

and requested they contact us when the doctors were available - a practice the NNU would often mirror. Doctors typically rotated (usually every six months) leading to a regular influx of new medical staff into the Trust. Some doctors had their placements extended resulting in longer tenures within our unit. Throughout these transitions, the relationship between doctors and nurses remained consistently professional.

34. During a period of night shifts, there appeared to be a notable increase in collapses on the NNU. Although exact dates escape my memory due to the passage of time, I distinctly recall a stretch where nurses found themselves managing the ward and unwell patients for prolonged durations due to doctors being occupied in the NNU overnight. This occurrence possibly transpired between February 2016 - April 2016, coinciding with the introduction of new trainee doctors. I recollect that senior house officers or GP trainees seemed unfamiliar with certain practices, treatment plans, or policies, adding to the stress of these night shifts. Nurses faced the challenge of balancing patient safety while assisting less experienced doctors as senior doctors were often engaged in the NNU alongside the consultant. If a consultant was called in overnight, this would be an indication that there was an extremely unwell patient that even the senior doctors required more senior support with.

35. I recall two occasions involving different doctors who made comments about Lucy being on shift. These remarks didn't necessarily carry malicious intent. However, I vividly remember Rachel Chang returning to the ward after a particularly challenging series of shifts, expressing feeling deflated and exhausted. She mentioned, "it's always Lucy too," which might have stemmed from a concern for Letby experiencing similarly difficult shifts. I cannot recall the exact tone in which it was said. Importantly, Dr Chang never discussed Letby in a manner suggesting she was causing harm, and the conversation didn't delve deeper into the matter.

36. The second instance was with Dr Mattew Neame who similarly had a run of bad shifts. My understanding was he had in fact previously completed a rotation at LWH's NNU which cares for some of the sickest neonates in the North West. He returned to the NNU at COCH early hours and made comment that he has used more adrenaline during these night shifts than he did in six months at the LWF. He again made a comment along the lines of, it's always Lucy that ends up with these babies too. Again, there was no further discussions or him suggesting anything was with intent.