does that just go for people at work or does it apply to people elsewhere?

A. No, it could be anyone.

Q. And does it apply just to babies on this indictment?

A. No.

Q. Is there anything unusual in you looking at someone who's on your mind on Facebook more than once?

A. No, that's a normal pattern of behaviour for me.

Q. We've been told about a card that was sent by the [family of Babies E & F] to the unit.

A. Yes.

Q. I'll remind us what the agreed facts said, ladies and gentlemen, so you don't have to turn there unless you want to. If you want to make a note of the agreed facts, it was agreed facts 39 and 40, and I will just remind you of what they were, Ms Letby.
Images of the thank-you card from the [family of Babies E & F] were recovered from the images on the handset -- on your phone handset.

A. Yes.

Q. I'm not putting all the figures in. And further analysis of the data from those images establishes they were taken at 3.40 am on 20 November 2015.

A. Yes.

Q. And the coordinates indicate that was taken in a location in the south corner of the Women and Children's Building at the Countess of Chester Hospital.
Right.
Why did you take a photograph of a thank-you card from the [family of Babies E & F]?

A. It was something I wanted to remember. I quite often take photographs of cards that I've been sent or that I receive.

Q. Is there anything unusual in you doing that?

A. No.

Q. I'll come back to that when we look at [Baby I] in fact. As for the time this was taken, I wonder whether we could just put up the shift pattern for page 33225, which is in jury bundle 2, divider 23, if you want to see the shift pattern in paper, but we can put it on the screens. It's page J33225.
This image was taken at 3.40 in the morning on 20 November. This shows us for November 2015 your shift pattern. What were you rostered to be doing on 20 November?

A. I was on a run of night shifts at that time.

Q. When had they started?

A. On the 19th.

Q. So round about the time this photograph was taken, in the early hours of the morning, where would you have been?

A. At work on the unit.

Q. Do you recall where the card was when you took the photograph of it?

A. Yes, it was on the nurses' station at work.

Q. And that's where you took the photo?

A. It is, yes.

Q. Whilst you were at wok on that shift?

A. Yes.

Q. Which is why we have the time 3.40 in the morning --

A. Yes.

Q. -- and the location in the hospital?

A. Yes.

Q. All right. And nothing unusual for you to take a photo of card that you've taken or received; is that what you're saying?

A. No.

Q. I'm going to return to that a little later.

Those are questions that I had for you with regard to [Baby F], Ms Letby. As I've said before, I won't repeat myself each time, I appreciate moving from one baby to the next might seem a bit inelegant, but it's not meant to be insensitive, but we do need to move on and look at the next charge that we are dealing with.

Are you all right with that?

A. Yes.