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

We've got [Baby O] and [Baby P] on counts 20 and 21, but we'll look at what happened with [Baby O] first and then look at matters relating to [Baby P].

I'm going to ask if we could start then with the first -- well, tile 2 of Baby O], please. Can we have a look at what's behind that, please?

So [Baby O]. Born 21 June 2016 at 14.24 hours.

Triplet, second of triplets. 33 weeks and 2 days' gestation. 2,020 grams, so a little over 2 kilograms in weight. Born by caesarean.

Just to remind you, Ms Letby, and the ladies and gentlemen of the jury, we've got a sequence of babies we look at in this period, as you probably recall.

Count 20 deals with [Baby O] and events on 23 June 2016. Count 21 deals with [Baby P] and events on 24 June and then you may recall, ladies and gentlemen, count 22 is concerned with [Baby Q] and events on 25 June. So there's a sequence that we're dealing with there.

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

It relates to the 23rd. There are three particular timings that we looked at, though of course there's various events as we go along. So on 23 June, at 13.15, so just after 1 o'clock in the afternoon, there was vomiting and abdominal distension that [Baby O] experienced.

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

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

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

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

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

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

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

A. Yes.

Q. That was the 8th through to 15 June; is that correct?

A. That's right.

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

A. So I was abroad on holiday.

Q. The 23rd, is that the first day back?

A. It is, yes.

Q. Thank you. Can we put up the message, please, at tile 21, Mr Murphy? We'll look at a number of messages. We've got a series of messages that we have exchanged before you start on the shift, Ms Letby. Tile 21, a message at 14.10 of the 22nd. So is this the day you got back off holiday?

A. Yes.

Q. Is that the actual day you arrived back in the UK?

A. Yes.

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

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

Can we go to the next tile, please?

You reply:

"Yeah, I heard. Days tomorrow, Fri, Sat." So when was it you knew that you'd be working on those days, Ms Letby? Or do you know when it was you knew you'd be working those days?

A. No.

Q. All right. Move on, please, to tile 23.

Jennifer Jones-Key saying to you after that:

"Aw, hope you get some rest today."

Tile 24, your reply to Jennifer Jones-Key:

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

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

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

Q. Does it indicate you were planning something dramatic and terrible when you got back?

A. No.

Q. Tile 25, please. Jennifer Jones-Key to you: "Probably lol. You'll be fine though, you don't mind being busy. I'm annoyed they're trying to get us in when trying to get rid of us, so I've said no." And the next tile, please, your response to Jennifer Jones-Key:

"I do, lol. Yeah, can completely understand that plus unfair to keep asking when you're on annual leave." When you're saying, "I do lol", what are you saying you agree with?

A. Sorry, can I just see the one before?

Q. Yes, can we put up tile 25, please.

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

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

A. I was very available.

Q. Why was that?

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

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

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

Your response at tile 40:

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

And the response to that, please, from [Dr A] to you: "It's a skill I've had for years. To be fair, there wasn't a social admission. Yes, you might be a bit busy. Oh, you're right: I made sure they went first. just realised when I last ate. Oops."

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

A. No.

Q. When Jennifer Jones-Key in the text earlier, the messages, has said to you something about trying to get -- "I'm annoyed they're trying to get rid of us" -- sorry:
"I'm annoyed they're trying to get us in when trying to get rid of us."
What was she talking about?

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

Q. Right.

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

Q. That's what she was referring to?

A. She is, yes.

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

A. Yes.

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

A. Yes, a student nurse.

Q. And Janet Cox. You'll find that at the front of the NNU if that helps -- NNU review. You should do. If we scroll down to see the actual layout, you tell us who you were looking after that day.

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

Q. You were allocated all three?

A. Yes.

Q. And what level of care were these, the triplets, at this point?

A. High dependency.

Q. What is the ratio meant to be for high dependency babies to nurses?

A. One nurse to two babies.

Q. So is this the correct --

A. The three babies here were high dependency.

Q. Is that the correct ratio?

A. No.

Q. Is that outside the guidelines?

A. Yes.

Q. Why is it necessary to have the right number of nurses for the right number of babies?

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

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

A. Yes.

Q. What is the ratio of intensive care babies to nurses?

A. One-to-one.

Q. Is that being followed?

A. No. And the nursery is also full.

Q. Why do you make the point about the nursery being full? Why is that relevant?

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

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

A. No.

Q. I'm going to put up tile 89, please, so we can see the position from overnight. It's the bottom left section. Thank you.
We can see here 23 June 2016, first of all a note at 02.19 by SE. Who is SE?

A. Sophie Ellis.

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

A. Yes.

Q. Would you have taken a handover from Sophie Ellis?

A. Yes.

Q. Would she have spoken with you about how the night had been?

A. Yes.

Q. Independently of this note, do you have any recollection of what you were told?

A. No.

Q. Have a look at what the note said, we heard this in evidence, but as we go forwards. At 02.19, she had put: "Cares taken over nor night shift at 20.00. Safety checks completed and fluid requirements calculated. Nursed in inc [incubator] with Philips monitoring. Inc temperature reduced accordingly due to temperature of 37.3 -- to recheck hourly as appropriate. All other observations stable. Pink, warm and well perfused."

Then it gives the Optiflow measurements and the saturations:

"No increased work of breathing."

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

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

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

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

It has the details for feeds:

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

It sets out the blood gas. It then has:

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

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

A. Yes, it's outside of the normal parameters.

Q. And what does an increased lactate indicate or possibly indicate?

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

Q. Finally, an addendum at 07.32:
"Abdo looks full, slightly loopy. Appeared uncomfortable after feed. Reg Mayberry reviewed. Abdo soft. Does not appear in any discomfort on examination. Has had BO. To continue to feed but to monitor." Is that detail you'd expect to have received when you come on to the shift?

A. Yes.

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

A. No.

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

A. Yes.

Q. Can you tell us who Rebecca Morgan was?

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

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

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

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

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

Q. So who would she be with?

A. Me.

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

A. I had to take on that induction process and --

Q. And what did that involve?

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

Q. On top of looking after three high dependency babies in nursery 2?

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

Q. You found out then?

A. Yes.

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

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

Q. If we look at just a couple of messages in the sequence, first of all at tile 110. This is a message from you to [Nurse E] at 8.15 that morning. You send a message to [Nurse E]:
"It's busy but not vents anymore. I've got triplets in 2 all okay but got a student and first day. Two-hourly feeds, et cetera, no time to do anything lol and Yvonne F in but said I can show her sound [that should be 'around'], et cetera."
And the response from [Nurse E] at 111, please, Mr Murphy:
"What? That's ridiculous. When are you meant to get time to do a proper induction?"

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

A. Yes.

MR JUSTICE GOSS: May I just ask, vents?

A. Ventilator. So no intubated patients, nobody on a ventilator.

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

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

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

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

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

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

"My student is glued to me."

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

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

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

A. No.

Q. What were you intending to do that day, Ms Letby?

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

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

A. Yes.

Q. We'll come back to the way the note is dealt with a little later. Let's just read this:
"Written for care given from 08.00 onwards.
Emergency equipment checked. Fluids calculated. [Baby O] nursed in an incubator. Observations within normal range."

Can we go over the page, please:

"Remained on Optiflow, 4 litres in air. Nil increased work of breathing. 2x12 feeds. Donor EBM via NG tube. Minimal milk aspirates obtained. Abdomen appeared full but soft and non-distended. Smear of meconium present at anus. Active and alert." So that's -- we can see from what follows next, that's the position up to 13.15, which is the first part of the count.

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

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

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

A. It is, yes.

Q. -- of that day? Was Rebecca Morgan involved in that process?

A. Yes.

Q. Can we put up tile 88, please, which is the fluid balance chart. These charts are available in the paper bundle, members of the jury, but you don't need to go there unless you want to. They'll be on the screen. You have them in paper of you want to look at them or make any notes on them. We will put it on the screen. If we pull back for a moment and see the entirety there. We know this is the chart for 23 June. Can you see the entries where the initials for the shift we're dealing with begin, Ms Letby?

A. Yes, 08.30.

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

A. Rebecca Morgan.

Q. And what's recorded in that column?

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

Q. Who is giving that feed?

A. Rebecca Morgan.

Q. Is that your handwriting there?

A. No.

Q. So who completed this chart?

A. Rebecca Morgan.

Q. And would you be with her during that?

A. Not necessarily, no.

Q. Would you be in the same nursery?

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

Q. Then if we move forwards to 10.30, whose initials are there?

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

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

A. Rebecca Morgan.

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

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

Q. When we come to 12.30, what's happened there?

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

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

A. Rebecca Morgan.

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

A. Rebecca Morgan.

Q. Can we also, please, have a look at the observation chart for the same period, which is at tile 18. Again, this is in paper if anyone wants to follow it in paper. It might be this is one where it's helpful to take the timings and just carry them down to above the handwritten entries at this stage if that's possible.

Then we can enlarge the chart so we can see what's been written at the bottom and up to the first yellow section. That starts at 8.30 on 23 June, so we can carry those timings down if that's possible. If we look for the 8.30 column, who's completed that?

A. Rebecca Morgan.

Q. Right. Did you write the RM or not?

A. No, that's not my writing.

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

A. Rebecca Morgan.

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

A. Yes.

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

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

Q. Whilst we're up at this part, 13.30 and 14.30 --

A. That's my writing.

Q. And 14.30, is that your writing too?

A. Yes.

Q. Can we go back down then to see who signed off at the bottom? I don't know if it's possible to carry the timings down so we have the timings on a bar so we can see it. Don't worry if it isn't, Mr Murphy. We know the first one with Rebecca Morgan's signature is 8.30. The next to the right is Rebecca Morgan's signature at 10.30. So who's filled in what we have above Rebecca Morgan there?

A. Rebecca Morgan.

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

A. No.

Q. Again, is that something that happens from time to time that there is no initial?

A. Yes, it's just human error.

Q. Does it mean anything sinister has taken place?

A. No.

Q. Or anything deliberately deceptive?

A. No, the observations have all been carried out, so...

Q. Who's completed those observations on that occasion?

A. From the writing, Rebecca Morgan.

Q. What about if we go right of there and we come to 13.30 and 14.30?

A. So that is my writing.

Q. And your initials?

A. Yes.

Q. So you've dealt with those observations?

A. Yes, I've done those myself.

Q. Okay. Thank you. We can take that down.
Do you recall what happened round about 13.15?
Without going to the note, do you have any independent recollection?

A. Yes, some.

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

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

Q. Do you recall, when you went in, whether there was anybody else in nursery 2?

A. I can't say from memory.

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

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

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

A. Rebecca Morgan.

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

A. It wasn't a significant vomit.

Q. When you say isn't significant, what do you mean by that?

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

Q. Right.

A. It wasn't a concerning vomit.

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

A. No.

Q. Was he moved from nursery 2?

A. No.

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

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

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

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

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

A. I heard the monitors alarming.

Q. Right, we can take this down for the time being so we can hear what you have to say about this.
At 14.40 you hear the monitors alarming?

A. A monitor was alarming.

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

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

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

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

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

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

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

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

Q. What do you understand mottling to be a sign of?

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

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

A. Yes.

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

A. No.

Q. Or, for that matter, any baby in this case?

A. No.

Q. Would you?

A. Never, no.

Q. Can we look in the neonatal review, page 4. It may be helpful to have the paper, ladies and gentlemen, if you want to take it to follow this. It'll be on the screen as well. This is CEH22, events 21 and 22.
I'm going to this because of how entries appear in the neonatal review and the allegation of air embolus. It'll become apparent why.
So if we are able to put it on the screen, Mr Murphy, we're going to page 4 of this neonatal review, CEH22.

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

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

A. Yes.

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

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

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

A. Yes.

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

A. Yes.

Q. So what will that relate to by reference --

A. The two medications in the top two lines.

Q. So there's been two medications and then there's been updating on the system?

A. Yes.

Q. How will the medication have been given?

A. Intravenously.

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

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

Q. How will that infusion have been given?

A. Intravenously.

Q. What time do we have for that?

A. 14.40.

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

A. Yes.

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

A. Yes.

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

A. Yes.

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

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

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

A. It would be the black line and then afterwards would be the infusion.

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

A. I can't comment on those because I wasn't there.

Q. Right. Well, I'm going to now just look at what we actually have on the documents themselves. So can we go to tile 191 first, please, Mr Murphy?
This deals with -- what medication is that?

A. A sodium chloride flush.

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

A. The top page?

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

A. 14.39.

Q. Who's delivered that at 14.39?

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

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

A. Nurse Taylor.

Q. That's administered at 14.39, filed at 14.40?

A. Yes.

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

A. An antibiotic, cefotaxime.

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

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

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

A. Yes.

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

A. The sodium chloride would come after the cefotaxime.

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

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

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

A. Yes.

Q. And the system updated at 14.40; is that correct?

A. Yes.

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

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

Q. Do you know how long you'd been on the labour ward for?

A. No.

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

A. Yes.

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

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

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

A. That's "Continued Neopuff requirement".

Q. "Continued Neopuff requirement in 100% oxygen."

It's got the heart rate and the oxygen levels.

Oxygen up to 100% and...

A. "With increased pressures."

Q. "IV", can you tell us what this says?

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

Q. Yes. Then what?

A. "Already given."

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

A. "Further 10ml fluid bolus given."

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

A. Yes.

Q. Then intubated following morphine?

A. Yes.

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

A. Yes.

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

A. It's the second line down.

Q. Right. What is that?

A. It's a sodium chloride bolus.

Q. Why was that given?

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

Q. Who's given it?

A. Myself and Samantha O'Brien.

Q. Where can we see that you've given that?

A. In the "given by" column.

Q. And the timing for that?

A. 14.40.

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

A. No.

Q. Why was that given?

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

Q. Right.

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

Q. Where had you actually been 1 minute before this collapse actually took place?

A. I wasn't on the unit.

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

A. After this point, yes.

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

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

Q. Do you recall how events went from that point on?

A. Not in any clarity, no.

Q. I'm going to just show you an entry in the note of Dr Brearey and ask you to comment on this if you can, it's something that's observed. It's at tile 283, please, Mr Murphy.
It's a note written later that evening at 18.00 by Stephen Brearey. We can see -- we saw this in evidence -- when he wrote it, that he was dealing with events some time after 3 o'clock when [Dr A] had been involved in intubating [Baby O]. I'm going to read the first paragraph:
"Written in retrospect. On unit and assisted with initial intubation by [Dr A] this afternoon. Good capnograph colour change and bilateral air entry. Initially put on ventilator."
It's got the rates and the details:
"Small discoloured [query] purpuric rash on right chest wall. Good perfusion."
Then we can see after that it says:

"Called back to NNU to assist approximately 16.30."

Which helps place the timing there.

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

"Small discoloured purpuric rash on right chest wall"?

A. Yes.

Q. And do you remember hearing about that in the evidence?

A. Yes.

Q. Is that something you observed at any point?

A. No, it isn't.

Q. Or is that something that was identified to you at any point?

A. No.

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

A. On his abdomen.

Q. We can take the note down, thank you.
We're going to read through the rest of your note and then deal with questions that come in relation to that, so we'll go back to tile 109, please.
We'd reached, when we were reading it earlier, the point that says, "CPR commenced 16.19"; do you see that?

A. Yes.

Q. Which is where we get to at the end of where we've read on Dr Brearey's note, when he returned.
Do you have, outside this note, a clear recollection of what took place from there until the sad end of the events that afternoon?

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

Q. Do you recall the medication or medications being given to [Baby O]?

A. No -- as in who gave them?

Q. The process of medication being given.

A. I can't recall.

Q. Can you see in the note it says:

"17.15 desaturation. CPR commenced"?

A. Yes.

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

A. Yes.

Q. Do you recall the CPR taking place?

A. Yes.

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

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

Q. Do you remember any other doctors present?

A. Not from my memory now, no.

Q. When you say not from my memory now --

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

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

A. Yes.

Q. Did you perform CPR?

A. Not from my memory, no.

Q. Do you know who did perform CPR from your memory?

A. I believe it was rotated amongst several members of staff.

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

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

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

A. 16.19 and 17.16.

Q. All right.

A. So two episodes of --

Q. Two episodes. We can take that down, thank you, Mr Murphy.
Do you recall any other particular procedures performed upon [Baby O] as time moved on?

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

Q. Right.

A. I'd not seen that before.

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

A. Sort of during the resuscitation.

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

A. No.

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

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

Q. How does it feel?

A. To me personally?

Q. Yes.

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

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

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

Q. Write the notes up?

A. Yes.

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

A. Yes.

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

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

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

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

A. No.

Q. I want to look with you briefly at something we have in a document introduced by the prosecution as part of the case called the post-indictment sequence or schedule and a sequence of tiles in that schedule, starting at tile 111. So I'm going to ask if we could go to that and put up tile 111.
We start with a message on 30 June, so if we just take stock of the fact that we've moved forwards in time. It's a little bit before midnight, 23.51, it's a message from [Dr A] to you:
"Did J tell you what was wrong earlier?"
We're going to get more information as we go along, but who is J in this message?

A. An SHO, Jessica Burke.

Q. Did you know that's who he was talking about at this time?

A. Yes.

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

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

Tile 113, please. [Dr A]:

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

What do you understand to be LWH?

A. Liverpool Women's Hospital.

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

Next tile, please. Your response:

"Oh no, that's awful."

Next tile, again from you:

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

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

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

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

A. Yes, I had been at work in the daytime.

Q. What had happened?

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

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

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

Q. Did you know any more detail than that she was upset?

A. No.

Q. Right. This is [Dr A] to you, tile 116:
"We spent 20 minutes in a cubicle going over everything. The CPR was all at the fifth rib space between the nipples. The DuoDERM on [Initial of Baby P] was high. If there was anything it will have been due to fluid volume causing liver distension."
Pausing there, there's a reference here to [Initial of Baby P] in that note. So far as Jess Burke and her distress were concerned, who did that relate to?

A. [Baby O].

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

"I'm not sure I believe it."

Tile 118:

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

Next tile, please:

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

Tile 120:

"No, me neither."

Just follow this to the end of this sequence.

Tile 121:

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

You say.

Tile 123:

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

124:

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

Finally, 125:

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

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

A. She was very upset, she was crying.

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

MR JUSTICE GOSS: You decide the best moment.

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

A. Yes.

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

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

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

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

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

Tile 331, your response to that?

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

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

A. Yes.

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

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

Q. When in this note you finish:

"Left signing for drugs until tomorrow."

Can you explain to us what that refers to?

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

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

A. I needed it for the next day.

Q. So where was it?

A. It came back.

Q. Where was it at this point?

A. At this point, in my pocket.

Q. The notes that you had were in your pocket?

A. Yes.

Q. What were you going to do with those?

A. I don't know what you mean, sorry.

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

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

Q. For you to do what?

A. To carry on with the documentation of the drugs.

Q. That's what that relates to?

A. Yes.

MR MYERS: Thank you.

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

MR JUSTICE GOSS: Yes. Just 10 minutes or thereabouts.

Thank you very much.

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