Q. We're going to move on now to the case of [Baby E]; all right?

A. Yes.

Q. Is it your case that staffing levels contributed to the collapses or death of [Baby E]?

A. No.

Q. Is it your case that medical incompetence contributed to his collapse or death?

A. Possibly, yes.

Q. Whose medical incompetence?

A. The medical team that were on that night.

Q. And who in particular are you suggesting was incompetent?

A. I don't think it's being incompetent, I just think collectively the doctors could have acted sooner to respond to his bleeding issue on reflection, seeing how much blood he had lost and what transfusion he was given or not given.

Q. So reacted sooner?

A. Yes or treated the bleed.

Q. Well, of course their reaction would be dependent on when you told them there was an issue, wouldn't it?

A. Yes.

Q. And you understand, don't you, that we, the prosecution, are suggesting that you didn't tell them as soon as [Baby E] did start to bleed?

A. Yes.

Q. Because you will understand that it's the prosecution case that [Mother of Babies E and F] is telling the truth and that [Baby E] was bleeding at 21.00 hours?

A. Yes.

Q. But you didn't tell anybody about that until at least an hour later, did you?

A. No, I don't agree with that.

Q. When are you suggesting that something that wasn't done should have been done?

A. I think once [Baby E] was profusely bleeding after 10 o'clock, maybe a blood transfusion or something could have been given sooner. I don't know if that would have made a difference to him.

Q. Right. To whom do you attribute that mistake?

A. The medical team collectively. That's a medical decision.

Q. So Dr Harkness?

A. And the other doctors. It was [Dr C], I believe, who was the consultant.

Q. Yes. Was there another doctor on that night?

A. Only from his evidence, Dr Wood.

Q. Yes, Dr Wood, the SHO.

A. Yes.

Q. And we'll come back to him soon. So one or a combination of those three medical practitioners?

A. It's a medical decision, yes, to prescribe and give a blood transfusion, yes.

Q. During the evidence relating to [Baby E], do you remember that your friend Belinda Williamson gave evidence?

A. Yes.

Q. And she was asked about the plumbing and the drains in the neonatal unit when she gave evidence on 16 November. Do you remember those questions?

A. I can't remember specifically, no.

Q. What have the plumbing and the drains got to do with the death of [Baby E]?

A. I don't think I have ever said that they have got something to do with the death of [Baby E]. I think it's an important factor to note that there were often plumbing issues within the unit.

Q. What has that got to do with the death or the collapses of any of these children?

A. I'm not saying that it is, but I think it's a contributing factor if the unit is dirty and staff are unable to wash their hands properly or we used to have raw sewage coming out of the sinks, running onto the floor in the intensive care nursery, and I think potentially that's not a safe working environment. I don't know what effect that might have on a baby.

Q. Raw sewage coming out of the sinks in nursery 1?

A. Yes.

Q. When did you first say that?

A. I talked about there being sewage coming from the -- to the police.

Q. Will we find a Datix form with raw sewage coming out of the sink in nursery 1 on it?

A. Not from myself, no.

Q. Or are you aware of anybody putting in a Datix form --

A. I don't know, but we often had the plumbers in attending to the sink in nursery 1.

Q. So you're saying that the waste water was attached to, what, the soil pipe?

A. Yes, we used to get backflow from the theatre sinks and -- in the CLS/labour ward theatre sinks we used to get sewage coming back through the sink, yes.

Q. But you never filled in a Datix form?

A. Not personally, no.

Q. No. You did fill in a Datix form relating to the death of [Baby E] though, didn't you?

A. Yes.

Q. I'd just like to have a look at that, please. It's tile 218. We'll click on it, please, Mr Murphy. Just so that we understand, under what circumstances do you, and I'm talking about from your personal perspective now, under what circumstances do you fill in one of these forms?

A. A Datix is completed as standard procedure if there's any death on the unit and then it's there for any other issues that I myself might want to raise that needs looking into, so any concerns I might have or anything that's gone against policy, anything that I think needs escalating to be reviewed by senior staff.

Q. You filled in this form, did you?

A. I don't remember from memory, but I'm assuming this is.

Q. All right.

A. I can't...

Q. As we've said many times, it isn't a memory test. Does the person who fills the form in, in effect, digitally sign it?

A. Yes.

Q. And I think we'll see that on -- let's go to page 2, if we could, please, about a third of the way down. That's it. So we see incident reporter there, don't we?

A. Yes, so I filled in the form.

Q. Okay. And is there some way of knowing when this form was filled in?

A. I think at the very top of the form, I think there's a date and time if I'm correct. I'm not...

Q. Okay. If Mr Murphy would oblige, please.

A. So there it was submitted on the 4th at 05.53.

Q. So that's you opening it; is that right?

A. That's the time the form is submitted, so that's when it was filed and saved.

Q. So this is an electronic process; is that right?

A. Yes.

Q. And do you have to put in your personal PIN number or something to access the blank form?

A. Yes.

Q. Just as we scroll down it, would you tell us which bits you filled in? So the ID and the name and the reference, are they --

A. No, that's automatically generated by the computer.

Q. Even the name?

A. Sorry? Yes, because it's part of the Meditech system.

Q. So, what, you log into [Baby E]'s individual case, is that right?

A. Yes.

Q. And this list of data that we see there self-populates?

A. From memory, I think so, yes.

Q. All right. So we go to "location", which is the second section. Is that self-populated as well?

A. It's something I would fill in. It's a drop-down box that you have to select from.

Q. The coding section, next.

A. Yes, that's me -- well, not the bottom two but the first four lines.

Q. So "Clinical incident, neonatal unit". It says "pick list". Is that where you're hitting a drop-down menu?

A. Yes.

Q. The sub-category we see. We see this has got nothing to do with the result of staffing levels.

A. No.

Q. Which is your selection?

A. Yes.

Q. Risk grading. Is that what you put in?

A. No, I'm not sure about that.

Q. It says "no harm caused", doesn't it?

A. Yes.

Q. Which certainly doesn't make sense in the context of what we see in the next section. So "Details".

"Incident date" selected by you?

A. Yes.

Q. The time of the incident, selected by you?

A. Yes.

Q. The fact that it's:

"An unexpected death following a GI bleed full resus unsuccessful."

And then you have inserted the time of death; is that right?

A. Yes.

Q. "Actions taken" and "Report to NRLS", is that done by you?

A. No, the last input I have there is the "action taken". Those bottom two rows, they're not entered by me, I'm not sure what they stand for.

Q. I think RIDDOR is something to do with the Health and Safety at Work Act, but we don't need to worry about that in the context of this case.
If we scroll down, please. The next section,is that completed by you?

A. Yes. The duty of candour, yes.

Q. Then the incident investigation:
"Please use this field to document all updates in relation to this investigation." That has somebody else's name against it?

A. Yes.

Q. Is that anything to do with you?

A. No.

Q. So patient details, plainly you?

A. Yes. I'm not sure if they are automatically generated or if I've put those in, but yes.

Q. The next section, please, "Incident reporter", you?

A. Yes.

Q. Then we have, "Linked claims", "Linked records". Nothing to do with you because that's opened, we see, on 2 August 2017.

A. And that's got somebody else's name as the handler, that's not myself.

Q. All right. Can we go down to the next bit, please, and we then have something to do with other documents, but I would just like to scroll down, please. And keep going. SBAR, is this anything to do with you?

A. No. This is what's been completed at the review meetings by the staff that were listed above.

Q. Then continuing down, please, there's quite a long history of what happened to [Baby E] and when.

A. Yes.

Q. Nothing to do with you; is that right?

A. No.

Q. And then can we keep going, please? And again, please.

All this, nothing to do with you; is that right?

A. No.

Q. And then the "SI panel meeting". Again, nothing to do with you? That's a meeting that happened in August 2015.

A. That's right.

Q. "SI tracker," again nothing to do with you?

A. No.

Q. Can we continue? Any of this on the final page, anything to do with you?

A. No.

Q. If we can continue. Can you just identify anything else that is anything to do with you?

A. No.

Q. These are all just blanks, aren't they?

A. They are, yes.

Q. If we keep going.

A. That's not me.

Q. No.

A. That's not me, no.

Q. No, okay. So does it come to this, therefore, that so far as your input is concerned, it's simply in effect reporting the death, so what is at the bottom of the very first page?

A. Yes, so it's standard practice if a baby dies that we select that on a pick list and submit a Datix, yes.

Q. I want to just deal with [Baby E]'s course of treatment and presentation before he came under your care on that night shift of 3 August.

A. Yes.

Q. If we can start with tile 13, please. You cared for [Baby E] on the night shift of the 1st into 2 August, didn't you?

A. That says [Baby F].

Q. Yes, I know, but I think you --

A. I can't say from memory.

Q. Right, okay. Certainly you were designated nurse for [Baby F] on the 1st and indeed on the subsequent night anyway?

A. Yes.

Q. Do you remember sending a text on 2 August to one of your friends, saying, "Too Q word"?

A. No.

Q. "Too [quiet]"?

A. Not from memory, no.

Q. If we go to the [Baby F] sequence, please, to tile 26. I must have the wrong reference here. Well, we'll come back to it in the context of [Baby F]. Is "Too Q word", is that a sort of thing that you would send in a text?

A. Yes, possibly, yes.

Q. And what does it mean?

A. Q is -- we use -- the Q word is quiet.

Q. And so by "Too Q word", what did you mean by that?

A. That the unit is quiet at that point.

Q. It's tile 26 in the [Baby E], sorry. It's my note, I've written the wrong name. If we go to that in the [Baby E] sequence, please, it's tile 26: "Yeah, it's fine. Bit too Q word really." Did you not like it when it was quiet?

A. No, that's not what I'm saying. It's just sometimes it gets very quiet and we don't have many babies and you find you can be sitting around a lot and obviously we're there to help babies, so...

Q. So you don't like it when there's nothing to do?

A. Well, there's always something to do, I didn't say there's nothing to do, but sometimes the shifts -- yes, sometimes they can be long nights if you haven't got as many babies on the unit, yes.

Q. So does it come to this then, that you enjoyed it when it was busy?

A. I enjoyed being busy, yes.

Q. So rather than being a negative, being busy, so far as you are concerned being busy was a positive?

A. I enjoyed being busy when it was managed, yes.

Q. We've just seen that on this particular shift -- so this is Sunday the 2nd into Monday, 3 August -- you were [Baby F]'s designated nurse --

A. Yes.

Q. -- not [Baby E]'s.

A. No, I don't believe so, no.

Q. Can we go to tile 30, please, on [Baby E]'s sequence? Can we just click on the -- go down to the bottom of the sheet, please. That's your handwriting, isn't it?

A. Yes.

Q. Is there any reason that you were telling the doctors that they had made a mistake on the calculations when you were not the designated nurse?

A. Yes, because two nurses would have had to have verified that that prescription was wrong. So myself and another nurse would have had to have checked that.

Q. The other nurse on this shift was Mel Taylor, wasn't it?

A. I can't recall that from memory.

Q. Well, that's what the evidence --

A. Okay.

Q. -- shows. Why wasn't it -- Mel is senior to you, isn't she?

A. She is.

Q. Why was she not speaking to the doctors given she was senior and this was her baby?

A. It doesn't go on seniority. Two of you are responsible for signing a medication, therefore it's up to either of you to escalate any problems.

Q. Had you fallen out with Mel by this stage --

A. No.

Q. -- because she wouldn't speak to you about [Baby A]'s death in the aftermath of his death?

A. No, I hadn't fallen out with anyone, no.

Q. Is this an example, what we can see here, of the fact, of what Eirian Powell told us, that you were always prepared to call out other people's mistakes at the time?

A. Yes.

Q. And that you were not afraid to confront the medical staff if you thought they had got it wrong?

A. Yes.

Q. Were you very confident in your abilities?

A. In my clinical competencies?

Q. Yes.

A. Yes.

Q. Did you think that you were a cut above some of the other nurses, including Mel?

A. No.

Q. Go to tile 61, please -- sorry, it's my fault, if we could go back to the previous part of this tile, please. This is Melanie Taylor's note; do you see that?

A. Yes.

Q. You see where she records:

"Mum and dad visiting at start of shift. Mum has been 2x with expressed breast milk overnight."

A. Yes.

Q. That's what [Mother of Babies E and F] was doing, wasn't it, throughout this period? She was providing her own milk for her boys.

A. Yes.

Q. Do you remember her telling the jury when she gave evidence that at the time she felt it was the only thing that she could do for them?

A. Yes.

Q. And do you remember her always being very punctual in the provision of milk?

A. I can't recall that now. A lot of parents on the unit expressed, so I can't recall specifically what her expressing habits were.

Q. If we go to tile 104 next, please. This is [Nurse B]'s notes from towards the end of the day shift, which immediately precedes the night shift on which you were [Baby E]'s designated nurse.

A. Yes.

Q. This shows very good progress, doesn't it?

A. Yes.

Q. And of course, this was day 6 of life for [Baby E].

A. Yes.

Q. And he was doing very well, wasn't he?

A. He is requiring insulin, so I wouldn't say he was very well, but yes, he is making progress with his feeds, yes.

Q. There was no suggestion, was there, prior to you coming on duty at 7.30 or 8 pm on this day that he had any gastrointestinal problems?

A. No, that's right.

Q. And this was day 6 of life so far as he was concerned?

A. Yes.

Q. Let's go to the population distribution chart for the night shift, please, on which he died. It's tiles 114 to 115. So that gives us, doesn't it, the list of staff that were working that night?

A. Yes.

Q. And if we move on to 115, we see the population distribution; is that right?

A. Yes.

Q. Do we see there that [Babies E and F] were the only occupants of nursery 1?

A. Yes.

Q. That you were the only nurse in nursery 1?

A. Yes.

Q. And that all the other babies were elsewhere being looked after by other staff?

A. Yes.

Q. So other than people coming and going to collect equipment from nursery 1, you in effect had the nursery to yourself?

A. I was the only nurse allocated babies, yes.

Q. Yes. Are you suggesting, just so that we understand, that, from a staffing point of view and from your own perspective, there was anything wrong with this arrangement?

A. No.

Q. When you were being asked questions by your counsel back on, I think it was, 5 May, relating to events of this particular night, do you recall saying that you remembered that when [Mother of Babies E and F] appeared she was bringing milk?

A. No, I can't recall what I said.

Q. Well, what's the truth of it? Is that the position, that when [Mother of Babies E and F] -- whatever time it is, and we'll come to that, but is it the position that whenever it was that [Mother of Babies E and F] appeared she was bringing breast milk?

A. I don't recall from my memory now.

Q. Well, you said it. That's what you told the jury on 5 May.

A. Okay.

Q. Is what you said true?

A. I can't recall from my memory right here, right now.

Q. Right. So between -- so on 5 May 2023, you could remember that, an event that happened on 3 August 2015, so about 8 years earlier, but you're saying that since 5 May this year you have forgotten that when [Mother of Babies E and F] appeared she was bringing --

A. No, I don't think I've ever remembered specifically, but I've accepted that if [Mother of Babies E and F] says she was bringing milk down, that is a normal occurrence.

Q. I want to understand what you're saying about this. You are saying that if [Mother of Babies E and F] is saying she brought breast milk down on 3 August, then you accept that's a normal occurrence?

A. Yes, it's a normal occurrence for mums to bring down expressed breast milk. I cannot say here and now what time [Mother of Babies E and F] brought milk down if that's what she did.

Q. I'm not asking you about the time. I want to be absolutely clear about that. We'll come to the time in a moment. What I'm asking you is what you remember about when [Mother of Babies E and F] appeared.

A. I don't have any clear memory.

Q. Right, well, I will remind you. It's page 128 of the transcript of 5 May. These are questions being asked to you, asked of you, by Mr Myers. All right?

A. Okay.

Q. I'm picking up, if anybody wants to check what I'm reading, at the bottom of page 127, which was towards the end of the day on 5 May.

This is Mr Myers speaking:

"You described her coming down and you made reference to Dr Harkness. Could you repeat what you were saying about that, please?"

And what you say is this:

"Dr Harkness was there when [Mother of Babies E and F] came down and she was updated by Dr Harkness about the blood that we'd found and the medications that we were there -- we were then starting to treat that."

And then this is the particular question and answer that I'm interested in. Mr Myers:

"Question: Do you recall why she'd come down?

"Answer: I don't recall specifically, no.

"Question: Did she have anything with her when she came down to the neonatal unit?"

Answer -- do you know what you said?

A. She brought expressed breast milk down.

Q. "I think she brought breast milk down."

A. Yes.

Q. "Question: Expressed breast milk?

"Answer: Yes."

So no one was suggesting to you, were they --

A. No, but I did say, "I think she brought expressed breast milk". I at no point was 100% certain that that is why she was there.

Q. That's your answer, is it?

A. Yes.

Q. Why didn't you think that when I was asking the question about 2 or 3 minutes ago?

A. Because it's the same thing: I can't be certain on either of them. I said "I think" to Mr Myers and today I'm saying I can't be sure.

Q. You understand, don't you, the significance of the bringing of the milk as far as the timing is concerned?

A. Yes, I do.

729 Q. And you explain what it is, please.

730

731 A. Sorry?

732

733 Q. Well, you understand it, so you explain what the

734 significance is, please.

735

736 A. The suggestion is that [Mother of Babies E and F] brought down

737 milk at 21.00 and [Baby E] was bleeding at that point.

738

739 Q. Yes.

740

741 A. I believe it was later in the evening.

742

743 Q. Well, I know that but what's the significance of

744 21.00 hours?

745

746 A. She made a telephone call to her husband.

747

748 Q. Ah yes, but let's just park the phone call for a second.

749 What's the significance for [Baby E] of 21.00 hours?

750

751 A. That's when [Mother of Babies E and F] thought she saw blood.

752

753 Q. But what was [Baby E] due at 21.00 hours?

A. A feed.

Q. You know that, don't you?

A. Yes.

Q. Why didn't you say that when I asked the question?

A. I don't know what you mean.

Q. Really?

A. Yes.

Q. Well, the significance is because you knew, and you know, because you heard [Mother of Babies E and F] say it from that very spot where you now sit, that she fixes the time of 21.00 hours not only by reference to the phone call that she made to her husband, [Father of Babies E and F], but also by the fact that [Baby E] was due milk at 21.00 hours.

A. Yes.

779 Q. And that's why she said that she came down just before
780 21.00 hours.
781
782 A. Yes.
783
784 Q. You understand all that, don't you?
785
786 A. Yes.
787
788 Q. And that's why I'm suggesting to you the fact that she
789 came down with milk and you remember it is part of the
790 evidence that fixes the time at 21.00 hours; do you
791 understand?
792
793 A. I don't agree.
794
795 Q. You don't agree?
796
797 A. No.
798
799 Q. I just want to understand what you are saying and what
800 you do agree with. All right? You are saying, as I understand
801 it at least, and please disagree if you wish, that the "16ml
802 mucky aspirate", as you have described it --
803

804 A. Yes.

805

806 Q. -- was taken before the 9 o'clock feed, before the

807 21.00 hours feed?

808

809 A. Yes, it was.

810

811 Q. So we are agreed on that?

812

813 A. Yes.

814

815 Q. And it would therefore follow, wouldn't it, that [Baby E]

816 was due to be fed --

817

818 A. That's right, yes.

819

820 Q. -- at 21.00 hours? Where was the milk coming from?

821

822 A. So we have a milk fridge stored in nursery 1, so

823 whenever parents bring down expressed breast milk, they

824 put it in the fridge and it's ready then for any feeds

825 that are happening.

826 Q. We've heard from a number of your colleagues about the
827 system that was in place.
828
829 A. Yes.
830
831 Q. How long before the delivery of the milk into the baby
832 is the aspirate taken from the baby?
833
834 A. Immediately before.
835
836 Q. Right. Well, where had the milk come from that you were
837 about to give [Baby E] when you took that aspirate?
838
839 A. So parents don't bring fresh milk for every feed.
840 [Mother of Babies E and F] may well have had milk gathering in
841 the fridge, so if she's expressing more than [Baby E]'s
842 requirements at that time then mums often have multiple bottles
843 in the fridge.
844
845 Q. Well, that's a possibility, but I'm asking you what you
846 remember.
847
848 A. Well, I don't remember.
849

Q. You say, as I understand it, and again I'm just checking that I have understood things correctly, that as a result of obtaining that 16ml mucky aspirate, you showed it to Belinda Simcock?

A. Yes.

Q. And that she and you agreed that the feed would be omitted?

A. Yes. And that we needed to speak to the SHO.

Q. Yes. And the SHO in this context was Dr Wood?

A. Yes.

Q. Do you remember him saying that if he'd ever been asked that question about omitting a feed, he would have made a note in [Baby E]'s medical records?

A. Yes.

Q. There is no note, is there?

875 A. No. We've seen before sometimes, doctors don't make
876 notes when they said they would have.
877
878 Q. Well, there was Dr Mayberry and we heard about the
879 circumstances in which Dr Mayberry didn't make a note,
880 didn't we?
881
882 A. Yes.
883
884 Q. And that he'd specifically asked, I think it was
885 Sophie Ellis, was it --
886
887 A. Yes.
888
889 Q. -- to make a note? And this was for one of [Babies O, P or R]
890 I think, at about 7.30 one morning, just as shifts were handing over;
891 is that right?
892
893 A. Yes.
894
895 Q. What's the difference between Sophie Ellis' note and
896 your note?
897
898 A. For the [Babies O, P and R family]?

899 Q. Yes, her note for [Babies O, P and R family] and your note in
900 this case. Well, I'll tell you: the difference is that Sophie Ellis
901 names the doctor, doesn't she? You don't name the doctor.
902
903 A. No.
904
905 Q. No. If this really was what Dr Wood said or the advice
906 he gave, why didn't you note his name?
907
908 A. We don't always write the doctor's name. Sometimes we
909 do just refer to them as SHO and registrar. There's
910 only one SHO at night.
911
912 Q. But it makes it a bit more difficult to check, doesn't
913 it, if anybody ever wants to check, if you don't know
914 the name?
915
916 A. No, if staff really wanted to know looking at -- reading
917 my notes who the SHO was, they could look at the rota
918 and see who was on. There would only be one SHO on at
919 night.
920
921 Q. What time do you say that conversation happened?
922

A. Some time after 21.00 when I got the aspirate back.

Q. Well, it would have to be. Thank you for that. But can you be a little more particular?

A. No, I can't, no.

Q. You do understand, don't you, that we're suggesting this conversation never happened?

A. Yes.

Q. At 22.00 hours, you wrote in your nursing note, albeit it wasn't written on the chart, that there was a large vomit of fresh blood?

A. Yes.

Q. Why wasn't that written on the chart?

A. That's an error on my part.

Q. A pretty important error though, isn't it?

A. Yes, but it is documented in my notes and I believe Registrar Harkness was aware and was there when it happened.

Q. So you're saying that Dr Harkness was actually there when this vomit happened?

A. Yes.

Q. So have I understood the position then, that this was a problem that first showed itself before the 9 o'clock due feed?

A. Yes.

Q. And that it took you, therefore, about an hour actually to call for a doctor to check on this child?

A. No, I don't agree with that.

Q. Well, when did you first call for a doctor to check on this child?

A. I don't recall speaking to a doctor but I know myself and Belinda, we did -- it was discussed with an SHO on the telephone, I think. I don't know by who.

Q. Well, who was the doctor who was first actually called to see [Baby E]?

A. Dr Harkness.

Q. When was he called?

A. Once he'd had a bleed at 22.00.

Q. So an hour after a problem first manifested itself, according to you?

A. Yes.

Q. If you had seen blood around [Baby E]'s mouth or his lips, what would you have done?

A. If I'd seen blood at any point I would have escalated that to somebody.

993 Q. To who?

994

995 A. To either the nurse in charge or one of the doctors.

996

997 Q. Do you agree that blood was never escalated to anybody

998 until 22.00 hours?

999

1000 A. Can you say that again, please?

1001

1002 Q. Yes. Do you agree that blood was never escalated to

1003 anybody until 22.00 hours?

1004

1005 A. Yes, because there wasn't blood prior to 22.00 hours.

1006

1007 Q. Well, that's one of the issues, isn't it, whether there

1008 was or there wasn't?

1009

1010 A. Mm-hm.

1011

1012 Q. Yes. Was [Mother of Babies E and F] telling the truth about you?

1013

1014 A. That's -- in what sense?

1015

1016

1017

Q. In the sense of what she says you said to her at 9 pm, 21.00 hours? The [Mother of Babies E and F] says that when she came down to see her boys with milk at 21.00 hours, she saw [Baby E] with blood around his lips. Do you remember the picture that she drew?

A. Yes.

Q. Perhaps just to remind us all and to remind you, we'll look at the picture, please. It's J2434. So that was [Mother of Babies E and F]'s best effort to replicate in visual form what it was she saw.

A. Yes.

Q. This has got nothing to do with blood coming up an NG tube, has it?

A. No.

Q. No, because if it came up an NG tube it couldn't end up on the lips, could it?

A. No.

Q. No. So we can exclude as a possibility that this has got anything to do with blood coming up an NG tube; do you agree?

A. Yes.

Q. Did you ever see anything like that?

A. [Baby E] did have blood around his mouth, yes, after 22.00.

Q. After the vomit?

A. I can't recall specific times, but he did have blood on his face, yes.

Q. Well, we've dealt with your note or a note of the vomit. Is that when you are saying [Baby E] had blood like that?

A. There was no blood prior to that, so yes.

Q. Is [Mother of Babies E and F] mistaken when she says that when she went down, other than her boys, you were the only person there?

A. No, I accept that. I don't have any memory, but I was allocated to look after both of them in nursery 1, so yes.

Q. It's just that at other times you've suggested that when [Mother of Babies E and F] came down, Dr Harkness was there?

A. Yes, he was there at 22.00.

Q. So I'll ask the question again then: is [Mother of Babies E and F] mistaken when she says that when she came down, you were the only person other than her boys that were there?
When do you say that you were there alone?

A. When [Mother of Babies E and F] was present on the handover, so shortly -- around 8 pm.

Q. There was no question of any blood at that point, was there?

A. No.

Q. You're not telling the truth about that, are you?

A. Yes, I am.

Q. I'm going to suggest to you that when [Mother of Babies E and F] came down at 21.00 hours, you had inflicted an injury on [Baby E] to cause bleeding.

A. No, I do not accept that. That did not happen.

Q. And that is why, as she describes it, he was screaming?

A. No.

Q. Did you at any stage ever fall out with [Mother of Babies E and F]?

A. No.

Q. Just looking at that picture, have you ever seen blood on any other baby at any time like that?

A. In my career?

Q. Yes.

A. No.

Q. So can we take it, therefore, that to see blood on a baby like this is wholly exceptional?

A. Yes.

Q. Did you tell [Mother of Babies E and F] that the source of the blood was the insertion of the nasogastric tube?

A. No.

Q. Have you ever told anyone that a nasogastric tube can cause a small amount of blood?

A. Yes, it can cause a small amount of irritation when it's first being inserted, yes.

Q. And how much blood does it produce?

A. Very minimal.

Q. About a millilitre of blood?

A. I couldn't be specific, but it would be a small amount mixed in with stomach acid.

Q. This is blood in the mouth that I'm talking about, just so that you understand. Is that what you're agreeing with?

A. No, I'm agreeing that a nasogastric tube irritation can cause some blood to come back from the NG tube.

Q. From the tube?

A. Yes.

Q. Not into the mouth?

A. No.

Q. Do you remember telling the police in your interview in the case of [Baby N] that NGTs can cause bleeding?

A. Yes.

Q. So do you agree that it is the sort of thing that you do say, that you have said?

A. Yes, I haven't said that it causes blood around the mouth but it does cause blood, yes, sometimes, with trauma, yes.

Q. And that is what you told [Mother of Babies E and F], wasn't it -

A. No.

Q. -- when she queried why it was her son had blood round his mouth?

A. No, I don't recall saying that.

Q. Well, you say you don't recall saying that. Are you saying --

A. I don't believe I would have said that.

Q. Although it is something that you have said to the police?

A. No, I haven't said it -- what do you mean, sorry?

Q. Well, you have said that NGTs cause bleeding.

A. Bleeding orally?

Q. Yes.

A. Okay.

Q. But you definitely didn't say it on this occasion?

A. No.

Q. You are lying about that, aren't you?

A. No.

Q. Is it your view that any baby could have a bleed like [Baby E]?

A. Do you mean is it medically possible?

Q. I'm asking whether it is your view that any baby can have a bleed like [Baby E].

A. Well, medically speaking, yes.

Q. That's what you said to the police, wasn't it? Any baby can have a bleed like [Baby E].

A. Yes.

Q. Do you remember saying that in interview?

A. Yes.

Q. Do you remember saying as much to your pal, Jennifer Jones-Key, in a text not very long after [Baby E] had died?

A. Yes.

Q. Just go to tile 253, please.
They're your words, aren't they?

1231 Q. Had you ever seen anything like this before [Baby E]?

1232

1233 A. Not a gastric haemorrhage, no.

1234

1235 Q. Ever seen one after [Baby E]?

1236

1237 A. Not gastric, no.

1238

1239 Q. What was your basis for saying that any baby could have

1240 suffered this?

1241

1242 A. Medically speaking, at the time, we thought [Baby E] had

1243 NEC and a risk of that is bleeding.

1244

1245 Q. Have you seen cases of NEC?

1246

1247 A. Yes.

1248

1249 Q. Have you ever seen this sort of bleeding?

1250

1251 A. No, I haven't, no.

1252

1253 Q. So I ask again: what was your basis for saying that any

1254 baby could have had bleeding like this?

A. Because any baby could have had the condition that [Baby E] had.

Q. I would like to go, in the light of what you have told us, to your defence statement, please, which I think is still on the table in front of you there. Can we go to the section that relates to [Baby E]? It's paragraph 67 onwards and it's at page 9.

There you say:

"I did nothing to harm [Baby E]."

A. Yes.

Q. "I have not falsified any records."

A. No.

Q. And you understand, don't you, that we, the prosecution, are suggesting that you have falsified the records in this particular case?

A. Yes.

Q. And in particular, relating to the time at which [Baby E] started to bleed?

A. Yes.

Q. What I'd like you to do, please, is to read out paragraph 69 so that the jury can hear what it was you were saying in February 2021.

A. "When I saw [Mother of Babies E and F] on the evening of 3 August, she had come down with some expressed milk."

Q. Just pause there:

"She'd come down with some expressed milk."

A. Yes.

Q. Why were you so reticent before when I was asking you about that?

A. Because I don't remember that sitting here now.

Q. This is something you did remember in February 2021?

A. Yes.

Q. Can you carry on, please?

A. "I think this may have been later than 21.00."

Q. Pausing there, "This may have been later than 21.00". You're now saying it cannot have been before 22.00?

A. No, that's -- I think [Mother of Babies E and F] came down at 22.00.

Q. Your case now, correct me if I've misunderstood it, because of the time you say [Baby E] started to bleed, is [Mother of Babies E and F] cannot have come down to nursery 1 before 22.00. Have I understood that correctly?

A. No, I can't say that definitively. I know that there was no blood prior to 22.00.

Q. Yes. So why do you say -- when [Mother of Babies E and F] came down, why do you say, "I think this may have been later than 21.00 hours"?

A. Because I believed at the time that it may have been later than 21.00.

Q. Why didn't you say, "[Mother of Babies E and F] didn't come down before 22.00 hours, she's wrong when she said she came down at

21.00 hours"?

A. Because I don't think with 100% certainty that I can say that.

Q. But that's your case, isn't it, Lucy Letby?

A. No, my case is that there was no blood prior to 22.00. I don't remember [Mother of Babies E and F] coming down prior to that.

Q. "I do not recall any blood around [Baby E]'s mouth when she came down (inaudible)"; is that right?

A. Yes:

"Nor was there any conversation about a tube irritating him."

Q. The next sentence, please?

A. "I did say a doctor was coming to see him. I did not send [Mother of Babies E and F] away. If [Mother of Babies E and F] ever did see blood on [Baby E]'s mouth it must have been at a later time than 21.00 and after blood came down the tube on free drainage."

Q. Yes. We have already established and you have agreed that the blood on [Baby E]'s mouth can't be the blood that comes up the nasogastric tube.

A. No.

Q. So how do we square that with what you've just read:
"If [Mother of Babies E and F] ever did see blood on [Baby E]'s mouth, it must have been at a later time than 21.00 hours after blood came down the tube on free drainage"?

A. Yes, so it's after he vomited and his tube was on free drainage.

Q. That's not what you say in your defence statement though, is it?

A. It is: I'm saying after blood came down the tube on free drainage.

Q. No, but you've just added the little bit "he vomited". It's not what you say in the defence statement, is it?

A. No, I don't mention the vomit there, no.

Q. No. Did you understand when you wrote this document that if you failed to mention in it something which you later mentioned in court, a jury might conclude that you've made it up since you wrote this document?

A. I -- I can't say I recall writing this document.

Q. And that is what you're doing, isn't it, you are lying about the detail of what you say happened with [Baby E]?

A. No.

Q. Let's move on to the next paragraph, please, paragraph 70:
"I do recall a mucky aspirate in his NG tube. There was 16ml of bile that needed to be aspirated." That's not what you are saying now, is it?

A. Yes.

Q. No, no. Bile-stained is what you now say, isn't it?

A. No, I've only ever referred to it as a mucky aspirate, which is bile.

Q. Why not 16ml of bile?

A. It's just terminology that we use. We often refer to bile aspirates as mucky.

Q. Are you seriously suggesting that you aspirated 16ml of bile from a six-day old child?

A. I haven't said it's frank bile, but yeah, a cumulative total, that was accurate, yes, 16ml.

Q. So you're saying it's not bile-stained, it's bile?

Is that what you say in the defence statement?

A. I say I recall a mucky aspirate and there was 16ml of bile, so yes, there was bile within the mucky aspirate, yes.

Q. This is something that we can go to it if you want, but this is something you record in the nursing note as a bile-stained aspirate; do you remember that?

A. Yes.

Q. There's a difference, isn't there, between bile-stained and bile?

A. Yes.

Q. Why the difference?

A. I can't recall. This says mucky aspirate and that's what I remember it to be.

Q. No, no.

A. It's an error then if this says bile.

Q. This says "16ml of bile".

A. Mm. Well, that's an error then.

Q. Yes. But why the error?

A. Perhaps there'd been a misunderstanding of what mucky means.

Q. No, no, these are your words:

"There was 16ml of bile."

Why did you say that in this defence statement?

A. I don't know.

Q. Can we go right to the end of it? I did read this to you last Wednesday, but -- the very final page, page 28. Could you just read out that italicized paragraph, please?

A. "This defence statement is not signed. The defendant made additional amendments to the statement at a meeting on 11 February 2022. During this conference, however, the defendant accepted this document and the amendments as being an accurate summary of the case. The court and the prosecution will be provided with a signed copy of this document in due course."

Q. Was that true? Is that statement true?

A. Yes.

Q. So if this was your case as at February last year, why has your case changed?

A. I don't think it's changed. I think there's just been some clarification with some of the points.

Q. You are lying, aren't you, Lucy Letby?

A. No.

Q. Paragraph 75, please, of the defence statement. What does that say?

A. "After [Baby E] had died, I found blood in his nappy."

Q. Have you said that in evidence yet?

A. I don't recall.

Q. I'm going to suggest you haven't.

A. Okay.

Q. Is it true?

A. Yes.

Q. What did you do about it?

A. It was after death. When we went to bath him after his death there was blood in the nappy.

Q. The question, though, is: what did you do about it?

A. It's written in my nursing notes. I don't recall doing anything else about it because [Baby E] was deceased at the time.

Q. And which nursing note did you write it in?

A. I think I've written it in my nursing notes.

Q. Since we last met, have you been looking at the evidence in [Baby E]'s case?

A. Yes.

Q. Have you been looking at your nursing notes, anticipating that I might ask you a question or two about them?

A. Yes.

Q. Does it say in the nursing notes that there was blood in the nappy?

A. I can't recall.

Q. Oh, I think you can. Why don't you tell the jury?

A. No, I can't remember.

Q. Let me give you a copy of your nursing notes. My Lord, I am going to give a copy of this to the jury as well, please, because what we're going to do is to compare what's in the nursing notes to what's in some other documents, and having multiple documents on the screen is going to be a bit difficult. Perhaps out of fairness to the witness, I can hand her a copy now, she can read it during the break, and when we come back we can deal with this point.

MR JUSTICE GOSS: Right. If the usher could just hand it to the officer.

(Handed)

All right. So you have an opportunity now to read through that so that you can refresh your memory from what's in that document. And we'll have it when we resume in 15 minutes, please, members of the jury.

(11.41 am)

(A short break)

(11.56 am)

MR JOHNSON: First of all, have you had an opportunity to read your notes?

A. Yes.

Q. Do they mention blood in the nappy?

A. No.

Q. I'm going to suggest to you that when you said just before the break that you had put it in your nursing notes, you knew that wasn't true.

A. No, I couldn't recall my note specifically at that time.

Q. We'll come to those notes in a moment when we compare what you've put in the notes with other sources of information, but I want to deal, as I have done in many other cases, with other people's descriptions of what they saw so that we can understand whether you agree or disagree that what they are describing is a true reflection of the presentation of this child.

A. Okay.

Q. So starting with Dr Harkness, who gave evidence on 17 November last year. If anyone wants to check the references, they are between pages 38 and 41. So what I'm going to do is to read to you what these witnesses said about the discolouration that they saw. Do you understand?

A. Yes.

Q. So this is Dr Harkness:

"So this was a strange pattern over the tummy area, over the abdomen, which didn't fit with the poor perfusion. In between the kind of chest/upper legs -- the rest was still pink but there were these kind of strange purple patches that appeared over the outside of his tummy."

Is that accurate or not?

A. No, I don't agree that it was patches. It was purple but it wasn't patches.

Q. "From what I remember there were patches in one area, then there were some in the other. Some of it was still nice and pink, but it certainly was unusual and not fitting with a baby that had completely shut down with its -- or poor perfusion."

Would you say the same as you said before?

A. Yes.

Q. "This was kind of a purply-blue colour."

Do you agree with that?

A. It was purply-blue, yes.

Q. "So this was different in colour and different in pattern to what you would see from a perfusion perspective."

Do you agree with that?

A. I don't think I can comment on that.

Q. "His head was pink, his upper legs, upper arms, chest was pink."

Is that accurate?

A. I remember him to be more pale than pink.

Q. "The abdomen was purple, so patches -- so not one solid purple area. I'd say one purple patch to the bottom, one purple patch to the top, some in between."

Would you agree with that?

A. No, I disagree.

Q. "I can't remember exactly where they were: I'd seen this in [Baby A] and that's the only other time prior to this that I had seen it."

Do you agree with that?

A. No.

Q.The point I'm really looking for is: are you agreeing that, however you describe it, what you could see on [Baby E] was the same as what you had seen on [Baby A]?

A. No, it was not the same.

MR JOHNSON: What were the differences so we understand?

A. With [Baby E], it was like a solid block of purpleness over his abdomen. [Baby A] had pale and whiteness and more of -- like a mottled look.

Q. He was then asked:

"Have you seen it since?"

And the doctor responded:

"Not outside of the babies in this case, no. They were different sizes. They weren't small dots, they would have been relative to the size of the baby, they were in the region of 1 to 2-centimetre patches, possibly bigger but I wouldn't say smaller than that."

And do you agree with that?

A. No.

Q. He then continued:

"The areas were over the abdomen, so not up on the chest, not below his groin, just in the middle section."

Do you agree that --

A. Yes, I agree with that, yes.

Q. "From what I remember, it did change, where they were. They were purple in one area and then they were purple in another."

A. No, I don't agree with that.

Q. Right. Do you remember [Dr C] telling us that she didn't actually see what was on the discolouration that was on [Baby E] but Dr Harkness was animated when he described an unusual appearance to her?

A. What do you mean by animated?

Q. Okay. That's his word. I'll try and put it in a more straightforward way. Do you remember that [Dr C] said that she didn't see discolouration, first of all?

A. Yes.

Q. But do you remember that when she arrived to help, Dr Harkness had described to her what he had seen? Do you remember that?

A. Yes.

Q. Were you there when Dr Harkness described to [Dr C] what he had seen?

A. Not from my memory, no.

Q. Just so that I understand, because we have had misunderstandings before, are you saying that there was no description by Dr Harkness to [Dr C] or simply that you don't know whether he did describe it or didn't?

A. I was not there for any conversation between the two of them.

Q. Okay. I'd like to go to your nursing notes, which do deal with this and do deal with other issues as well. And rather than going back to ask you about specific parts, I'm going to ask you to read through what's in the notes. Can you see the typescript?

A. Yes.

Q. It's not the best size, but if you have a problem just let us know and we'll put it on the screen and expand it for you. Could you read us through your nursing note that was created at 04.31 and completed at 04.51?

A. "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: 0.02ml per kilogram per hour of insulin via 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. Reg Harkness attended. Blood gas satisfactory. Blood sugar 10.7 millimoles. Metronidazole and IV ranitidine commenced and given. 10ml per kilogram of 0.9% sodium chloride bolus given. Mean BP and observations stable. [Baby E] handling well and active. NG tube on free drainage. Further 13ml obtained by 23.00."

Q. I think it says "13ml blood obtained", doesn't it?

A. "13ml blood"2?

Q. Yes.

A. Is that not what I said? Sorry, I apologise.

Q. I don't think you did but --

A. I apologise:

"Further 13ml of 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. Reg Harkness present throughout. [Baby E] began to decline. At 23.40 became bradycardic. Purple band of discolouration over abdomen. Perfusion poor. CRT 3 seconds. Emergency intubation successful and placed on ventilator; see medical notes. Required 100% oxygen. Saturations 80%.

SIMV 22/5, rate 60. 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, x1 sodium chloride bolus, x1 20ml per kilogram O negative blood. At 01.01 chest compressions no longer required.

"Further decline and 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."

Q. Then "[Baby E] passed away" --

A. "[Baby E] passed away at 01.40 in parents' arms."

Q. Now, for the sake of completeness, there is a further note that you made at 04.51 through to 04.58; is that right? We see that underneath.

A. It's 05.37 on there.

MR JUSTICE GOSS: Yes, immediately below "[Baby E] passed away", the addendum.

MR JOHNSON: Do you see family communication? The bottom of the page.

A. Sorry, I thought you were talking about the addendum.

Q. I'll come to that in a second, but just before we get to that. All that information that you produced in the first note, timed between 04.31 and 04.51, is that all carried in your head?

A. No, it would have been written with reference to charts and any notes that had been made or medical notes.

Q. So whose notes -- first of all, had you -- other than the material that's in the fluid balance chart or the vital signs chart, had you written anything down contemporaneously at the time things were happening?

A. That would be my usual practice, yes.

Q. What had you written down at the time things were happening?

A. Well, I can't recall specifically now what I wrote down.

Q. Right. Well, it may be that we're at cross-purposes and I just want to clarify this. We have two primary sources of information. I think there should be down there with you the jury bundle full of charts with a 2 on the back of it if somebody could help you with that, please.

If you could go to divider 5, which is [Baby E]'s divider. At page 26284, which is the first page in that divider that you have in front of you, we have what I've called the vital signs chart. It's the observations chart, isn't it?

A. Yes.

Q. So this is one source of contemporaneous information to you; is that right?

A. Yes.

Q. So looking at the second page, which is 2685, we see that there are four columns which bear your initials?

A. Yes.

Q. And that is material you were writing down at or about the time; is that right?

A. Yes.

Q. Over the page again we've got blood gas at 2715, which has two entries, 22.21 on the 3rd and 01.05 on the 4th?

A. Yes.

Q. We then have the fluid balance chart at 2717 and 2718, 2719 and 2720. Other than that material, was there any other notes that you were making at the time that would have gone into or been incorporated into the nursing notes?

A. Yes, so the usual practice is when things are ongoing we write on the back of the handover sheet or on any piece of paper that's around at the time.

Q. Right. In your nursing notes, you describe the discolouration as a "purple band of discolouration".

A. Yes.

Q. Don't you?

A. Yes.

Q. Do you remember in your interview, and we can go to it if you would prefer, that you describe it as becoming "a patch of sort of purpleness"? Do you remember saying that?

A. No, but I accept that if that's what that says.

Q. Well, I don't want you to simply agree with me. If you go to your interviews, please, it's in interview bundle 1, the [Baby E] one, the top of [document redacted]. It's the second reply of yours at the top of the page, which runs to four lines.

A. Yes.

Q. "I noticed his abdomen was becoming fuller and rounder and later into the evening there was a discolouration area to part of his abdomen, like a purple discolouration."

A. Yes.

Q. And over the page on page 8, what I described to you just before, just below halfway down the page: "I noticed there was becoming a discolouration to his abdomen, but I can't say exactly where, but there was becoming a patch of sort of purpleness."

A. Yes.

Q. And I think you gave further detail, didn't you, at the top of the next page, saying at the top of the page, [document redacted]:

"It was towards the right side, by his umbilicus, but I can't remember the extent or size at the moment."

A. Yes.

Q. So at that stage, you were struggling to describe how big this patch was; is that fair?

A. Yes.

Q. On Friday, 5 May, in answer to questions from your counsel, you described it as:

"There was a red sort of horizontal banding" --

A. Yes.

Q. -- "across his abdomen."

A. Yes.

Q. "Just across where his umbilical cord was, just around that area."

A. Yes.

Q. And you were asked:

"Was it spreading anywhere else?"

And you said: "No, it was just on the abdomen."

A. Yes.

Q. Do you remember that?

A. Yes.

Q. So does it come to this, that to a limited degree you and Dr Harkness agree in that it wasn't in the chest, it wasn't below the groin, it was across the abdomen?

A. I agree that it was on the abdomen, yes. I do not agree that it was in patches.

Q. I would like to concentrate, if we can, please, on the paper charts because they're slightly easier to manipulate. If you put the interviews to one side for a second, please, and go back to bundle 2 that we were looking at before, which is where some of the jury have put the nursing note. I'd like to go to the final page behind divider 5, please, which should have 2720 --

A. Yes.

Q. -- in the bottom right-hand corner.

If we look along the bottom of the chart we can see that towards the right-hand quarter or so there are three columns bearing your initials.

A. Yes.

Q. One which separates two sets of your initials, which are Belinda Simcock's initials --

A. Yes.

Q. -- albeit some of the writing in that column is your writing, as I understood your evidence.

A. Yes.

Q. So the "15ml fresh blood", for example, you told us was your writing, not Belinda Simcock's writing?

A. Yes.

Q. I'll come to that in a moment. Can we just look at the aspirates line, please, which, if we count up from the signature line, is five lines above the signature line. Have you got that?

A. Yes.

Q. Do we see there were minimal aspirates, in effect, in the hours preceding [Baby E]'s collapse?

A. Yes, that's right, yes.

Q. Would you agree that that is indicative of there being no gastrointestinal issue?

A. Yes.

Q. The first hint of any gastrointestinal issue is your handwritten note in the 21.00 hours column, isn't it?

A. Yes.

Q. That's the "16ml mucky"?

A. Yes.

Q. That's your writing?

A. Yes.

Q. The "omitted" above it is your writing?

A. Yes.

Q. As is the data above the word "omitted"?

A. Yes.

Q. In the 22.00 hours column, however, there is some of Belinda Simcock's writing?

A. Yes.

Q. Why?

A. I can't recall that right now. It's not unusual for nurses to carry out observations and readings for other people.

Q. Well, it isn't, but you apparently were there because you have written in to that column "15ml fresh blood".

A. Yes. I'm assuming that that blood came after Belinda's documentation here.

Q. Why do you make that assumption?

A. Because Belinda would have carried out those readings at 22.00 and it's my writing that says "Fresh blood", so I assume it's happened after Belinda has carried out those readings.

Q. But why was Belinda there at all?

A. I can't -- I can't say for sure.

Q. Well, isn't it because you had drawn her attention to something?

A. Yes, she did come to review the aspirate, yes, and she also assisted me with looking after [Baby F].

Q. Which aspirate are you talking about?

A. The 16ml.

Q. That was an hour earlier, wasn't it?

A. Yes.

Q. Yes, so what I'm asking you is why she was there at all.

A. I can't answer that.

Q. If we go back to your nursing notes, which we've just handed out to the jury, we have the answer, don't we? If you count up on the first page, count up four lines.

A. Yes, 22.00.

Q. Yes.

A. Yes.

Q. What does it say?

A. "Large vomit of fresh blood."

Q. Yes. That's why Belinda was there, isn't it?

A. No, I can't say why Belinda was there carrying out those observations at that time.

Q. "14ml fresh blood aspirate obtained from NG tube."

A. Yes.

Q. Did that just appear or did it build up over a period of time?

A. No, I believe that came into the free drainage pot.

Q. Yes, but over what period of time is the question?

A. I can't be specific.

Q. Can't or won't?

A. No, can't.

Q. You had injured [Baby E], hadn't you?

A. No.

Q. And that's why he was bleeding?

A. No.

Q. Why isn't there a reference on the paper chart to the vomit that you have recorded in the nursing notes?

A. That's an error on my part.

Q. Well, it may be, but why?

A. I can't explain that. Sometimes we don't document everything as accurately as we need to.

Q. Or is it in the excitement of sabotaging [Baby E], you overlooked it?

A. No.

Q. Can we go to the -- sorry to have everybody jumping around between documents, but sometimes the answer is well hidden in this case. Can we go to the white neonatal review, please? Go to [Baby E], please, and could we go to line 59.

What does line 59 tell us, Lucy Letby?

A. That at 22.00, Belinda gave a feed to JE.

Q.A feed isn't the work of 30 seconds, is it?

A. I can't comment on that without knowing what the volume of feed was.

Q. So Belinda Williamson was feeding a child in nursery 2 at 22.00 hours, wasn't she?

A. Yes, approximately, yes.

Q. According to the paperwork?

A. Yes.

Q. So my question, which I'm afraid is a repeat of the question I asked you earlier, is: why were you asking her to do observations on [Baby E]?

A. I don't recall asking her to do that, so I can't answer that.

Q. Well, she was certainly busy at 22.00 hours, wasn't she,apparently?

A. Yes, there were also other staff with her baby as well, yes.

Q. Was it so that at the time of his collapse, you had somebody else's writing and signature on the paperwork?

A. No.

Q. Like Caroline Oakley with [Baby D], did you get her to write in information that you had derived on to a chart?

A. No. That wouldn't happen. She has read those drip readings for himself. That's not something that I could have relayed to her.

Q. Well, do you remember Caroline Oakley saying that "the girls" had told her information that she then wrote on to [Baby D]'s chart?

A. Yes, but that wasn't specific values, that was regarding what she'd had suctioned. It wasn't the specific values of the drip reading.

Q. That's what you do, though, isn't it? You get other people to write things in on charts to cover up what you were doing?

A. No, that's not correct.

Q. I'm going to ask you about some of the things that [Mother of Babies E and F] said to see whether you accept them. First of all, she said that her husband left her with [Baby E], having skin-to-skin, at about 5 pm, 17.00 hours, on 3 August. Do you accept that?

A. I wasn't there so I can't comment.

Q. Do you accept that that skin-to-skin ended at 18.30?

A. Again, I wasn't there, so I couldn't comment.

Q. Do you know who it was that rang [Mother of Babies E and F]?

A. When are we talking?

Q. When [Baby E] collapsed.

A. No. I believe somebody contacted the midwifery staff rather than [Mother of Babies E and F] directly.

Q. Yes, of course, you're right, but at whose behest would that have been done?

A. I don't know what that means, sorry.

Q. Who would have asked somebody to ring the midwifery staff?

A. It would have been a collective decision. Once [Baby E] had started to deteriorate we would have all -- our first priority would have been to contact mum.

Q. Do you accept that [Mother of Babies E and F] made a phone call at 21.11?

A. I accept she made a phone call, yes.

Q. Do you accept what she and her husband said was said in that call?

A. No.

Q. That she was very upset, you don't accept that?

A. No.

Q. Both she and her husband said that; you do not accept it?

A. No.

Q. She told her husband that [Baby E] was bleeding from his mouth; you don't accept that?

A. No.

Q. She'd been told there was nothing to worry about and to go back to the ward; you don't accept that?

A. No.

JOHNSON: Do you accept that just before the final of [Baby E]'s collapses, [Dr C] and Dr Harkness went to the computer to review the X-rays?

A. I can't recall that from my memory, no.

Q. You may say you can't recall it, but it was the evidence of [Dr C].

A. Okay. I don't have the benefit of being able to see that evidence right now. It's hard to remember who has said what over the course of the trial.

Q. Right. But that was the moment, according to [Dr C], of [Baby E]'s final collapse. Do you remember that at about 00.25?

A. I can't remember where [Dr C] was, no.

Q. Where is the computer in nursery 1?

A. Behind the partition wall.

Q. Yes, the same point at which Mel Taylor was when [Baby A] collapsed?

A. Yes.

Q. Yes. Out of view of where [Baby A] and [Baby E] were?

A. No, I don't agree. It was in view of [Baby A]. It wasn't for [Baby E], but it was in view of [Baby A].

Q. Well, Mel Taylor didn't agree, did she?

A. No.

Q. You killed [Baby E], didn't you?

A. No.

Q. And you injected him with air?

A. No.

Q. Just as you had done with other babies before?

A. No.

Q. Why in the aftermath were you so obsessed with [Mother of Babies E and F]?

A. I don't believe I was obsessed with [Mother of Babies E and F].

Q. Let's look at -- can you tell us why you were searching for her continually?

A. I often thought of [Baby E] and [Baby F].

Q. Mm. And on that subject, can we go to the [Baby F] interviews, please, at page 23? It's the third interview.

A. Which folder is that, sorry?

Q. It's the interviews folder 1, please. It's [document redacted]. You see there you were asked in effect the same question, weren't you, that I've just asked you, in a slightly different way, at the top of the page?

A. Yes.

Q. "You searched for [Mother of Babies E and F] nine times and [Father of Babies E and F] once, from August to December?"

A. Yes.

Q. And two in January. You were asked why and you said: "To see how [Baby F] was doing."

A. Yes.

Q. Now, the first of -- let me just check that my information is correct. The first of those searches, if we go to the [Baby E] sequence of events, please, is tile 273. Do you see that?

A. Yes.

Q. Where was [Baby F] on Thursday, 6 August at 19.58?

A. He was on the neonatal unit.

Q. Yes. So was what you said to the police and to the jury true, that you were looking to see how [Baby F] was?

A. Collectively, yes, this is one search -- I agree this one is not, but the others were after [Baby F] had left, yes.

Q. All right. Deal with this one then, one of the ten. Why were you searching for [Mother of Babies E and F] on Thursday, 6 August at 19.58?

A. She was on my mind and when I think of people, I often search for them.

Q. You were looking to see what reaction you had got from this grieving family, weren't you?

A. No.

Q. Just as you were on Christmas Day?

A. No.

Q. Of all days. Tile 306, please. Didn't you have better things to do at 23.26 on Christmas Day than search for [Mother of Babies E and F]?

A. No, I often thought of [Baby E] and [Baby F].

Q. Because you'd killed one and tried to kill the other, hadn't you?

A. No, because I always thought [Mother of Babies E and F] and I had a good relationship.

Q. She's not the sort of person that would make things up about you, is she?

A. I can't answer that. That's for her to answer.